

## Extended Benefit Rates (Effective July 1, 2019)

### 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	\$142 \$415	Member Only Family	\$186 \$560
Stage IV	Months 3 through 10 of paid coverage	Member Only Family	\$213 \$622	Member Only Family	\$257 \$767
Stage V	Months 11 through 22 of paid coverage	Member Only Family	\$355 \$1,038	Member Only Family	\$399 \$1,183
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only Family	\$710 \$2,076	Member Only Family	\$754 \$2,221

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 \$617	Member Only Family	\$294 \$711
Stage IV	Months 7 and beyond of paid coverage	Member Only Family	\$200 \$617	Member Only Family	\$294 \$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 Family	\$248 \$726	Member Only Family	\$292 \$871
Stage IV	Months 7 and beyond of paid coverage	Member Only Family	\$355 \$1,038	Member Only Family	\$399 \$1,183

### COBRA RATES (Effective July 1, 2019)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$710	\$2,076
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$754	\$2,221

\* Verify eligibility with Benefits Office