

Extended Benefit Rates (Effective July 1, 2026)

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 \$186 Family \$612	Member Only \$229 Family \$770
Stage IV	Months 3 through 10 of paid coverage	Member Only \$280 Family \$918	Member Only \$323 Family \$1,076
Stage V	Months 11 through 22 of paid coverage	Member Only \$467 Family \$1,531	Member Only \$510 Family \$1,689
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only \$934 Family \$3,063	Member Only \$977 Family \$3,221

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 \$219 Family \$810	Member Only \$323 Family \$914
Stage IV	Months 7 and beyond of paid coverage	Member Only \$219 Family \$810	Member Only \$323 Family \$914

* 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 \$326 Family \$1,072	Member Only \$369 Family \$1,230
Stage IV	Months 7 and beyond of paid coverage	Member Only \$467 Family \$1,531	Member Only \$510 Family \$1,689

COBRA RATES (Effective July 1, 2026)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$934	\$3,063
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$977	\$3,221

* Verify eligibility with Benefits Office

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Retiree Extended Benefit Rates (Effective July 1, 2026)

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

Monthly Rates Effective 7/1/2026

PENSION EFFECTIVE DATE -->	Age 58 or older at Retirement														1/12 or later		
	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			
DISABLED RETIREE (w/SSDA)																	
Single	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219	\$219
Married, Both under 65	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810	\$810
Married, Spouse over 65	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351	\$351
EARLY RETIREE																	
Single under 65	\$608	\$628	\$646	\$665	\$702	\$722	\$731	\$741	\$759	\$779	\$798	\$817	\$874	\$892	\$911	\$911	\$911
Married, Spouse under 65	\$1,200	\$1,238	\$1,275	\$1,312	\$1,388	\$1,426	\$1,444	\$1,463	\$1,500	\$1,538	\$1,575	\$1,613	\$1,726	\$1,763	\$1,800	\$1,800	\$1,800
Married, Spouse over 65	\$794	\$818	\$843	\$867	\$917	\$942	\$954	\$967	\$991	\$1,016	\$1,041	\$1,066	\$1,140	\$1,165	\$1,189	\$1,189	\$1,189
MEDICARE ELIGIBLE RETIREE																	
Single	\$189	\$195	\$200	\$207	\$218	\$223	\$226	\$230	\$236	\$242	\$247	\$253	\$270	\$277	\$282	\$282	\$282
Married, Both over 65	\$376	\$387	\$399	\$410	\$434	\$446	\$452	\$457	\$469	\$480	\$492	\$504	\$540	\$551	\$563	\$563	\$563
Married, One over 65	\$795	\$820	\$844	\$869	\$919	\$943	\$955	\$968	\$992	\$1,018	\$1,043	\$1,068	\$1,142	\$1,167	\$1,191	\$1,191	\$1,191
SURVIVING SPOUSE																	
Single, under age 65	\$607	\$626	\$644	\$663	\$701	\$720	\$730	\$740	\$758	\$777	\$797	\$814	\$872	\$890	\$910	\$910	\$910
Single, over age 65	\$188	\$193	\$199	\$206	\$217	\$222	\$225	\$229	\$234	\$241	\$246	\$252	\$269	\$275	\$281	\$281	\$281
DENTAL AND VISION (ADDITIONAL COST)																	
All Retirees	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$104

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



Retiree Extended Benefit Rates (Effective July 1, 2026)

EXTENDED BENEFIT RATES FOR RETIREES WHO RETIRED PRIOR TO THE AGE OF 58						
Monthly Rates Effective 7/1/2026						
PENSION EFFECTIVE DATE	Early Retiree 8/03 through 12/10 who Retires prior to Age 58	Upon attaining age 58	Age 55,56 & 57	Early Retiree 1/11 through 12/11 who Retires prior to Age 58	Upon attaining age 58	Age 55,56 & 57
RETIRE CATEGORY	AGE	Age 55,56 & 57	Age 55,56 & 57	Age 55,56 & 57	Age 55,56 & 57	Age 55,56 & 57
EARLY RETIREE						
Single under 65		\$1,083	\$1,101	\$968	\$1,101	\$1,007
Married, Spouse under 65		\$2,138	\$2,175	\$1,912	\$2,175	\$1,987
Married, Spouse over 65		\$1,412	\$1,438	\$1,264	\$1,438	\$1,313
MEDICARE ELIGIBLE RETIREE						
Single		n/a	n/a	\$300	n/a	\$312
Married, Both over 65		n/a	n/a	\$598	n/a	\$621
Married, One over 65		n/a	n/a	\$1,266	n/a	\$1,316
SURVIVING SPOUSE						
Single, under age 65		\$1,080	\$1,099	\$967	\$1,099	\$1,005
Single, over age 65		\$334	\$340	\$299	\$340	\$311
DENTAL AND VISION (ADDITIONAL COST)						
All Retirees		\$104	\$104	\$104	\$104	\$104

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK				
Monthly Rates Effective 7/1/2026				
PENSION EFFECTIVE DATE	8/03 to 12/10	1/11 to 12/11	1/11 to 12/11	1/12 or After
RETIRE CATEGORY	8/03 to 12/10	1/11 to 12/11	1/11 to 12/11	1/12 or After
EARLY RETIREE				
Single under 65	\$1,140	\$1,234	\$1,234	\$1,330
Married, Spouse under 65	\$2,250	\$2,438	\$2,438	\$2,625
Married, Spouse over 65	\$1,487	\$1,611	\$1,611	\$1,734
MEDICARE ELIGIBLE RETIREE				
Single	\$353	\$382	\$382	\$411
Married, Both over 65	\$703	\$763	\$763	\$821
Married, One over 65	\$1,489	\$1,613	\$1,613	\$1,738
SURVIVING SPOUSE				
Single, under age 65	\$1,138	\$1,232	\$1,232	\$1,327
Single, over age 65	\$352	\$380	\$380	\$410
DENTAL AND VISION (ADDITIONAL COST)				
All Retirees	\$104	\$104	\$104	\$104

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 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.



Notices

Regarding the Plan's Notice of Privacy Practices

The privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require health plans, such as the NEI Health Benefit Plan, to protect the confidentiality of your protected health information (PHI). PHI is defined under HIPAA and generally includes individually identifiable health information created or received by the Plan.

The NEI Health Benefit Plan will not use or disclose your PHI except as is necessary for treatment, payment, health plan operations and plan administration, or as permitted or required by law, or as otherwise authorized by you. In addition, the Plan requires business associates that create or receive PHI on behalf of the Plan to observe the privacy rules with respect to such PHI.

You have certain rights under the privacy rules with respect to your PHI, including the right to see and copy the information, to receive an accounting of certain disclosures of the information and to amend the information in certain circumstances. You also have the right to file a complaint with the Plan or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Your rights with respect to your PHI are explained in greater detail in the NEI Health Benefit Plan's Notice of Privacy Practices. The Notice also describes how the Plan uses and discloses PHI.

If you would like to see (or obtain a copy of) the Plan's Notice of Privacy Practices, please contact Member Services at the Benefits Office or visit our website www.neibenefits.org.

Women's Health and Cancer Rights Act of 1998

If a participant receiving benefits under the NEI Health Benefit Plan elects breast reconstruction, in connection with a mastectomy, coverage will be provided under the Plan in a manner determined in consultation with the attending physician and the patient for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, the plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you have any questions regarding this Notice of Rights, please contact Member Services at the Benefits Office or the Plan Administrator.

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

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