

# IBEW Local 236

## *Health & Benefit Fund*

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<b>2019 Monthly Premium Rates</b>	<b>Medical and Prescription Drugs</b>	<b>Optional Dental Insurance</b>	<b>Total With Dental</b>
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<b>BlueShield Co-Pay</b>			
Single	607.14	52.03	659.17
Two-Person	1,118.29	131.96	1,250.25
Family	1,167.70	148.77	1,316.47

<b>CDPHP Co-Pay PPO</b>			
Single	619.35	52.03	671.38
Two-Person	1,025.96	131.96	1,157.92
Family	1,207.32	148.77	1,356.09

<b>CDPHP High Deductible PPO</b>			
Single	408.34	52.03	460.37
Two-Person	625.74	131.96	757.70
Family	718.75	148.77	867.52

<b>Monthly Opt Out Fees</b>			
Single	100	52.03	152.03
Two-Person	100	131.96	231.96
Family	100	148.77	248.77