

**IUOE Local 4 COBRA Rates
Supplemental Plan*
Effective March 1, 2017 through February 28, 2018**

PLAN	BENEFITS	Monthly Individual Rate	Monthly Family Rate	Eligibility
COBRA 1	Medical Only	\$589.13	\$1,484.20	In the case of a loss of coverage due to end of employment, reduction in hours, or other qualifying event, coverage generally may be continued for up to a total of 18 months (or 29 months if there is sufficient determination that you or any of your covered family members is disabled). A second qualifying event that occurs while you are receiving the initial 18 months of COBRA coverage, such as a Participant's death, divorce or legal separation, or enrollment in Medicare, or a dependent child losing his or her coverage under the Plan, may allow for additional months of COBRA coverage up to a maximum of 36 months. Please refer to pages 13-18 of the Summary Plan Description for additional information and for important timelines for providing notice to the Plan COBRA Administrator.
COBRA 2	Medical, Dental, Vision and Prescription	\$788.13	\$2,009.68	Same as above
COBRA 3	Medical and Prescription	\$726.54	\$1,855.19	Same as above
COBRA 4	Medical and Prescription Benefits with RX deductible and increased co-payments	\$657.84	\$1,669.70	Same as above

**The COBRA options and COBRA rates on this chart are applicable to members who were covered by the Supplemental Plan and lost their coverage on 2/28/2017.*