

Extended Benefit Rates (Effective July 1, 2024)

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 \$180 Family \$578	Member Only \$227 Family \$761
Stage IV	Months 3 through 10 of paid coverage	Member Only \$271 Family \$867	Member Only \$318 Family \$1,050
Stage V	Months 11 through 22 of paid coverage	Member Only \$452 Family \$1,445	Member Only \$499 Family \$1,628
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only \$904 Family \$2,890	Member Only \$951 Family \$3,073

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 \$191 Family \$708	Member Only \$299 Family \$816
Stage IV	Months 7 and beyond of paid coverage	Member Only \$191 Family \$708	Member Only \$299 Family \$816

* 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 \$316 Family \$1,011	Member Only \$363 Family \$1,194
Stage IV	Months 7 and beyond of paid coverage	Member Only \$452 Family \$1,445	Member Only \$499 Family \$1,628

COBRA RATES (Effective July 1, 2024)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$904	\$2,890
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$951	\$3,073

* Verify eligibility with Benefits Office

Retiree Extended Benefit Rates (Effective July 1, 2024)

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

Monthly Rates Effective 7/1/2024

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	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191	\$191
Married, Both under 65	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708	\$708
Married, Spouse over 65	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303
EARLY RETIREE															
Single under 65	\$496	\$512	\$527	\$542	\$573	\$589	\$597	\$605	\$620	\$636	\$651	\$666	\$713	\$729	\$744
Married, Spouse under 65	\$998	\$1,029	\$1,060	\$1,091	\$1,154	\$1,185	\$1,200	\$1,216	\$1,247	\$1,278	\$1,309	\$1,341	\$1,434	\$1,465	\$1,496
Married, Spouse over 65	\$655	\$676	\$696	\$717	\$757	\$778	\$788	\$799	\$819	\$839	\$860	\$881	\$942	\$962	\$983
MEDICARE ELIGIBLE RETIREE															
Single	\$164	\$169	\$174	\$179	\$189	\$194	\$197	\$199	\$205	\$210	\$215	\$220	\$235	\$240	\$245
Married, Both over 65	\$326	\$336	\$346	\$356	\$377	\$387	\$392	\$397	\$407	\$417	\$427	\$438	\$468	\$478	\$488
Married, One over 65	\$675	\$697	\$718	\$739	\$781	\$802	\$812	\$823	\$844	\$865	\$887	\$908	\$971	\$992	\$1,013
SURVIVING SPOUSE															
Single, under age 65	\$512	\$529	\$544	\$560	\$592	\$608	\$616	\$625	\$640	\$656	\$673	\$688	\$736	\$752	\$769
Single, over age 65	\$163	\$168	\$173	\$178	\$188	\$193	\$196	\$199	\$204	\$209	\$214	\$219	\$234	\$239	\$244
DENTAL AND VISION (ADDITIONAL COST)															
All Retirees	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108	\$108

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

Retiree Extended Benefit Rates (Effective July 1, 2024)

Monthly Rates Effective 7/1/2024							
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
EARLY RETIREE							
Single under 65		\$884	\$775	\$899	\$790	\$899	\$821
Married, Spouse under 65		\$1,777	\$1,559	\$1,808	\$1,590	\$1,808	\$1,652
Married, Spouse over 65		\$1,167	\$1,024	\$1,188	\$1,044	\$1,188	\$1,085
MEDICARE ELIGIBLE RETIREE							
Single		n/a	\$256	n/a	\$261	n/a	\$271
Married, Both over 65		n/a	\$509	n/a	\$519	n/a	\$539
Married, One over 65		n/a	\$1,056	n/a	\$1,076	n/a	\$1,119
SURVIVING SPOUSE							
Single, under age 65		\$913	\$801	\$928	\$817	\$928	\$849
Single, over age 65		\$290	\$255	\$295	\$260	\$295	\$270
DENTAL AND VISION (ADDITIONAL COST)							
All Retirees		\$108	\$108	\$108	\$108	\$108	\$108

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK				
Monthly Rates Effective 7/1/2024				
PENSION EFFECTIVE DATE	RETIREE CATEGORY	8/03 to 12/10	1/11 to 12/11	1/12 or After
EARLY RETIREE				
	Single under 65	\$930	\$1,008	\$1,085
	Married, Spouse under 65	\$1,870	\$2,026	\$2,182
	Married, Spouse over 65	\$1,228	\$1,331	\$1,433
MEDICARE ELIGIBLE RETIREE				
	Single	\$306	\$332	\$357
	Married, Both over 65	\$610	\$662	\$712
	Married, One over 65	\$1,266	\$1,372	\$1,478
SURVIVING SPOUSE				
	Single, under age 65	\$961	\$1,041	\$1,121
	Single, over age 65	\$305	\$331	\$356
DENTAL AND VISION (ADDITIONAL COST)				
	All Retirees	\$108	\$108	\$108

- 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 least 42,500 hours and with at least 3,400 hours in the 60 months prior to retirement.
- 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.