



## LOCAL 36 BENEFIT FUNDS

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June 12, 2021

Dear Participant,

**This is a notice to all Office Employee Participants regarding COBRA rate changes that will be effective July 1, 2021 through June 30, 2022. This letter does not serve as an indication that you have lost coverage. The Fund Office is required to notify all participants in the Plan when there is a change to the rates for COBRA coverage.**

Federal Law requires that a participant and or his dependent that have lost coverage due to certain qualifying events be allowed to self-pay for continued coverage under his/her Welfare Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA rates are calculated by the Plan Consultant based on claims experience from the previous Plan Year.

The rates have been calculated and will take effect on July 1, 2021. Because the Plan's claims experience was higher during the last Plan Year, the rates have increased.

If you are currently paying COBRA premiums, you will receive new COBRA coupons this month. If you have already made your July payment, you will be issued a credit for payment due back to you.

**COBRA rates for the Office Employee Plan effective July 1, 2021 are as follows:**

### Office Employee Medical, Vision, RX and Dental

|                 | <u>Rates through 6/30/2021</u> | <u>Rates Effective 7/1/2021</u> |
|-----------------|--------------------------------|---------------------------------|
| Self or Spouse  | \$536.17                       | \$540.14                        |
| Dependents only | \$1,188.90                     | \$1,197.70                      |
| Family          | \$1,725.10                     | \$1,737.88                      |

### Office Employee Medical, Vision, RX -NO Dental

|                 | <u>Rates through 6/30/2021</u> | <u>Rates Effective 7/1/2021</u> |
|-----------------|--------------------------------|---------------------------------|
| Self or Spouse  | \$503.25                       | \$507.28                        |
| Dependents only | \$1,122.85                     | \$1,131.83                      |
| Family          | \$1,658.09                     | \$1,671.35                      |

If you have any questions please feel free to contact the Benefit Fund Office.