

Extended Benefit Rates (Effective July 1, 2023)

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 \$168 Family \$544 | Member Only \$213 Family \$716 |
| Stage IV | Months 3 through 10 of paid coverage | Member Only \$252 Family \$816 | Member Only \$297 Family \$988 |
| Stage V | Months 11 through 22 of paid coverage | Member Only \$421 Family \$1,361 | Member Only \$466 Family \$1,533 |
| Stage VI | Months 23 and beyond of paid coverage (COBRA rates) | Member Only \$842 Family \$2,722 | Member Only \$887 Family \$2,894 |

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 \$688 | Member Only \$303 Family \$791 |
| Stage IV | Months 7 and beyond of paid coverage | Member Only \$200 Family \$688 | Member Only \$303 Family \$791 |

* 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 \$294 Family \$952 | Member Only \$339 Family \$1,124 |
| Stage IV | Months 7 and beyond of paid coverage | Member Only \$421 Family \$1,361 | Member Only \$466 Family \$1,533 |

COBRA RATES (Effective July 1, 2023)

| | Individual | Family |
|--|------------|---------|
| COBRA Core Coverage (Medical Only) | \$842 | \$2,722 |
| COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision) | \$887 | \$2,894 |

* Verify eligibility with Benefits Office

Retiree Extended Benefit Rates (Effective July 1, 2023)

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WHO ARE ELIGIBLE FOR THE STANDARD RATE

Monthly Rates Effective 7/1/2023

| 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 |
| DISABLED RETIREE (w/SSDA) | | | | | | | | | | | | | | | |
| Single | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 |
| Married, Both under 65 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 | \$688 |
| Married, Spouse over 65 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 | \$311 |
| EARLY RETIREE | | | | | | | | | | | | | | | |
| 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 |
| MEDICARE ELIGIBLE RETIREE | | | | | | | | | | | | | | | |
| 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 |
| SURVIVING SPOUSE | | | | | | | | | | | | | | | |
| 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 |
| DENTAL AND VISION (ADDITIONAL COST) | | | | | | | | | | | | | | | |
| All Retirees | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 |

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

Retiree Extended Benefit Rates (Effective July 1, 2023)

| EXTENDED BENEFIT RATES FOR RETIREES WHO RETIRED PRIOR TO THE AGE OF 58 | | | | | | | |
|---|--|-------------------|--|-------------------|---|-------------------|---------------------------------|
| Monthly Rates Effective 7/1/2023 | | | | | | | |
| 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 attainin g age 58 |
| EARLY RETIREE | | | | | | | |
| 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 |
| MEDICARE ELIGIBLE RETIREE | | | | | | | |
| 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 |
| SURVIVING SPOUSE | | | | | | | |
| Single, under | age 65 | \$875 | \$768 | \$890 | \$783 | \$890 | \$814 |
| Single, over | age 65 | \$289 | \$254 | \$294 | \$259 | \$294 | \$269 |
| DENTAL AND VISION (ADDITIONAL COST) | | | | | | | |
| All Retirees | | \$103 | \$103 | \$103 | \$103 | \$103 | \$103 |

| EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK | | | | |
|---|------------------|------------------|---------------|---------|
| Monthly Rates Effective 7/1/2023 | | | | |
| PENSION EFFECTIVE DATE | 8/03 to 12/10 | 1/11 to 12/11 | 1/12 or After | |
| RETIRE CATEGORY | | | | |
| EARLY RETIREE | | | | |
| 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 |
| MEDICARE ELIGIBLE RETIREE | | | | |
| Single | | \$301 | \$326 | \$351 |
| Married, Both | over 65 | \$604 | \$655 | \$705 |
| Married, One | over 65 | \$1,221 | \$1,323 | \$1,425 |
| SURVIVING SPOUSE | | | | |
| Single, under | age 65 | \$921 | \$998 | \$1,075 |
| Single, over | age 65 | \$304 | \$330 | \$355 |
| DENTAL AND VISION (ADDITIONAL COST) | | | | |
| All Retirees | | \$103 | \$103 | \$103 |

1. Except as provided in 2 below, 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 Plan for at least 5 consecutive years after 12/31/92, who retires after June 30, 2003 and is eligible to purchase Retiree coverage, shall pay a 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 a total of at least 42,500 hours and with at least 3,400 hours in the 60 months prior to retirement.
2. Effective July 1, 2020, the cost of coverage for a Retiree described in 1 above shall be the lesser of: (a) the Extended Benefit Rate applicable to Retired Employees with a 5 Year Break posted above, or (b) the rate the Retiree would otherwise pay for Retiree coverage based **solely** on the hours the Participant worked **after** his or her last break in coverage of 5 or more consecutive years.