2021 IBEW / NECA Medical Insurance Rates for Frontier of CA CBA

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	77.00	Effective January 1, 2020 Total	
	Effective January 1, 2020	Monthly Insurance Cost 88%	
	Total Monthly Insurance Cost	Paid by Frontier & 12% Paid by	
Coverage	for Frontier / 3.28% increase	Employee	
Employee Only	\$662.54	\$79.50	
Employee & Children	\$1,204.95	\$144.59	
Employee & Spouse	\$1,267.92	\$152.15	
Employee & Family	\$1,780.00	\$213.60	
		Effective January 1, 2021 Total	
	Effective January 1, 2021	Monthly Insurance Cost 87%	
	Total Monthly Insurance Cost	Paid by Frontier & 13% Paid by	
Coverage	for Frontier / 3.18% increase	Employee	
Employee Only	\$683.61	\$88.67	
Employee & Children	\$1,243.27	\$161.63	
Employee & Spouse	\$1,308.24	\$170.07	
Employee & Family	\$1,836.30	\$238.76	
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		Effective January 1, 2022 Total	
	Effective January 1, 2022	Monthly Insurance Cost 87%	
	Total Monthly Insurance Cost	Paid by Frontier & 13% Paid by	
Coverage	for Frontier / 1.85% increase	Employee	
Employee Only	\$711.30	\$92.47	
Employee & Children		\$168.17	
Employee & Spouse	\$1,361.22	\$176.96	
Employee & Spouse Employee & Family	\$1,910.98	\$248.43	
Employee & Funniy	ψ1,210.20	Ψ2 10. 13	
		Effective January 1, 2023 Total	
	Effective January 1, 2023	Monthly Insurance Cost 86%	
	Total Monthly Insurance Cost	Paid by Frontier & 14% Paid by	
Coverage	for Frontier / 5.99% increase		
Coverage Employee Only	\$753.91	Employee \$105.55	
Employee & Children	\$1,371.11	\$103.33 \$191.96	
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Employee & Spouse	\$1,442.76 \$2,025.45	\$201.99	
Employee & Family	\$2,025.45	\$283.56	
		Effective Issued 1 2024 T. 1	
	ECC 1:- 1 1 2021	Effective January 1, 2024 Total	
	Effective January 1, 2024	Monthly Insurance Cost 85%	
	Total Monthly Insurance Cost	Paid by Frontier & 15% Paid by	
Coverage	for Frontier / 5.99% increase	Employee	
Employee Only	\$795.22	\$119.28	
Employee & Children	\$1,446.25	\$216.94	
Employee & Spouse	\$1,521.82	\$228.27	
Employee & Family	\$2,136.44	\$320.47	