



2024 MONTHLY COBRA RATES (includes 2% admin fee)

MEDICAL/RX PLAN RATES

SAL & ATU	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$1,090.33	\$2,126.10	\$1,951.66	\$2,987.48
Preferred	\$900.48	\$1,755.92	\$1,611.89	\$2,467.27
Economy	\$806.65	\$1,572.98	\$1,443.90	\$2,210.25

IBEW	Employee Only	Employee + Family
Premium	\$1,090.33	\$2,451.42
Preferred	\$900.48	\$2,024.59
Economy	\$806.65	\$1,813.63

RETIREE/SURVIVING SPOUSE	Premium		Preferred		Economy	
	Single	Family	Single	Family	Single	Family
Tier 3 Retired 12/1/04 & After						
Tier 3 Non Medicare	\$1,496.77	\$3,365.20	\$1,236.12	\$2,779.31	\$1,107.37	\$2,489.70
Tier 3 Medicare	\$898.66	\$1,761.38	\$776.22	\$1,521.43	\$724.61	\$1,420.13

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 Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$3.92	\$7.45	\$7.83	\$11.63

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