

Steelworkers Health and Welfare Fund

OPEIU Local 45- Florida

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	\$855.66	\$2,036.77	\$2,711.68	\$2,036.77	\$2,711.68
Dental (Optional)	\$27.10	\$54.18	\$75.54	\$54.18	\$75.54
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$888.20	\$2,101.81	\$2,800.21	\$2,101.81	\$2,800.21

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	\$704.68	\$1,674.44	\$2,228.54	\$1,674.44	\$2,228.54
Dental (Optional)	\$27.10	\$54.18	\$75.54	\$54.18	\$75.54
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$737.22	\$1,739.48	\$2,317.07	\$1,739.48	\$2,317.07

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	\$688.33	\$1,635.19	\$2,176.21	\$1,635.19	\$2,176.21
Dental (Optional)	\$27.10	\$54.18	\$75.54	\$54.18	\$75.54
Vision (Optional)	\$5.44	\$10.86	\$12.99	\$10.86	\$12.99
Combined	\$720.87	\$1,700.23	\$2,264.74	\$1,700.23	\$2,264.74

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)	\$27.10	\$54.20	