

IUOE Local 4 COBRA and BUY-IN PLAN A

As of 03/01/08

For members with coverage terminating on February 29, 2008 from the Supplemental Plan of Benefits

PLAN NAME	BENEFITS	COST Individual	Family	Eligibility
COBRA 1	Medical Only	\$352.72/mo	\$827.30/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	\$449.24/mo	\$1,078.26/mo	Same as above
COBRA 3	Medical and Drug	\$413.98/mo	\$986.58/mo	Same as above
COBRA 4	Medical and Prescription Drug Benefits the same as above but with \$250 individual/\$500 family calendar deductible and increased co-payments	\$383.25/mo	\$906.86/mo	Same as above
Buy In Plan A	Medical, Dental, Vision, Drug, Life insurance, Loss of Time, Accidental Death and Dismemberment.	Member and eligible dependents Premium based on number of worked hours it costs to provide the benefits giving you credit for the hours you worked in 2007. Your premium is calculated on your Report of Contributions.		