Active IBEW Employee Contributions
Plan Year 2027: January 1, 2027 - December 31, 2027

MEDICAL/RX PLAN RATES (WEEKLY)

Plan	Employee Only	Employee + Family
Premium	$89.65	$213.05
Preferred	$35.77	$91.92
Economy	$9.15	$32.06

DENTAL PLAN RATES (WEEKLY)

Plan	Employee Only	Employee + Family
High Option	$0.00	$9.19
Low Option	$0.00	$5.63

VISION RATES (WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$0.87	$1.65	$1.74	$2.58

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