

Steelworkers Health and Welfare Fund

OPEIU Local 45- Pennsylvania

September 1, 2025 through August 31, 2026

| 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 | \$992.32 | \$2,363.35 | \$3,146.78 | \$2,363.35 | \$3,146.78 |
| 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 | \$1,026.99 | \$2,432.66 | \$3,241.26 | \$2,432.66 | \$3,241.26 |

| 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 | \$821.01 | \$1,952.23 | \$2,598.67 | \$1,952.23 | \$2,598.67 |
| 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 | \$855.68 | \$2,021.54 | \$2,693.15 | \$2,021.54 | \$2,693.15 |

| 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 | \$802.50 | \$1,907.74 | \$2,539.35 | \$1,907.74 | \$2,539.35 |
| 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 | \$837.17 | \$1,977.05 | \$2,633.83 | \$1,977.05 | \$2,633.83 |

January 1, 2025 through December 31, 2025

| Medicare Eligible | Employee Only | Employee + Spouse | |
|-----------------------------|---------------|-------------------|--|
| Medicare Advantage Option 1 | \$271.00 | \$542.00 | |
| Medicare Advantage Option 2 | \$165.00 | \$330.00 | |
| Dental (Optional) | \$29.23 | \$58.46 | |