2027 MONTHLY COBRA RATES (includes 2% admin fee)

MEDICAL/RX PLAN RATES

SAL & ATU	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	$1,393.89	$2,718.03	$2,495.02	$3,819.23
Preferred	$1,151.18	$2,244.80	$2,060.66	$3,154.19
Economy	$1,031.23	$2,010.92	$1,845.90	$2,825.60
HDHP	$849.22	$1,655.94	$1,520.09	$2,326.86

IBEW	Employee Only	Employee + Family
Premium	$1,393.89	$3,133.93
Preferred	$1,151.18	$2,588.26
Economy	$1,031.23	$2,318.57

RETIREE/SURVIVING SPOUSE	Premium		Preferred		Economy	
Tier 3 Retired 12/1/04 & After	Single	Family	Single	Family	Single	Family
Tier 3 Non Medicare	$1,913.49	$4,302.13	$1,580.27	$3,553.11	$1,415.68	$3,182.86
Tier 3 Medicare	$1,148.86	$2,251.76	$992.33	$1,945.02	$926.34	$1,815.51

DENTAL PLAN RATES

SALARIED	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	$24.51	$49.02	$72.27	$98.07
Low Option	$15.45	$30.94	$47.10	$63.87

HOURLY	Employee Only	Employee + Family
High Option	$24.50	$76.24
Low Option	$15.45	$47.17

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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