



# FOX VALLEY & VICINITY LABORERS

## HEALTH AND WELFARE AND PENSION FUNDS

Date: March 15, 2021

To: Active Participants

From: Board of Trustees

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

### BOARDS OF TRUSTEES

#### **WELFARE FUND**

Employer Trustees

*John P. Bryan, Secretary*

*Steven E. Lamp*

*Brian T. Rausch*

Employee Trustees

*Vernon A. Bauman, Chairman*

*Mark A. Castelveccchi*

*Brian M. Urso*

This letter is to officially notify you that the rates for continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) will not change **effective June 1, 2021**. Please note that the rates are experience rated, which may result in an increase, a decrease or no change in rates.

#### **PENSION FUND**

Employer Trustees

*John P. Bryan, Secretary*

*Steven E. Lamp*

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Employee Trustees

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*Vernon A. Bauman, Chairman*

*Mark A. Castelveccchi*

	<u>Normal Coverage</u>	<u>Medical Only</u>	<u>Medical/Dental/Vision</u>
Single Only		\$636.00	\$684.00
Two Person		\$1,271.00	\$1,368.00
Family		\$2,006.00	\$2,159.00
	<u>Extended Coverage</u>	<u>Medical Only</u>	<u>Medical/Dental/Vision</u>
Single Only		\$935.00	\$1,006.00
Two Person		\$1,870.00	\$2,012.00
Family		\$2,950.00	\$3,175.00

If you or your dependents are disabled at the time or within 60 days of electing COBRA coverage, you and/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 this notice, please do not hesitate to contact the Fund Office at (847) 742-0900 or toll free at (866) 828-0900.