



CEMENT MASONS AND PLASTERERS LOCAL 797 BENEFIT FUNDS

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November 2024

MEMORANDUM TO: COBRA Participants

FROM: Administrative Office

SUBJECT: **NOTICE OF COBRA RATE CHANGE**

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 rates effective **January 1, 2025:**

COBRA (18 & 36 months)	Indemnity PPO Medical
Medical & Prescription Drugs only	\$1,000.00
Full Coverage – Dental HMO	\$1,070.00
Full Coverage – Dental Indemnity PPO	\$1,110.00

COBRA Disability Extension (19-29 months)	Indemnity PPO Medical
Medical & Prescription Drugs only	\$1,470.00
Full Coverage – Dental HMO	\$1,570.00
Full Coverage – Dental Indemnity PPO	\$1,640.00

Full coverage rates include both dental and vision benefits.

If you have any questions, please contact the Administrative Office.

*This document has been uploaded and is available on the participant website at
www.opcmia797benefits.org*