

## IUOE Local 4 Health and Welfare Plan COBRA Rates

### SUPPLEMENTAL PLAN \*

Effective March 1, 2026 – February 28, 2027

| Plan    | Benefits             | Eligibility  | Monthly Individual Rate | Monthly Family Rate |
|---------|----------------------|--|-------------------------|---------------------|
| COBRA 4 | Medical & Reduced RX | Only offered to members terminating under the Supplemental Plan. | \$1,063.89              | \$2,663.17          |

*\*The COBRA option and COBRA rates on this chart are applicable to members who were covered by the Supplemental Plan and lost their coverage on 2/28/2026.*