



**MCASF Local 725 Health & Welfare Fund
Extended Self-Payment Coverage Premiums for 2024**

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, 2024, the following will be the premium rate for Extended Self-Payment Coverage:

Classification	FULL PLAN (Medical, Rx & Dental)	CORE PLAN (Medical & Rx)
Member Only	\$924.73	\$878.86
Spouse Only	\$1,293.75	\$1,247.88
Child(ren)	\$1,009.86	\$963.99
Member + Spouse	\$2,257.91	\$2,126.73
Member + Child(ren)	\$1,974.02	\$1,842.85
Spouse + Child(ren)	\$2,343.05	\$2,211.87
Family	\$3,221.90	\$3,090.73

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, 2024 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