

2020 MONTHLY COBRA RATES

MEDICAL/RX PLAN RATES

SAL & ATU	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$896.28	\$1,747.72	\$1,604.33	\$2,455.80
Preferred	\$740.22	\$1,443.42	\$1,325.02	\$2,028.18
Economy	\$663.09	\$1,293.05	\$1,186.93	\$1,816.90

IBEW	Employee Only	Employee + Family	
Premium	\$896.28	\$2,015.14	
Preferred	\$740.22	\$1,664.28	
Economy	\$663.09	\$1,490.86	

RETIREE/SURVIVING SPOUSE	Premium		Preferred		Economy	
Tier 3 Retired 12/1/04 & After	Single	Family	Single	Family	Single	Family
Tier 3 Non Medicare	\$1,117.07	\$2,511.54	\$922.55	\$2,074.26	\$826.46	\$1,858.12
Tier 3 Medicare	\$721.11	\$1,413.37	\$622.86	\$1,220.83	\$581.44	\$1,139.54

DENTAL PLAN RATES

SALARIED	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$21.45	\$42.91	\$63.26	\$85.41
Low Option	\$13.53	\$27.08	\$41.23	\$55.64

HOURLY	Employee Only	Employee + Family
High Option	\$21.45	\$66.74
Low Option	\$13.53	\$41.29

VISION PLAN RATES

ALL	Employee	Employee +	Employee +	Employee +
	Only	Spouse	Child(ren)	Family
	\$4.00	\$7.60	\$8.00	\$11.77