

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.*