

IUOE Local 4 Health and Welfare Plan COBRA Rates

SUPPLEMENTAL PLAN *

Effective March 1, 2024 – February 28, 2025

| Plan | Benefits | Eligibility | Monthly Individual Rate | Monthly Family Rate |
|----------------|--|--|-------------------------|---------------------|
| COBRA 2 | Medical, Dental, Vision, Hearing, & RX | <p>In the case of a loss of health coverage due to the end of employment, reduction in hours, or other qualifying events, 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).</p> <p>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/her coverage, may allow for additional months of COBRA coverage up to a maximum of 36 months.</p> <p>Refer to pages 13-19 of the Summary Plan Description for additional information and notification timelines.</p> | \$1,056.71 | \$2,660.52 |
| COBRA 3 | Medical & RX | Same as above. | \$1,000.51 | \$2,521.86 |
| COBRA 4 | Medical & Reduced RX | Only offered to members terminating under the Supplemental Plan. | \$889.45 | \$2,222.02 |

**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 2/29/2024.*