

**MCASF Local 725 Health & Welfare Fund
Extended Self-Payment Coverage Premiums for 2026**

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, 2026, the following will be the premium rate for Extended Self-Payment Coverage:

Classification	FULL PLAN (Medical, Rx, Dental & Vision)	CORE PLAN (Medical & Rx)
Member Only	\$1,089.02	\$1,033.89
Spouse Only	\$1,413.69	\$1,356.38
Child(ren)	\$976.72	\$922.33
Member + Spouse	\$2,544.12	\$2,390.27
Member + Child(ren)	\$2,107.15	\$1,956.22
Spouse + Child(ren)	\$2,431.81	\$2,278.71
Family	\$3,472.68	\$3,312.60

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, 2026 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,

Eligibility Department
Healthcare Services