



IRONWORKERS INTERMOUNTAIN HEALTH AND WELFARE TRUST FUND

Date: November 2025

To: COBRA Participants and Dependents of the Ironworkers
Intermountain Health & Welfare Trust Fund

From: Board of Trustees
Ironworkers Intermountain Health & Welfare Trust Fund

COBRA RATE CHANGE NOTICE

Effective January 1, 2026

This Participant notice advises you of certain changes that will be made to the COBRA rates for the Ironworkers Intermountain 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 Ironworkers Intermountain 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, 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, 2026.**

Non Local 24/24A

| COBRA COVERAGE | 2024 Rates | 2025 Rates |
|-------------------------------|------------|------------|
| Regular COBRA Rates | | |
| Medical Only | \$1,144.00 | \$1,226.00 |
| Medical, Dental, & Vision | \$1,212.00 | \$1,301.00 |
| Disability COBRA Rates | | |
| Medical Only | \$1,682.00 | \$1,803.00 |
| Medical, Dental, & Vision | \$1,782.00 | \$1,913.00 |

Local 24/24A Only

| COBRA COVERAGE | 2024 Rates | 2025 Rates |
|-------------------------------|------------|------------|
| Regular COBRA Rates | | |
| Medical Only | \$1,053.00 | \$1,128.00 |
| Medical, Dental, & Vision | \$1,055.00 | \$1,132.00 |
| Disability COBRA Rates | | |
| Medical Only | \$1,552.00 | \$1,663.00 |
| Medical, Dental, & Vision | \$1,553.00 | \$1,667.00 |

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 801-904-4897 or toll-free at 877-867-9510

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.iibenefits.org*