

Extended Benefit Rates (Effective July 1, 2017)

EXTENDED BENEFIT RATES IF YOU'VE BEEN LAID-OFF

STAGE	PERIOD	MEDICAL ONLY		MEDICAL DENTAL/VISION	
Stage I	Month(s) after layoff	Apply Eligibility Rule*		Apply Eligibility Rule*	
Stage II	After earned eligibility a member is eligible for 2 free months once in a twelve-month period	Free		Free	
Stage III	Months 1 through 2 of paid coverage	Member Only Family	\$123 \$368	Member Only Family	\$165 \$504
Stage IV	Months 3 through 10 of paid coverage	Member Only Family	\$185 \$552	Member Only Family	\$227 \$688
Stage V	Months 11 through 22 of paid coverage	Member Only Family	\$308 \$920	Member Only Family	\$350 \$1,056
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only Family	\$617 \$1,840	Member Only Family	\$659 \$1,976

Note: Those with insufficient hours and not on layoff status will not be entitled to purchase this coverage but will be offered the self-pay, unsubsidized coverage under COBRA. * Verify eligibility with the Benefits Office

EXTENDED BENEFIT RATES IF YOU ARE DISABLED AND HAVE BEEN GRANTED A SOCIAL SECURITY DISABILITY AWARD

STAGE	PERIOD	MEDICAL ONLY		MEDICAL DENTAL/VISION	
Stage I	Month(s) after disability	Apply Eligibility Rule*		Apply Eligibility Rule*	
Stage II	Next 6 months	Free		Free	
Stage III	Months 1 through 6 of paid coverage	Member Only Family	\$200 \$606	Member Only Family	\$289 \$695
Stage IV	Months 7 and beyond of paid coverage	Member Only Family	\$200 \$606	Member Only Family	\$289 \$695

* Verify eligibility with the Benefits Office

EXTENDED BENEFIT RATES IF YOU ARE DISABLED AND HAVE NOT BEEN GRANTED A SOCIAL SECURITY DISABILITY AWARD

STAGE	PERIOD	MEDICAL ONLY		MEDICAL DENTAL/VISION	
Stage I	Month(s) after disability	Apply Eligibility Rule*		Apply Eligibility Rule*	
Stage II	Next 6 months	Free		Free	
Stage III	Months 1 through 6 of paid coverage	Member Only Family	\$215 \$644	Member Only Family	\$257 \$780
Stage IV	Months 7 and beyond of paid coverage	Member Only Family	\$308 \$920	Member Only Family	\$350 \$1,056

COBRA RATES (Effective July 1, 2017)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$617	\$1,840
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$659	\$1,976

* Verify eligibility with Benefits Office