

LOCAL 434 HEALTH & WELFARE FUND
ACTIVE CONTRIBUTION RATES EFFECTIVE WORK MONTH JUNE 1, 2020
RETIREE SELF-PAYMENT RATES EFFECTIVE JULY 1, 2020

Class of Coverage	Current Rate	New Rate
Active Employees (\$10.05 x 135 hours)	\$1,242.00	\$1,357.00
Non-Bargaining Unit Employees and Alumni (\$10.05 x 135 hours)	\$1,242.00	\$1,357.00
Reduced Cost Option	\$780.00	\$852.00
Residential – Option A – (\$1.90 x 150 hours)	\$261.00	\$285.00
Residential – Option B – (\$5.68 x 150 hours)	\$780.00	\$852.00
Residential – Option C (\$9.05 x 150 hours)	\$1,242.00	\$1,357.00
Non-Medicare-Eligible Retirees	\$1,242.00	\$1,357.00
Non-Medicare-Eligible Retirees-Reduced Cost Option	\$780.00	\$852.00
Either Retiree or Spouse is Medicare-Eligible, Other is Not	\$1,242.00	\$1,357.00
Medicare-Eligible Retiree – Single	\$325.00	\$355.00
Medicare-Eligible Surviving Spouse	\$322.00	\$352.00
Medicare-Eligible Retiree – Single Plus Dependent Child	\$533.00	\$582.00
Medicare-Eligible Retiree and Spouse	\$604.00	\$660.00
Medicare-Eligible Retiree and Spouse Plus Dependent Child/Children	\$816.00	\$891.00
Additional Amount Added to Above Rates for Optional Dental and Vision	\$106.00	\$106.00
COBRA – Medical Only	\$1,242.00	\$1,357.00
COBRA – Medical, Dental, and Vision	\$1,348.00	\$1,463.00