Teamsters Local 631 Trust Funds

November 10, 2026

IMPORTANT NOTICE

RE: **NOTICE OF COBRA RATE**

Dear COBRA Participant,

Every year, the Board of Trustees evaluates the cost of the Security Fund's benefits and makes adjustments to the COBRA rates accordingly. The amount you will pay depends upon whether you have Indemnity Medical (PPO Plan) or EPO Plan coverage.

Effective January 1, 2027 the rates will be:

Plan	Benefit	COBRA Monthly	Disability Extension	Hourly Rates Convention	Hourly Rates Construction
Indemnity	Core (Medical/Prescription only)	$1,602.00	$2,356.00	$16.02	$12.52
	Core+ (Medical/Rx/PPO Dental)	$1,675.00	$2,463.00	$16.75	$13.09
	Core+ (Medical/Rx/HMO Dental)	$1,653.00	$2,431.00	$16.53	$12.91
EPO	Core (Medical/Prescription only)	$1,502.00	$2,210.00	$15.02	$11.73
	Core+ (Medical/Rx/PPO Dental)	$1,576.00	$2,317.00	$15.76	$12.31
	Core+ (Medical/Rx/HMO Dental)	$1,553.00	$2,285.00	$15.53	$12.13

If you have any questions regarding these changes, please contact the Administrative Office at 702 415-2185.

Sincerely,

Board of Trustees

This document has been uploaded and is available on the participant website at www.teamsters631benefits.org

Mailing Address: P.O. Box 400700 ◆ Las Vegas, NV 89140
8311 W. Sunset Road, Suite 250 ◆ Las Vegas, NV 89113
Toll Free 877-304-6702 ◆ Phone 702-415-2185 ◆ Facsimile 702-257-5361
www.teamsters631benefits.org ◆ staff@teamsters631benefits.org