

Steelworkers Health and Welfare Fund

OPEIU Local 45- Pennsylvania

September 1, 2024 through August 31, 2025

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	\$908.40	\$2,163.35	\$2,880.45	\$2,163.35	\$2,880.45
Dental (Optional)	\$29.23	\$58.45	\$81.49	\$58.45	\$81.49
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$943.07	\$2,232.66	\$2,974.93	\$2,232.66	\$2,974.93

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	\$751.60	\$1,787.04	\$2,378.74	\$1,787.04	\$2,378.74
Dental (Optional)	\$29.23	\$58.45	\$81.49	\$58.45	\$81.49
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$786.27	\$1,856.35	\$2,473.22	\$1,856.35	\$2,473.22

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	\$734.65	\$1,746.32	\$2,324.45	\$1,746.32	\$2,324.45
Dental (Optional)	\$29.23	\$58.45	\$81.49	\$58.45	\$81.49
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$769.32	\$1,815.63	\$2,418.93	\$1,815.63	\$2,418.93

January 1, 2024 through December 31, 2024

Medicare Eligible	Employee Only	Employee + Spouse
Medicare Advantage Option 1	\$276.00	\$552.00
Medicare Advantage Option 2	\$167.00	\$334.00
Dental (Optional)	\$29.23	\$58.46