



**MCASF Local 725 Health & Welfare Fund
Extended Self-Payment Coverage Premiums for 2023**

Dear Participant or Dependent;

Each year, the Board of Trustees of the MCASF Local 725 Health & Welfare Trust Fund review the coverage and cost of the benefits provided under the Fund’s plan of benefits. Upon this review, the Trustees determine what the premiums for Extended Self-Payment Coverage will be for the calendar year.

Effective January 1, 2023, the following will be the premium rate for Extended Self-Payment Coverage:

Class	FULL PLAN (Medical, Rx & Dental)	CORE PLAN (Medical & Rx)
Member Only	\$886.76	\$863.77
Spouse Only	\$1,394.77	\$1,344.78
Child(ren)	\$928.69	\$878.70
Member + Spouse	\$2,324.53	\$2,181.55
Member + Child(ren)	\$1,858.45	\$1,715.47
Spouse + Child(ren)	\$2,366.46	\$2,223.48
Family	\$3,203.23	\$3,060.25

Please note the above rate for the coverage you elected previously and adjust your records accordingly. Enclosed with this notice is an Extended Self-Payment notice detailing the rate you will pay beginning with your January 1, 2023 coverage premium payment.

Should you have any questions regarding these premiums or your Extended Self-Payment Coverage, please contact the Benefit Office at (754) 777-7735.

Sincerely,

The Eligibility Department