## ALASKA TEAMSTER-EMPLOYER WELFARE TRUST

RETIREE MONTHLY SELF-PAYMENT RATES		
Effective January 1, 2023		
Medicare Retirees – Supplemental Medical (Plan F)	\$219.00	
Medicare Retirees – Part D	\$143.50	
Medicare Retiree Life Insurance	\$30.00	

COBRA SELF-PAYMENT RATES  Effective July 1, 2023			
Single Individual – (Employee; Spouse; or Child)	\$1187.00		
Employee & Spouse	\$2281.00		
Employee & Child(ren)	\$1882.00		
Employee, Spouse & Children	\$3193.00		

2023 Tiered HOURLY Rates	2023 COMPOSITE Rate	**For reference only**
\$1,392.00/month EE Only	\$2,254.00/month  (automatic FAMILY coverage)  • 2022 Rate - \$2,097.00  • 2021 Rate - \$1,951.00	2021 COBRA Rates \$1132.00 - Individual \$2130.00 - EE/SPS \$1783.00 - EE/Children \$2988.00 - Family (effective 07/01/2021 - 06/30/2022)  2020 COBRA Rates \$1,045.00 - Individual \$2,032.00 - EE/SPS \$1,725.00 - EE/Children \$2882.00 - Family (effective 03/01/2020 - 06/30/2021)

- 2023 Part D (Rx) LIS \$32.70
- 2022 Part D (Rx) LIS \$32.63
- o 2021 Pard D (Rx) LIS \$31.90
- o 2020 Part D (Rx) LIS \$29.80
- **OE Period (2023)** = 10/17/2022 11/12/2022 (Coverage 1/1/2023)
- **OE Period (2022)** = 10/18/2021 11/20/2021 (Coverage 1/1/2022)
- **OE Period (2021)** = 10/19/2020 11/21/2020 (Coverage 1/1/2021)
- **OE Period (2020)** = 10/21/2019 11/22/2019 (Coverage 1/1/2020)
- **OE Period (2019)** = 10/22/2018 11/24/2018 (Coverage 1/1/2019)

