## 2022 IBEW/NECA Medical Insurance Rates for Frontier MIFA III CBA's

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		F.65. 4. 1. 1. 2020	
		Effective January 1, 2020	
	Ess. 4: 1 2020	Total 26 Monthly Deductions for Insurance Cost 86% Paid by	10%
	Effective January 1, 2020 Total Monthly Insurance Cost	-	Tobacco
Carramaga	for Frontier / 3.28% increase	Frontier & 14% Paid by	Premium
Coverage	\$775.04	Employee \$50.08	
Employee Only	,		\$33.42
Employee & Children Employee & Spouse	\$1,375.94 \$1,471.59	\$88.91	\$33.42
Employee & Spouse Employee & Family	\$2,044.28	\$95.09 \$132.09	\$33.42 \$33.42
Employee & Family	\$2,044.20	\$132.09	\$33.42
		Effective January 1, 2021 Total 26 Monthly Deductions	
	Effective Janaury 1, 2021	for Insurance Cost 85% Paid by	10%
	Total Monthly Insurance Cost	Frontier & 15% Paid by	Tobacco
Coverage	for Frontier / 3.18% increase	Employee	Premium
Employee Only	\$799.69	\$55.36	\$34.74
Employee & Children	\$1,419.69	\$98.29	\$34.74
Employee & Spouse	\$1,518.39	\$105.12	\$34.74
Employee & Family	\$2,109.29	\$146.03	\$34.74
		F.66 1 1 2022	
		Effective January 1, 2022	
	Fice di A 1 2022	Total 26 Monthly Deductions	100/
	Effective January 1, 2022	for Insurance Cost 84% Paid by	10%
	Total Monthly Insurance Cost	Frontier & 16% Paid by	Tobacco
Coverage	for Frontier / 1.85% increase	Employee	Premium
Employee Only	\$814.48	\$60.15	\$35.42
Employee & Children	\$1,445.95	\$106.78	\$35.42
Employee & Spouse	\$1,546.48	\$114.20	\$35.42
Employee & Family	\$2,148.31	\$158.64	\$35.42
		Effective Janaury 1, 2023	
		Total 26 Monthly Deductions	
	Effective Janaury 1, 2023	for Insurance Cost 83% Paid by	10%
	Total Monthly Insurance Cost	Frontier & 17% Paid by	Tobacco
Coverage	for Frontier / 4.63% increase	Employee	Premium
Employee Only	\$819.37	\$64.29	\$35.69
Employee & Children	\$1,454.63	\$114.13	\$35.69
Employee & Spouse	\$1,555.76	\$122.07	\$35.69
Employee & Family	\$2,161.20	\$169.57	\$35.69
		Effective Income 1 2024	
		Effective January 1, 2024 Total 26 Monthly Deductions	
	Effective Janaury 1, 2024	for Insurance Cost 82% Paid by	10%
	Total Monthly Insurance Cost	Frontier & 18% Paid by	Tobacco
Coverage	for Frontier / 2.4% increase	Employee	Premium
Employee Only	\$839.03	\$69.70	\$36.69
Employee & Children	\$1,489.54	\$123.75	\$36.69
Employee & Spouse	\$1,593.10	\$132.35	\$36.69
Employee & Family	\$2,213.07	\$183.86	\$36.69