

Extended Benefit Rates (Effective July 1, 2022)

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 \$166 Family \$493	Member Only \$212 Family \$653
Stage IV	Months 3 through 10 of paid coverage	Member Only \$249 Family \$740	Member Only \$295 Family \$900
Stage V	Months 11 through 22 of paid coverage	Member Only \$416 Family \$1,233	Member Only \$462 Family \$1,393
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only \$832 Family \$2,467	Member Only \$878 Family \$2,627

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 \$677	Member Only \$298 Family \$775
Stage IV	Months 7 and beyond of paid coverage	Member Only \$200 Family \$677	Member Only \$298 Family \$775

* 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 \$291 Family \$863	Member Only \$337 Family \$1,023
Stage IV	Months 7 and beyond of paid coverage	Member Only \$416 Family \$1,233	Member Only \$462 Family \$1,393

COBRA RATES (Effective July 1, 2022)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$832	\$2,467
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$878	\$2,627

* Verify eligibility with Benefits Office

Retiree Extended Benefit Rates (Effective July 1, 2022)

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WHO ARE ELIGIBLE FOR THE STANDARD RATE															
Monthly Rates Effective 7/1/2022															
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	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677	\$677
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	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98

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

Retiree Extended Benefit Rates (Effective July 1, 2022)

EXTENDED BENEFIT RATES FOR RETIREES WHO RETIRED PRIOR TO THE AGE OF 58							
Monthly Rates Effective 7/1/2022							
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		\$98	\$98	\$98	\$98	\$98	\$98

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK				
Monthly Rates Effective 7/1/2022				
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		\$98	\$98	\$98

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.

ACA Nondiscrimination Notice

The National Elevator Industry Health Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The National Elevator Industry Health Benefit Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Medical Benefits provided under this Plan are afforded without regard to an individual's sex assigned at birth, gender identity, or gender.

When necessary, the National Elevator Industry Health Benefit Plan will provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The National Elevator Industry Health Benefit Plan also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages upon request. If you need these services, contact Robert Betts.

If you believe that the National Elevator Industry Health Benefit Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Robert Betts, Executive Director, National Elevator Industry Health Benefit Plan, 19 Campus Blvd., Suite 200, Newtown Square, PA 19073, 610-325-9100 extension 2200, 610-325-9028 (fax) or civilrightscoordinator@neibenefits.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Robert Betts, Executive Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-325-9100 ext. 2200.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-325-9100 ext. 2200。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-610-325-9100 ext. 2200.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-325-9100 ext. 2200.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-610-325-9100 ext. 2200.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-610-325-9100 ext. 2200. 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-610-325-9100 ext. 2200.

9100-325-610-1: هاتف الصم والبكم - ext. 2200 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-610-325-9100

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-325-9100 ext. 2200.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-610-325-9100 ext. 2200..

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-610-325-9100 ext. 2200.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-610-325-9100 ext. 2200.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-610-325-9100 ext. 2200 पर कॉल करें।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń