

## Extended Benefit Rates (Effective July 1, 2020)

### EXTENDED BENEFIT RATES IF YOU'VE BEEN LAID-OFF

STAGE	PERIOD	MEDICAL ONLY		MEDICAL DENTAL/VISION	
<b>Stage I</b>	Month(s) after layoff	Apply Eligibility Rule*		Apply Eligibility Rule*	
<b>Stage II</b>	After earned eligibility a member is eligible for 2 free months once in a twelve-month period	Free		Free	
<b>Stage III</b>	Months 1 through 2 of paid coverage	Member Only Family	\$142 \$429	Member Only Family	\$187 \$579
<b>Stage IV</b>	Months 3 through 10 of paid coverage	Member Only Family	\$213 \$644	Member Only Family	\$258 \$794
<b>Stage V</b>	Months 11 through 22 of paid coverage	Member Only Family	\$355 \$1,074	Member Only Family	\$400 \$1,224
<b>Stage VI</b>	Months 23 and beyond of paid coverage (COBRA rates)	Member Only Family	\$710 \$2,149	Member Only Family	\$755 \$2,299

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	
<b>Stage I</b>	Month(s) after disability	Apply Eligibility Rule*		Apply Eligibility Rule*	
<b>Stage II</b>	Next 6 months	Free		Free	
<b>Stage III</b>	Months 1 through 6 of paid coverage	Member Only Family	\$200 \$638	Member Only Family	\$299 \$737
<b>Stage IV</b>	Months 7 and beyond of paid coverage	Member Only Family	\$200 \$638	Member Only Family	\$299 \$737

\* 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	
<b>Stage I</b>	Month(s) after disability	Apply Eligibility Rule*		Apply Eligibility Rule*	
<b>Stage II</b>	Next 6 months	Free		Free	
<b>Stage III</b>	Months 1 through 6 of paid coverage	Member Only Family	\$248 \$752	Member Only Family	\$293 \$902
<b>Stage IV</b>	Months 7 and beyond of paid coverage	Member Only Family	\$355 \$1,074	Member Only Family	\$400 \$1,224

### COBRA RATES (Effective July 1, 2020)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$710	\$2,149
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$755	\$2,299

\* Verify eligibility with Benefits Office

# Retiree Extended Benefit Rates (Effective July 1, 2020)

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WHO ARE ELIGIBLE FOR THE STANDARD RATE															
Monthly Rates Effective 7/1/2020															
PENSION EFFECTIVE DATE -->											Age 58 or older at Retirement				
	Prior to 2/88	2/88 to 1/90	2/90 to 1/91	2/91 to 1/94	2/94 to 1/96	2/96 to 1/98	2/98 to 1/00	2/00 to 1/01	2/01 to 7/03	8/03 to 1/06	2/06 to 1/07	2/07 to 6/08	7/08 to 12/10	1/11 to 12/11	1/12 or later
<b>DISABLED RETIREE (w/SSDA)</b>															
Single	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Married, Both under 65	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638	\$638
Married, Spouse over 65	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311
<b>EARLY RETIREE</b>															
Single under 65	\$444	\$458	\$472	\$485	\$513	\$527	\$534	\$541	\$555	\$569	\$583	\$596	\$638	\$652	\$666
Married, Spouse under 65	\$929	\$958	\$987	\$1,016	\$1,074	\$1,103	\$1,117	\$1,132	\$1,161	\$1,190	\$1,219	\$1,248	\$1,335	\$1,364	\$1,393
Married, Spouse over 65	\$600	\$618	\$637	\$656	\$693	\$712	\$721	\$731	\$750	\$768	\$787	\$806	\$862	\$881	\$900
<b>MEDICARE ELIGIBLE RETIREE</b>															
Single	\$161	\$166	\$171	\$176	\$186	\$191	\$193	\$196	\$201	\$206	\$211	\$216	\$231	\$236	\$241
Married, Both over 65	\$322	\$332	\$342	\$352	\$373	\$383	\$388	\$393	\$403	\$413	\$423	\$433	\$463	\$473	\$483
Married, One over 65	\$651	\$672	\$692	\$712	\$753	\$773	\$783	\$794	\$814	\$834	\$855	\$875	\$936	\$956	\$977
<b>SURVIVING SPOUSE</b>															
Single, under age 65	\$491	\$507	\$522	\$537	\$568	\$583	\$591	\$599	\$614	\$629	\$645	\$660	\$706	\$721	\$737
Single, over age 65	\$162	\$167	\$172	\$177	\$188	\$193	\$195	\$198	\$203	\$208	\$213	\$218	\$233	\$238	\$243
<b>DENTAL AND VISION (ADDITIONAL COST)</b>															
All Retirees	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99	\$99

The Trustees determine the projected cost annually after consultation with the Plan's Consultant.

# Retiree Extended Benefit Rates (Effective July 1, 2020)

EXTENDED BENEFIT RATES FOR RETIREES WHO RETIRED PRIOR TO THE AGE OF 58							
Monthly Rates Effective 7/1/2020							
PENSION EFFECTIVE DATE	Early Retiree 8/03 through 12/10 who Retires prior to Age 58		Early Retiree 1/11 through 12/11 who Retires prior to Age 58		Early Retiree 1/12 or later who Retires prior to Age 58		
RETIRE CATEGORY	AGE	Age 55,56 & 57	Upon attaining age 58	Age 55,56 & 57	Upon attaining age 58	Age 55,56 & 57	Upon attaining age 58
<b>EARLY RETIREE</b>							
Single	under 65	\$791	\$694	\$804	\$707	\$804	\$735
Married, Spouse	under 65	\$1,654	\$1,451	\$1,683	\$1,480	\$1,683	\$1,538
Married, Spouse	over 65	\$1,068	\$937	\$1,087	\$956	\$1,087	\$993
<b>MEDICARE ELIGIBLE RETIREE</b>							
Single		n/a	\$251	n/a	\$256	n/a	\$266
Married, Both	over 65	n/a	\$504	n/a	\$514	n/a	\$534
Married, One	over 65	n/a	\$1,018	n/a	\$1,038	n/a	\$1,079
<b>SURVIVING SPOUSE</b>							
Single, under	age 65	\$875	\$768	\$890	\$783	\$890	\$814
Single, over	age 65	\$289	\$254	\$294	\$259	\$294	\$269
<b>DENTAL AND VISION (ADDITIONAL COST)</b>							
All Retirees		\$99	\$99	\$99	\$99	\$99	\$99

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK				
Monthly Rates Effective 7/1/2020				
PENSION EFFECTIVE DATE	RETIRE CATEGORY	8/03 to 12/10	1/11 to 12/11	1/12 or After
<b>EARLY RETIREE</b>				
Single	under 65	\$832	\$902	\$971
Married, Spouse	under 65	\$1,741	\$1,886	\$2,031
Married, Spouse	over 65	\$1,124	\$1,218	\$1,312
<b>MEDICARE ELIGIBLE RETIREE</b>				
Single		\$301	\$326	\$351
Married, Both	over 65	\$604	\$655	\$705
Married, One	over 65	\$1,221	\$1,323	\$1,425
<b>SURVIVING SPOUSE</b>				
Single, under	age 65	\$921	\$998	\$1,075
Single, over	age 65	\$304	\$330	\$355
<b>DENTAL AND VISION (ADDITIONAL COST)</b>				
All Retirees		\$99	\$99	\$99

Any former non-retired (from the NEI Pension Fund) participant who returns to covered employment at which time he or she has not been covered by the Health Benefit Plan for at least five consecutive years after 12/31/92, who retires after June 30, 2003 and is eligible to purchase retiree coverage under the Plan, shall pay a retiree rate of not less than 60% of the projected cost of healthcare for his/her respective group— i.e., Early Retiree, Normal Retiree or surviving spouse, during the full period he or she is covered by the Plan. The Trustees shall determine the projected cost annually after consultation with the Plan's Consultant. However, this rule will not apply to a Participant with at least 51,000 hours during his or her lifetime and 3,400 hours in the 60 months prior to retirement.