

**IBEW LOCAL 1392  
INSURANCE FUND  
SELF-PAYMENT RATES  
May 1, 2023**

SELF-PAY CODES	SELF-PAY GROUPS	RATES EFF
<b>Retiree Rates: (All Locals - Includes Dental and Vision)</b>		
L1	NON MEDICARE MEMBER ONLY: LIFE INS ONLY	\$6.00
E2	NON MEDICARE MEMBER ONLY: HEALTH CARE ONLY	\$400.00
E3	NON MEDICARE MEMBER ONLY: LIFE AND HEALTH CARE	\$406.00
L2	NON-MEDICARE COUPLE: LIFE INS ONLY	\$6.00
E1	NON-MEDICARE COUPLE: HEALTH CARE ONLY	\$800.00
E4	NON-MEDICARE COUPLE: LIFE AND HEALTH CARE	\$806.00
L3	MEDICARE ELIG MEMBER ONLY: LIFE INS ONLY	\$6.00
R3	MEDICARE ELIG MEMBER ONLY: HEALTH CARE ONLY	\$125.00
R1	MEDICARE ELIG MEMBER ONLY: LIFE AND HEALTH CARE	\$131.00
L4	MEDICARE ELIG COUPLE: LIFE INS ONLY	\$6.00
R4	MEDICARE ELIG COUPLE: HEALTH CARE ONLY	\$250.00
R2	MEDICARE ELIG COUPL: LIFE AND HEALTH CARE	\$262.00
L5	1 PERSON MEDICARE ELIG/1 PERSON NON-MEDICARE: LIFE INS ONLY	\$6.00
R5	1 PERSON MEDICARE ELIG/1 PERSON NON-MEDICARE: HEALTH CARE ONLY	\$525.00
R6	1 PERSON MEDICARE ELIG/1 PERSON NON-MEDICARE: LIFE AND HEALTH CARE	\$537.00
W2	NON-MEDICARE WIDOW: HEALTH CARE ONLY	\$300.00
W1	MEDICARE ELIG WIDOW: HEALTH CARE ONLY	\$95.00

<b>COBRA Rates: Effective 9/1/09</b>		
C1	COBRA Continuation Coverage (All Members) SINGLE COVERAGE	\$691.68
C2	COBRA Continuation Coverage (All Members) FAMILY COVERAGE	\$1,646.45
<b>Active Member Self-Payment Rate</b>		
SH	Active Member Self-Payment Rate \$5.15 per hour, \$5.35 Effective 12/01/2018	Varies

**Hourly Contribution Rate**

01/18 - \$5.15
12/18- \$5.35