

## Active IBEW Employee Contributions Plan Year 2024: January 1, 2024 - December 31, 2024

### MEDICAL/RX PLAN RATES (WEEKLY)

Plan	Employee Only	Employee + Family
Premium	\$71.47	\$169.86
Preferred	\$28.52	\$73.29
Economy	\$7.29	\$25.56

### DENTAL PLAN RATES (WEEKLY)

Plan	Employee Only	Employee + Family
High Option	\$0.00	\$8.20
Low Option	\$0.00	\$5.02

### VISION RATES (WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0.89	\$1.68	\$1.77	\$2.63