

IBEW Local 236

Health & Benefit Fund

2019 Monthly Premium Rates	Medical and Prescription Drugs
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United Health Care Medicare Advantage	
Single	\$298.01
Two-Person	\$596.02

United Health Care Individual & CDPHP Co-Pay PPO Individual	
United Healthcare Ind. & CDPHP Co-Pay Ind.	\$917.36
United Healthcare Ind. & CDPHP Two-Person	\$1,323.97

United Healthcare Medicare Individual & BlueShield of Northeastern NY Individual	
United Healthcare Ind. & BSNENY Ind.	\$905.15
United Healthcare Ind. & BSNENY Two-Person	\$1,416.30

BlueShield Co-Pay	
Single	607.14
Two-Person	1,118.29
Family	1,167.70

CDPHP Co-Pay PPO	
Single	619.35
Two-Person	1,025.96
Family	1,207.32

CDPHP High Deductible PPO	
Single	408.34
Two-Person	625.74
Family	718.75

BlueShield of Northeastern New York - Dental	
Single	\$52.03
2-Person	\$131.96
Family	\$148.77

*Please note the above charts do not take into account the Pensioner's Fund Contribution. ***If you qualify for this contribution***, then you can expect to deduct half of your monthly insurance expense up to a maximum monthly contribution of \$250.