

**IUOE Local 4 COBRA Rates**  
**Basic Plan\***  
**Effective March 1, 2018 through February 28, 2019**

<b>PLAN</b>	<b>BENEFITS</b>	<b>Monthly Individual Rate</b>	<b>Monthly Family Rate</b>	<b>Eligibility</b>
<b>COBRA 1</b>	Medical Only	<b>\$668.98</b>	<b>\$1,696.95</b>	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.
<b>COBRA 2</b>	Medical, Dental, Vision and Prescription	<b>\$871.49</b>	<b>\$2,231.65</b>	Same as above
<b>COBRA 3</b>	Medical and Prescription	<b>\$808.95</b>	<b>\$2,074.81</b>	Same as above

*\*The COBRA options and COBRA rates on this chart are applicable to members who were covered by the Basic Plan and lost their coverage on 2/28/2018.*