

IUOE Local 4 COBRA Rates
Basic Plan*
Effective March 1, 2021 through February 28, 2022

PLAN	BENEFITS	Monthly Individual Rate	Monthly Family Rate	Eligibility
COBRA 2	Medical, Dental, Vision and Prescription	\$863.15	\$2,190.85	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 13-19 of the Summary Plan Description for additional information and for important timelines for providing notice to the Plan COBRA Administrator.
COBRA 3	Medical and Prescription	\$803.28	\$2,040.74	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 2/28/2021.*