

Extended Self-Payment Coverage Premiums for 2021

Dear Participant or Dependent;

Each year, the Board of Trustees of the MCASF Local 725 Health & Welfare Trust Fund review the coverage and cost of the benefits provided under the Fund's plan of benefits. Upon this review, the Trustees determine what the premiums for Extended Self-Payment Coverage will be for the calendar year.

Effective January 1, 2021, the following will be the premium rate for Extended Self-Payment Coverage:

| Class | FULL PLAN (Medical, Rx & Dental) | CORE PLAN (Medical & Rx) |
|---------------------|---|---|
| Member Only | \$728.09 | \$682.71 |
| Spouse Only | \$1,205.98 | \$1,160.60 |
| Child(ren) | \$762.22 | \$716.84 |
| Member + Spouse | \$1,973.10 | \$1,843.31 |
| Member + Child(ren) | \$1,529.34 | \$1,399.55 |
| Spouse + Child(ren) | \$2,007.24 | \$1,877.44 |
| Family | \$2,689.94 | \$2,560.15 |

Please note the above rate for the coverage you elected previously and adjust your records accordingly. Enclosed with this notice is an Extended Self-Payment notice detailing the rate you will pay beginning with your January 1, 2021 coverage premium payment.

Should you have any questions regarding these premiums or your Extended Self-Payment Coverage, please contact the Benefit Office at (754) 777-7735.

Sincerely,

The Eligibility Department