

Steelworkers Health and Welfare Fund

OPEIU Local 45- New Jersey

September 1, 2020 through August 31, 2021

Option 1	Employee Only	Employee + Child	Employee + Children	Employee + Spouse	Family
Medical PPO 100/80					
Prescription Drug:					
Retail: \$10/\$40/ \$70					
Mail Order: \$20/\$50/ \$100					
Total Med / RX Premium	\$680.86	\$1,617.27	\$2,152.36	\$1,617.27	\$2,152.36
Dental (Optional)	\$37.45	\$74.87	\$104.39	\$74.87	\$104.39
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$723.75	\$1,703.00	\$2,269.74	\$1,703.00	\$2,269.74

Option 2	Employee Only	Employee + Child	Employee + Children	Employee + Spouse	Family
Medical PPO 90/70					
Prescription Drug:					
Retail: \$10/\$40/ \$70					
Mail Order: \$30/\$100/ \$175					
Total Med / RX Premium	\$552.01	\$1,308.04	\$1,740.04	\$1,308.04	\$1,740.04
Dental (Optional)	\$37.45	\$74.87	\$104.39	\$74.87	\$104.39
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$594.90	\$1,393.77	\$1,857.42	\$1,393.77	\$1,857.42

Option 3	Employee Only	Employee + Child	Employee + Children	Employee + Spouse	Family
Medical PPO 80/60					
Prescription Drug:					
Retail: \$10/\$40/ \$70					
Mail Order: \$30/\$100/ \$175					
Total Med / RX Premium	\$538.01	\$1,274.43	\$1,695.23	\$1,274.43	\$1,695.23
Dental (Optional)	\$37.45	\$74.87	\$104.39	\$74.87	\$104.39
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$580.90	\$1,360.16	\$1,812.61	\$1,360.16	\$1,812.61

Individual	
Medicare Advantage Option 1	\$268.00
Medicare Advantage Option 2	\$163.00
Dental (Optional)	\$37.45