



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

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Date: July, 2009

To: Southern California IBEW-NECA Health Plan Participants

From: Southern California IBEW-NECA Trust Funds Administrative Office

**Re: COBRA Rates for Active Healthcare Coverage
Inside Wiremen & 9th District Sound & Communications Participants
Rates Effective October 1, 2009 through September 30, 2010**

Effective October 1, 2009, the COBRA self-pay rates for coverage in the active healthcare plans are changing. Please refer to the other side of this memo for the new rates. If you are currently participating in COBRA, the new rates will automatically reflect on the October COBRA reminder notice.

The Health Fund offers three different COBRA self-pay programs.

- **Core** coverage includes medical and prescription drug coverage.
- **Core Plus** coverage includes medical, prescription drug, dental, behavioral health, vision and the Member Assistance Program (MAP).
- A Trust Fund **Subsidized COBRA** program is available to participants that qualify. Under the Subsidized COBRA program, you pay a reduced self-payment for the first three consecutive months. If you do not qualify for the Subsidized COBRA program, non-subsidized COBRA rates are applicable for the entire COBRA coverage period.
- The Stimulus Act Subsidized COBRA (ARRA 2009) program may be available to you if you have applied and qualify as an Assistance Eligible Individual. If you lose coverage between 9/1/08 and 12/31/09 you may be eligible for the temporary premium reduction for up to nine months.

For more information on COBRA, please refer to the COBRA section (pages 18 to 24) of the Southern California IBEW-NECA Health Plan Summary Plan Description and Amendments #15, 16, and 26. You may also view this information on the Funds' website at www.scibew-neca.org.

Rolling Twelve Month Open Enrollment

The Plan allows you to change health carriers once you have been enrolled with the same carrier for twelve consecutive months. This provision is available to COBRA participants. If you are eligible and interested in changing carriers, please contact the Funds Office for more information. Please note your COBRA premium may change if and when you change carriers. If you have questions, please contact the Membership Services Department at (323) 221-5861 or toll-free at (800) 824-6935, Monday through Friday between the hours of 9 a.m. and 5 p.m.

**Southern California IBEW-NECA Health Trust Funds
 COBRA Rates for Active Healthcare Coverage – Inside Wiremen & Sound
 Rates Effective October 1, 2009 through September 30, 2010**

NON-SUBSIDIZED COBRA RATES (Monthly Rates)

CORE (Medical, Prescription Drug, Member Assistance Program, Behavioral Health)

Carrier	Current Rates 10/1/08-9/30/09	New Rates 10/1/09-9/30/10
Kaiser Permanente HMO	\$751	\$852
PacifiCare HMO	\$758	\$839
Indemnity Plan (Blue Cross)	\$785	\$802

CORE PLUS

If you choose CORE Plus, dental and vision coverage is also included with the PacifiCare and Indemnity plans. For those enrolled in the Kaiser Permanente plan, vision is included in the medical coverage. **Life insurance coverage is not included**, but an “Individual Conversion Privilege” may be available directly with the Metropolitan Life Insurance Company. The Metropolitan’s customer service telephone number is (800) 638-6420.

CORE Plus (Medical, Prescription Drug, Vision, Dental, Member Assistance Program, Behavioral Health)

Dental Carrier	Kaiser Permanente HMO	PacifiCare HMO	Indemnity Plan (Blue Cross)
Delta Dental PPO	\$946	\$951	\$913
CIGNA	\$905	\$910	\$872
Delta Dental DHMO	\$895	\$900	\$863
Safeguard	\$891	\$897	\$859
United Concordia	\$898	\$904	\$866

TRUST FUND SUBSIDIZED COBRA RATES

(First three consecutive months of COBRA coverage)

CORE: The monthly subsidized rate for CORE (medical and prescription drugs) coverage is \$50.00 per month.

CORE Plus (Medical, Prescription Drug, Vision, Dental, Member Assistance Program, Behavioral Health)

Dental Carrier	Kaiser Permanente HMO	PacifiCareHMO & Indemnity Plan (Blue Cross)
Delta Dental PPO	\$142	\$160
CIGNA	\$102	\$119
Delta Dental DHMO	\$92	\$110
Safeguard	\$89	\$106
United Concordia	\$96	\$113