

IUOE Local 4 Health and Welfare Plan COBRA Rates

SUPPLEMENTAL PLAN *

Effective March 1, 2025 – February 28, 2026

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>	\$1,138.88	\$2,874.37
COBRA 3	Medical & RX	Same as above.	\$1,082.09	\$2,734.27
COBRA 4	Medical & Reduced RX	Only offered to members terminating under the Supplemental Plan.	\$965.13	\$2,418.46

**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 2/28/2025.*