



**MCASF Local 725 Health & Welfare Fund
 Extended Self-Payment Coverage Premiums for 2025**

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, 2025, the following will be the premium rate for Extended Self-Payment Coverage:

Classification	FULL PLAN (Medical, Rx & Dental)	CORE PLAN (Medical & Rx)
Member Only	\$1,053.63	\$1,007.76
Spouse Only	\$1,358.81	\$1,312.94
Child(ren)	\$1,092.25	\$1,046.38
Member + Spouse	\$2,451.87	\$2,320.69
Member + Child(ren)	\$2,185.31	\$2,054.13
Spouse + Child(ren)	\$2,490.49	\$2,359.31
Family	\$3,498.24	\$3,367.07

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, 2025 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