

**IUOE Local 4 COBRA and BUY-IN PLAN A**  
**As of 03/01/2010**

PLAN NAME	BENEFITS	COST		Eligibility
		Individual	Family	
COBRA 1	Medical Only	\$408.16/mo	\$973.15/mo	Continuation of coverage based on "Qualifying Events." Election must occur within 60 days with initial premium paid retroactive to qualifying event within the next 45 days. 18 months coverage available if coverage terminates. 36 months coverage available due to 1) death of member 2) divorce or legal separation 3) dependent child marries, reaches age 19 and is not a student or ceases to be a full-time student or reaches age 23, if earlier
COBRA 2	Medical, Dental, Vision and Drug	\$521.91/mo	\$1,259.50/mo	Same as above
COBRA 3	Medical and Drug	\$475.32/mo	\$1,147.76/mo	Same as above
COBRA 4 <b>Members terming under the Supplemental Plan</b>	Medical and Prescription Drug Benefits the same as above but with \$250 individual/\$500 family calendar deductible and increased co-payments	\$422.01/mo	\$1,009.33/mo	Same as above
<b>Buy In Plan A</b>	Medical, Dental, Vision, Drug, Life insurance, Loss of Time, Accidental Death and Dismemberment.	<b>Member and eligible dependents</b> Premium based on number of worked hours it costs to provide the benefits, giving you credit for the hours you worked in 2009. <b>You must complete the Buy-In Affidavit enclosed for this Plan.</b> <b>Your premium is calculated on your Report of Contributions.</b>		