Steelworkers Health and Welfare Fund

OPEIU Local 45- New Jersey

September 1, 2021 through August 31, 2022

| 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 | \$781.19 | \$1,858.06 | \$2,473.41 | \$1,858.06 | \$2,473.41 |
| 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 | \$824.08 | \$1,943.79 | \$2,590.79 | \$1,943.79 | \$2,590.79 |
| Option 2 | Employee Only | Employee + Child | Employee + Children | Employee + Spouse | Family |
| Medical PPO 90/70 | | | | | |
| Prescription Drug: | | | | | |

| Combined | \$675.90 | \$1,588.17 | \$2,116.62 | \$1,588.17 | \$2,116.62 |
|-------------------------------|----------|------------|------------|------------|------------|
| Vision (Optional) | \$5.44 | \$10.86 | \$12.99 | \$10.86 | \$12.99 |
| Dental (Optional) | \$37.45 | \$74.87 | \$104.39 | \$74.87 | \$104.39 |
| Total Med / RX Premium | \$633.01 | \$1,502.44 | \$1,999.24 | \$1,502.44 | \$1,999.24 |
| Mail Order: \$30/\$100/ \$175 | | | | | |
| Retail: \$10/\$40/ \$70 | | | | | |
| Prescription Drug: | | | | | |

| 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 | \$616.91 | \$1,463.79 | \$1,947.71 | \$1,463.79 | \$1,947.71 |
| 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 | \$659.80 | \$1,549.52 | \$2,065.09 | \$1,549.52 | \$2,065.09 |
| | Individual | Employee + Spouse | | | |
| Medicare Advantage Option 1 | \$268.00 | \$528.00 | | | |
| Medicare Advantage Option 2 | \$163.00 | \$318.00 | | | |
| Dental (Optional) | \$37.45 | \$74.87 | | | |