

**COBRA and Retiree continuation Premiums
Effective July 1, 2022**

These plans are **Medical Only**. Contact your Union Health and Welfare Fund regarding Prescription, Vision and Dental Coverage

Union/Plan	Local 634	PFT	PFT
Tier	Keystone HMO 15	Keystone HMO 20	Personal Choice 25/35/50
Employee Only	\$579.69	\$573.48	\$670.49
Employee and Child	\$811.56	\$802.88	\$938.70
Employee and Children	\$1,043.42	\$1,032.27	\$1,206.89
Employee and Spouse/Life Partner	\$1,159.35	\$1,146.97	\$1,340.99
Employee and Family	\$1,739.04	\$1,720.46	\$2,011.48

These plans are bundles that include Prescription and Vision.
Dental Premiums are separate and listed below.

Union/Plan	Non Rep and CASA	Non Rep and CASA	Non Rep and CASA	SPAP	SPAP
Tier	Keystone HMO 15 with Rx	Modified Personal Choice 320 with Rx	Personal Choice 20/30/70 with Rx	Keystone HMO 20 with Rx	Personal Choice 25/35/50 with Rx
Employee Only	\$731.41	\$729.21	\$836.11	\$725.21	\$822.21
Employee and Child	\$1,206.03	\$1,202.93	\$1,352.60	\$1,197.35	\$1,333.16
Employee and Children	\$1,437.88	\$1,433.93	\$1,626.37	\$1,426.74	\$1,601.36
Employee and Spouse/Life Partner	\$1,553.82	\$1,549.42	\$1,763.24	\$1,541.43	\$1,735.46
Employee and Family	\$2,133.50	\$2,126.88	\$2,447.62	\$2,114.93	\$2,405.95

Union/Plan	32BJ Direct Bill Retirees	32BJ Direct Bill Retirees	Non Rep, CASA and SPAP	Non Rep, CASA and SPAP
Tier	Keystone HMO 15	Personal Choice 20/30/70	Stand Alone Rx and Vision	Dental
Employee Only	\$579.69	\$684.39	\$151.73	\$37.74
Employee and Child	\$811.56	\$958.14	\$394.46	\$67.92
Employee and Children	\$1,043.42	\$1,231.91	\$394.46	\$85.58
Employee and Spouse/Life Partner	\$1,159.35	\$1,368.78	\$394.46	\$67.92
Employee and Family	\$1,739.04	\$2,053.16	\$394.46	\$85.58