



UA Local 190 Fringe Benefit Funds
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To: All Participants in the Local 190 Active and Medicare Health & Welfare Plan
Re: Self-Pay & COBRA Rate Changes Effective April 1, 2025

WHAT IS THIS NOTICE ABOUT?

This Summary of Material Modifications ("SMM") is to inform you of changes in the self-payment rates and the rates for COBRA continuation coverage that are in effect as of April 1, 2025.

HOW DOES THIS NOTICE AFFECT ME?

The Board of Trustees annually reviews the self-payment rates that are charged by the Plan. In addition, by law, the rates for COBRA continuation coverage are also reviewed annually. This Notice summarizes these changes for you. The changes to these rates will only affect you if you are continuing coverage by making self-payments, or if you elect to continue coverage under COBRA.

Active Participants who Continue Coverage Due to Reduction in Hours

Active Participants who wish to continue to coverage due to a loss in hours are eligible for a subsidized COBRA rate for the first 12 months of coverage. Thereafter, coverage may be continued at the prevailing COBRA rates which are detailed below by selecting either Basic or Full coverage. This selection is made on the initial COBRA election notice. The first 12 months of self-payments are run concurrently with COBRA eligibility. **Please remember that to be eligible for the reduced COBRA rate you MUST be available for work and registered on the Union's out of work list.**

Type of Coverage	First 12 months	Months 13-18
Full Coverage		
Single	\$100	\$804
Two-Person	\$100	\$1,771
Family	\$100	\$2,294
Basic Coverage		
Single	\$100	\$769
Two-Person	\$100	\$1,695
Family	\$100	\$2,195

Active Participants not eligible for reduced COBRA, Divorced Spouses, and Dependents

Coverage may be continued at the prevailing COBRA rates which are detailed below by selecting either Basic or Full coverage. This selection is made on the initial COBRA election notice. The length of COBRA coverage available to you depends upon the reason you became eligible for COBRA, which is generally referred to as a "Qualifying Event." Loss of coverage due to divorce, the death of the Active Participant, or after turning age 26 if you are a dependent child gives up to 36 months of eligibility. Loss of coverage due to an Active Participant's reduction in hours, termination of employment, or layoff gives 18 months of eligibility. Additional extensions are available due to disability, but in no event does COBRA coverage last longer than 36 months.

Type of Coverage	Monthly Rate
Full Coverage	
Single	\$804
Two-Person	\$1,771
Family	\$2,294
Basic Coverage	
Single	\$769
Two-Person	\$1,695
Family	\$2,195

The rates for an extension of COBRA coverage due to disability are listed below. The extension generally is for an additional 11 months, if you qualify and timely provide notice as required. The required notice periods are discussed in your Summary Plan Description. Again, in no event will COBRA entitlement exceed 36 months.

Type of Coverage	Monthly Rate
Full Coverage	
Single	\$1,182
Two-Person	\$2,605
Family	\$3,374
Basic Coverage	
Single	\$1,131
Two-Person	\$2,493
Family	\$3,229

Surviving Spouses

Type of Coverage	Monthly Rate
Surviving Spouse with dependent children	\$620.97
Surviving Spouse with no dependent children	\$408.70

Retirees Aged 55-59

Type of Coverage	Monthly Rate
Single coverage for the Retiree or Retiree with Spouse NOT on Medicare	\$749.99
Retiree w/spouse on Medicare	\$713.75

Retirees Aged 60-64

Type of Coverage	Monthly Rate
Single coverage for the Retiree or Retiree with Spouse NOT on Medicare	\$572.80
Retiree w/spouse on Medicare	\$374.95

Retirees Aged 65 and Older

Type of Coverage	Monthly Rate
Single coverage for the Retiree	\$90.52
Spouse or Surviving Spouse on Medicare	\$90.52
Retiree w/spouse NOT on Medicare	\$374.95
Single coverage w/family NOT on Medicare	\$467.88

Participants who are Disabled

Coverage Type	Monthly Rate
Single coverage, NOT on Pension Disability	\$100
Single coverage, on Pension Disability & NOT receiving SSDI	\$215.01
Disabled Participant who is on Pension Disability, is NOT receiving SSDI with spouse or family NOT on Medicare	\$572.80
Disabled Participant on Disability Pension, NOT receiving SSDI, with a spouse on Medicare	\$460.97

Participants Receiving Workers Compensation

Coverage Class	Months 1-12	Months 13 -24	Months 25-36
All	\$100	\$200	\$300

WHAT DO I NEED TO DO?

The changes discussed in this notice will take effect automatically. If you have questions about the rate applicable to your level of coverage, or you have or general questions about the Plan, please contact the Fund Office at (888) 390-7473 ext. 3.

IMPORTANT REMINDERS

This SMM is a summary and is **not** an official plan document. The actual terms of the Plan are contained in the plan document, which is available at the Plan Office. In the event of any ambiguity in or omission from this SMM, or any conflict between this SMM and the official plan document, the official plan document will govern. If you have any questions regarding this SMM, your benefits, or wish to obtain an updated copy of the Plan Document or SPD, please contact the Fund Office at or (888) 390-7473 ext. 3.

Sincerely,
The Board of Trustees