



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

Date: March 15, 2019

To: Active Participants

From: Board of Trustees

Subject: Fox Valley Laborers Health and Welfare Fund
COBRA Rate Changes

BOARDS OF TRUSTEES

WELFARE FUND

Management:

Michael G. Shales, Chairman

John P. Bryan

Brian T. Rausch

Union:

Martin D. Dwyer, Secretary

Vernon A. Bauman

David B. Sheahan

PENSION FUND

Management:

Michael G. Shales, Chairman

John P. Bryan

Brian T. Rausch

Union:

Vernon A. Bauman, Secretary

Mark A. Castelvechi

Martin D. Dwyer

This letter is to officially notify you that the rates for continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) will decrease **effective June 1, 2019**.

	<u>Normal Coverage</u>	<u>Medical Only</u>	<u>Medical/Dental/Vision</u>
Single Only		\$570.00	\$618.00
Two Person		\$1,139.00	\$1,237.00
Family		\$1,797.00	\$1,951.00
	<u>Extended Coverage</u>	<u>Medical Only</u>	<u>Medical/Dental/Vision</u>
Single Only		\$838.00	\$909.00
Two Person		\$1,675.00	\$1,819.00
Family		\$2,643.00	\$2,869.00

If you or your dependents are disabled at the time or within 60 days of electing COBRA coverage, you or your dependents may be eligible for an additional 11 months of coverage after the initial 18-month period. The *Normal Coverage* rates apply to the initial 18-month COBRA period and the *Extended Coverage* rates apply to the extended coverage period for up to an additional 11 months.

If you have any questions regarding these changes, please do not hesitate to contact the Fund Office at (847) 742-0900 or toll free at (866) 828-0900.