



## JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

158-11 HARRY VAN ARSDALE JR. AVENUE • FLUSHING, N.Y. 11365

TEL: (718) 591-2000 • FAX: (718) 380-7741 • www.jibei.org

**HARRY VAN ARSDALE JR.**  
Founder

**HUMBERTO J. RESTREPO**  
Chairman

**Officers**  
**STEVEN LAZZARO**  
Secretary  
**THOMAS CLEARY**  
Treasurer  
**CHRISTINA A. SESSA**  
Counsel

**JOHN LIU**  
Public Member

**Employer Members**  
ROBERT AMABILE  
BEN D'ALESSANDRO  
KRISTINE DeNAPOLI  
STEPHEN GIANOTTI  
CRAIG GILSTON  
CAROL KLEINBERG  
STEVEN LAZZARO  
ANTHONY MANN  
JOHN MANNINO  
SANDRA MILAD-GIBSON  
ROBERT SAVILLE  
HAL SOKOLOFF  
DAVID WARDELL

**Employee Members**  
BENJAMIN ARANA  
THOMAS CAPURSO  
THOMAS CLEARY  
RICHARD DUVA JR.  
CHRISTOPHER ERIKSON  
CHRISTOPHER ERIKSON JR.  
ANTHONY FALLEO  
WILLIAM HOFVING  
ROBERT OLENICK  
JOSEPH PROSCIA  
RICARDO ROLLINS  
DAVID SANDS  
JOSEPH SANTIGATE  
LANCE VAN ARSDALE

September 2024

### RE: CONTINUATION OF HEALTH CARE COVERAGE PREMIUM PAYMENTS EFFECTIVE OCTOBER 2024

Dear Participant:

As of October 1, 2024, new monthly premium rates will be in effect for all participants paying for continuation coverage under our medical and dental plans. These monthly rates, which should remain in effect through September 30, 2025, are as follows:

#### **Pension, Hospitalization Benefit Plan of the Electrical Industry:**

##### **Under age 65**

|                          |                |
|--------------------------|----------------|
| Individual               | \$ 974.95 (a)  |
| Individual + Spouse      | \$2,042.20     |
| Individual + 1 Dependent | \$1,374.32     |
| Family                   | \$2,620.95 (a) |

##### **Age 65 or Older/Medicare**

|            |                |
|------------|----------------|
| Individual | \$ 472.14      |
| Family     | \$1,447.09 (b) |
|            | \$ 944.28 (c)  |

#### **NOTE:**

- (a) These rates also apply to active participants who are over age 65 when the Pension, Hospitalization and Benefit Plan is the primary payer and Medicare is the secondary payer.
- (b) Rate applies to participant and one or more dependents where Medicare and the Hospitalization Plan provide primary coverage.
- (c) Rate applies to a participant and spouse whose primary coverage is provided by Medicare.

over

**Dental Benefit Fund of the Electrical Industry:**

|                          |          |
|--------------------------|----------|
| Individual               | \$ 73.87 |
| Individual + Spouse      | \$150.82 |
| Individual + 1 Dependent | \$123.53 |
| Family                   | \$215.83 |

**Dental Benefit Fund of the Elevator Industry:**

|                          |          |
|--------------------------|----------|
| Individual               | \$ 55.40 |
| Individual + Spouse      | \$113.12 |
| Individual + 1 Dependent | \$ 92.65 |
| Family                   | \$161.87 |

**Every October 1<sup>st</sup> the rates will be reevaluated to reflect the cost of providing group coverage to participants who have elected to purchase continuation coverage.**