



SOLANO AND NAPA COUNTIES
ELECTRICAL WORKERS BENEFIT FUNDS



DATE: September 2013
TO: All COBRA Qualified Beneficiaries
FROM: Board of Trustees
Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund
RE: **COBRA Rate Change Effective November 1, 2013**

This participant notice will advise you of changes that will be made to the COBRA rates for the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund Medical and Dental plans. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

The Board of Trustees of the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund has approved a change in the COBRA premium rates based on the applicable premiums allowed by law.

The COBRA rates for medical and dental coverage and for medical only coverage are shown in the table below. **The new premium rates will be effective for COBRA coverage on or after November 1, 2013.**

MEDICAL COVERAGE ONLY		
COBRA COVERAGE TIMEFRAMES	CURRENT COBRA PREMIUM	NEW COBRA PREMIUM
18 month or 36 month COBRA period or 11 month COBRA “disability extension” period	\$1,328 per month	\$1,089 per month

MEDICAL AND DENTAL COVERAGE		
COBRA COVERAGE TIMEFRAMES	CURRENT COBRA PREMIUM	NEW COBRA PREMIUM
18 month or 36 month COBRA period or 11 month COBRA “disability extension” period	\$1,494 per month	\$1,246 per month

The COBRA rates above include 102% of the applicable premium for the 18-month, 36-month and for disability extension COBRA periods.

Disability extension: The initial 18-month period of COBRA coverage may be extended to 29 months if the qualified beneficiary is determined by the Social Security Administration to have been disabled at some time before the 61st day after your qualifying event. Refer to your COBRA Election Notice or contact the Fund Office regarding the procedure you need to follow if you have a disability.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for future reference.

If you have any questions, please contact the Fund Office at (866) 544-9880.

Sincerely,

Board of Trustees

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 Fund 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.ibew180benefitfunds.org*