

Extended Benefit Rates (Effective July 1, 2018)

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 \$131 Family \$390	Member Only \$175 Family \$536
Stage IV	Months 3 through 10 of paid coverage	Member Only \$197 Family \$585	Member Only \$241 Family \$731
Stage V	Months 11 through 22 of paid coverage	Member Only \$328 Family \$976	Member Only \$372 Family \$1,122
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only \$657 Family \$1,952	Member Only \$701 Family \$2,098

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 \$200 Family \$617	Member Only \$294 Family \$711
Stage IV	Months 7 and beyond of paid coverage	Member Only \$200 Family \$617	Member Only \$294 Family \$711

* 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 \$229 Family \$683	Member Only \$273 Family \$829
Stage IV	Months 7 and beyond of paid coverage	Member Only \$328 Family \$976	Member Only \$372 Family \$1,122

COBRA RATES (Effective July 1, 2018)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$657	\$1,952
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$701	\$2,098

* Verify eligibility with Benefits Office