ARIZONA PIPE TRADES

ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION
3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016
Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016
www.azpipe.org

Date: **December 2026**

To: **COBRA Participants and Dependents of the Arizona Pipe Trades Health & Welfare Trust Fund**

From: **Board of Trustees**
Arizona Pipe Trades Health & Welfare Trust Fund

COBRA RATE NOTICE
Effective January 1, 2027

This Participant notice advises you of the COBRA rates for the Arizona Pipe Trades Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

The Board of Trustees of the Arizona Pipe Trades Health and Welfare Trust Fund announces the following COBRA premium rates (premium calculation based on the formula prescribed by law):

The COBRA rates for the composite medical, prescription drug, dental and vision plan coverage are as follows. **These premium rates will be effective for individuals who elect COBRA coverage on or after January 1, 2027.**

COBRA COVERAGE TIMEFRAMES	COMPOSITE COBRA PREMIUM RATES
Self-Pay 1st – 12th month* (per month)	**Core Benefits: $630* Full Benefits: $1,697**
18 month or 36 month COBRA period (per month)	**Core Benefits: $1,611 Full Benefits: $1,697**
11 month COBRA "disability extension" period (per month)	**Core Benefits: $2,369 Full Benefits: $2,495**

*Offered only to those employees (and dependents) that have been continuously covered by the Fund for 36 of 42 consecutive months, and who are losing coverage because of insufficient hours in their hour bank.

These COBRA rates above include 102% of the applicable premium for the 18 or 36-month COBRA rate and 150% of the applicable premium for the COBRA disability extension rate.

Disability extension: The maximum period of COBRA coverage may be extended to 29 months for certain specific reasons, including if the qualified beneficiary is determined by the Social Security Administration to have been disabled at some time before the 61st day after the covered employee's termination of employment or reduction in hours making the employee ineligible for coverage. Refer to your COBRA Election Notice or contact the Administrative Office regarding the procedure to notify the plan of a disability and other important information related to an extension of COBRA due to disability.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this notice, please contact the Administrative Office at 602-956-1950 or toll-free at 877-429-7473.

This document serves as your COBRA rate notice from the Plan.

This document has been uploaded and is available on the participant website at www.ourbenefitoffice.com/Azpipe