

IBEW Local 236

Health & Benefit Fund

2020 Monthly Premium Rates	Medical and Prescription Drugs
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United Health Care Medicare Advantage	Only available for those with Medicare parts A & B
Single	\$314.09
Two-Person	\$628.18

United Health Care Individual & CDPHP Co-Pay PPO Individual	
United Healthcare Ind. & CDPHP Co-Pay Ind.	\$952.02
United Healthcare Ind. & CDPHP Two-Person	\$1,370.83

United Healthcare Medicare Individual & BlueShield of Northeastern NY Individual	
United Healthcare Ind. & BSNEWY Ind.	\$939.45
United Healthcare Ind. & BSNEWY Two-Person	\$1,465.93

BlueShield Co-Pay	
Single	625.36
Two-Person	1,151.84
Family	1,202.73

CDPHP Co-Pay PPO	
Single	637.93
Two-Person	1,056.74
Family	1,243.54

CDPHP High Deductible PPO	
Single	420.59
Two-Person	644.51
Family	740.32

BlueShield of Northeastern New York - Dental	
Single	\$53.59
2-Person	\$135.92
Family	\$153.23

*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.