

SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

Street Address: 6023 Garfield Avenue, City of Commerce, CA 90040 Mailing Address: P. O. Box 910918, Los Angeles, CA 90091 Phone: (323) 221-5861 or (800) 824-6935; Fax: (323) 726-3520



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 - Material Handlers

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. If you are currently participating in COBRA, the new rates will automatically reflect on the October COBRA reminder notice.

Non-Subsidized COBRA Rates - monthly rates

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

Trust Fund Subsidized COBRA

A subsidized COBRA program is available to participants that qualify. Under the Subsidized COBRA program, you pay a self-payment of \$50.00 for the first three consecutive months. After three months of subsidized COBRA, you will pay the full non-subsidized COBRA rate from the fourth month to the remainder of your COBRA coverage. 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.