

# Extended Benefit Rates (Effective July 1, 2025)

## 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	Member Only	\$226
		Family	\$559	Family	\$728
Stage IV	Months 3 through 10 of paid coverage	Member Only	\$270	Member Only	\$316
		Family	\$838	Family	\$1,007
Stage V	Months 11 through 22 of paid coverage	Member Only	\$451	Member Only	\$497
		Family	\$1,397	Family	\$1,566
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only	\$903	Member Only	\$949
		Family	\$2,795	Family	\$2,964

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	\$220	Member Only	\$329
		Family	\$787	Family	\$896
Stage IV	Months 7 and beyond of paid coverage	Member Only	\$220	Member Only	\$329
		Family	\$787	Family	\$896

\* 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	Member Only	\$362
		Family	\$978	Family	\$1,147
Stage IV	Months 7 and beyond of paid coverage	Member Only	\$451	Member Only	\$497
		Family	\$1,397	Family	\$1,566

## COBRA RATES (Effective July 1, 2025)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$903	\$2,795
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$949	\$2,964

\* Verify eligibility with Benefits Office

## Retiree Extended Benefit Rates (Effective July 1, 2025)

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

#### Monthly Rates Effective 7/1/2025

										Age 58 or older at Retirement					
PENSION EFFECTIVE DATE -->	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	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220
Married, Both under 65	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787
Married, Spouse over 65	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343
<b>EARLY RETIREE</b>															
Single under 65	\$553	\$571	\$588	\$605	\$639	\$657	\$655	\$674	\$691	\$709	\$726	\$743	\$795	\$812	\$829
Married, Spouse under 65	\$1,092	\$1,126	\$1,160	\$1,194	\$1,263	\$1,297	\$1,314	\$1,331	\$1,365	\$1,399	\$1,433	\$1,468	\$1,570	\$1,604	\$1,638
Married, Spouse over 65	\$722	\$744	\$767	\$789	\$834	\$857	\$868	\$880	\$902	\$924	\$947	\$970	\$1,037	\$1,060	\$1,082
<b>MEDICARE ELIGIBLE RETIREE</b>															
Single	\$172	\$177	\$182	\$188	\$198	\$203	\$206	\$209	\$215	\$220	\$225	\$230	\$246	\$252	\$257
Married, Both over 65	\$342	\$352	\$363	\$373	\$395	\$406	\$411	\$416	\$427	\$437	\$448	\$459	\$491	\$501	\$512
Married, One over 65	\$723	\$746	\$768	\$791	\$836	\$858	\$869	\$881	\$903	\$926	\$949	\$972	\$1,039	\$1,062	\$1,084
<b>SURVIVING SPOUSE</b>															
Single, under age 65	\$552	\$570	\$586	\$603	\$638	\$655	\$664	\$673	\$690	\$707	\$725	\$741	\$793	\$810	\$828
Single, over age 65	\$171	\$176	\$181	\$187	\$197	\$202	\$205	\$208	\$213	\$219	\$224	\$229	\$245	\$250	\$256
<b>DENTAL AND VISION (ADDITIONAL COST)</b>															
All Retirees	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109
The Trustees determine the projected cost annually after consultation with the Plan's Consultant.															

## Retiree Extended Benefit Rates (Effective July 1, 2025)

EXTENDED BENEFIT RATES FOR RETIREES WHO RETIRED PRIOR TO THE AGE OF 58						
Monthly Rates Effective 7/1/2025						
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	\$985	\$864	\$1,002	\$881	\$1,002	\$916
Married, Spouse under 65	\$1,945	\$1,706	\$1,979	\$1,740	\$1,979	\$1,808
Married, Spouse over 65	\$1,285	\$1,128	\$1,308	\$1,150	\$1,308	\$1,195
<b>MEDICARE ELIGIBLE RETIREE</b>						
Single	n/a	\$268	n/a	\$273	n/a	\$284
Married, Both over 65	n/a	\$534	n/a	\$544	n/a	\$565
Married, One over 65	n/a	\$1,130	n/a	\$1,152	n/a	\$1,197
<b>SURVIVING SPOUSE</b>						
Single, under age 65	\$983	\$863	\$1,000	\$880	\$1,000	\$914
Single, over age 65	\$304	\$267	\$309	\$272	\$309	\$283
<b>DENTAL AND VISION (ADDITIONAL COST)</b>						
All Retirees	\$109	\$109	\$109	\$109	\$109	\$109

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK			
Monthly Rates Effective 7/1/2025			
PENSION EFFECTIVE DATE RETIREE CATEGORY	8/03 to 12/10	1/11 to 12/11	1/12 or After
<b>EARLY RETIREE</b>			
Single under 65	\$1,037	\$1,123	\$1,210
Married, Spouse under 65	\$2,047	\$2,218	\$2,388
Married, Spouse over 65	\$1,353	\$1,466	\$1,578
<b>MEDICARE ELIGIBLE RETIREE</b>			
Single	\$321	\$348	\$374
Married, Both over 65	\$640	\$694	\$747
Married, One over 65	\$1,355	\$1,468	\$1,581
<b>SURVIVING SPOUSE</b>			
Single, under age 65	\$1,035	\$1,121	\$1,207
Single, over age 65	\$320	\$346	\$373
<b>DENTAL AND VISION (ADDITIONAL COST)</b>			
All Retirees	\$109	\$109	\$109

- 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.
- 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.