



## Eighth District Electrical Fringe Benefit Funds

TO: COBRA Participants

FROM: Eighth District Electrical Benefit Fund

DATE: April 2024

RE: **NOTICE OF COBRA RATE CHANGE – EFFECTIVE JUNE 1, 2024**

Under the terms of the federal law known as COBRA, charges to qualified participants may be adjusted if the cost of the coverage to the Trust changes. Accordingly, the cost of COBRA coverage premium has been modified. The following are the new rates effective June 1, 2024.

### **COBRA continuation coverage will cost:**

<b>Regular Plan</b>				
Benefit Options	1 <sup>st</sup> 3 Months	Up to additional 15 or 33 Months	11 Months Disability Extension	
Medical, Dental, Rx, & Life AD&D (No Vision)	\$828.00	\$1,274.00	\$1,873.00	
Medical, Dental, & Rx (No Vision, Life, or AD&D)	\$827.00	\$1,273.00	\$1,872.00	
Medical, Dental, Vision, Rx, & Life AD&D (Vision for Local 768 only)	\$829.00	\$1,276.00	\$1,876.00	
Medical & Rx (No Dental, Vision, Life, or AD&D)	\$787.00	\$1,212.00	\$1,782.00	
Medical, Rx, & Life AD&D (No Dental or Vision)	\$788.00	\$1,213.00	\$1,783.00	
<b>Basic Plan</b>				
Benefit Options	All Member Only Options Up to 36 Months	All Family Options Up to 36 Months	11 Months Disability Extension Member Only	11 Months Disability Extension Family
Basic Medical & Rx Only (No Life or AD&D)	\$328.00	\$984.00	\$482.00	\$1,447.00
Basic Medical, Rx, & Life AD&D	\$329.00	N/A	\$483.00	N/A

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.