



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 2024

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 CHANGE NOTICE

Effective January 1, 2025

This Participant notice advises you of certain changes that will be made to 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 a change in the 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. **The new premium rates will be effective for individuals who elect COBRA coverage on or after January 1, 2025.**

COBRA COVERAGE TIMEFRAMES	CURRENT COMPOSITE COBRA PREMIUM RATES	NEW COMPOSITE COBRA PREMIUM RATES
18 month or 36 month COBRA period (per month)	Core Benefits: \$1,296 Full Benefits: \$1,385	Core Benefits: \$1,212 Full Benefits: \$1,291
11 month COBRA “disability extension” period (per month)	Core Benefits: \$1,907 Full Benefits: \$2,037	Core Benefits: \$1,782 Full Benefits: \$1,899

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.

If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 602-956-1950 or toll-free at 877-429-7473.

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 Plan change, please contact the Administrative Office.

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

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