## **Operating Engineers Public & Miscellaneous Employees Health and Welfare Trust Fund**

			Effe	ctive Janua	ary 1, 2019					Effec	tive Janua	ry 1, 2020		
	Plan A	Plan B	Plan C	Plan D	Kaiser A	Kaiser B	Kaiser Plan A+	Plan A	Plan B	Plan C	Plan D	Kaiser A	Kaiser B	Kaiser Plan A+
<b>Full Benefits</b>														
Single	\$770	\$751	\$700	\$681	\$854	\$902	\$729	<b>\$748</b>	\$731	<b>\$682</b>	\$663	\$854	\$902	\$729
Two-Party	1,540	1,503	1,401	1,362	1,708	1,805	1,459	1,497	1,461	1,364	1,327	1,708	1,805	1,459
Family	2,079	2,029	1,891	1,839	2,228	2,353	1,910	2,021	1,973	1,841	1,791	2,228	2,353	1,910
Medical & Rx	<b>M710</b>	Ф.C.О.О.	<u> </u>	<b>Ф</b> ( <b>0</b> 1	Ф <b>7</b> 04	<b>0.40</b>	<b><b></b></b>	<b>0</b> (01	0(()	<b>0</b> (1)	<b>050</b> (	<b>070</b> 4	<b>AO 1O</b>	<b>6</b> (( <b>0</b> )
Single	\$710	\$692	\$641	\$621	\$794	\$842	\$669	\$681	\$663	\$614	\$596	\$794 1,590	\$842	\$669
Two-Party	1,421	1,383	1,281	1,242	1,589	1,685	1,339	1,361	1,326	1,228	1,191	1,589	1,685	1,339
Family	1,918	1,868	1,730	1,677	2,067	2,192	1,749	1,838	1,790	1,658	1,608	2,067	2,192	1,749
Vision														
Single	\$8	\$8	\$8	\$8	\$8	\$8	\$8	<b>\$8</b>	<b>\$8</b>	<b>\$8</b>	<b>\$8</b>	<b>\$8</b>	<b>\$8</b>	\$8
Two-Party	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Family	22	22	22	22	22	22	22	22	22	22	22	22	22	22
<u>Dental</u>														
Single	\$60	\$60	\$60	\$60	\$60	\$60	\$60	<b>\$68</b>	<b>\$68</b>	<b>\$68</b>	<b>\$68</b>	<b>\$68</b>	<b>\$68</b>	\$68
Two-Party	120	120	120	120	120	120	120	135	135	135	135	135	135	135
Family	163	163	163	163	163	163	163	183	183	183	183	183	183	183

Approved Employer Contribution Rates Effective January 1, 2020

(1) Full Benefits include medical, prescription drug, dental, vision, and operating expenses.

(2) Standard Life/ AD&D benefits are included in the medical plan.

(3) 2019 ACA Comparative Research fee is included.

## **Operating Engineers Public & Miscellaneous Employees Health and Welfare Trust Fund**

## Approved Employer Contribution Rates Effective January 1, 2020

ſ	ARP benefits for contracts where there is an additional charge for ARP and/ or Burial Expense:	
	(Add as administratively appropriate)	
	ARP Benefits	<b>\$1</b>
	Burial Expense	<b>\$1</b>

Orthodontic Benefit (rate per employee)	
Orthodontic (Children Only)	\$10
Orthodontic (Family)	\$12

Additional Life/ AD&D Benefits	
\$25,000	\$6
\$50,000	\$11.25