

IBEW Local 236

Health & Benefit Fund

2020 Monthly Premium Rates	Medical and Prescription Drugs	Optional Dental Insurance	Total With Dental
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BlueShield Co-Pay			
Single	625.36	53.59	678.95
Two-Person	1,151.84	135.92	1,287.76
Family	1,202.73	153.23	1,355.96

CDPHP Co-Pay PPO			
Single	637.93	53.59	691.52
Two-Person	1,056.74	135.92	1,192.66
Family	1,243.54	153.23	1,396.77

CDPHP High Deductible PPO			
Single	420.59	53.59	474.18
Two-Person	644.51	135.92	780.43
Family	740.32	153.23	893.55

Monthly Opt Out Fees			
Single	100	53.59	153.59
Two-Person	100	135.92	235.92
Family	100	153.23	253.23