

Dear Member:

This notice has important information about your rights to continue health coverage through COBRA continuation coverage under the Plan, as well as other health care coverage options that may be available to you. Please take time to read all of these documents carefully.

**Why am I getting this notice?**

You are getting this notice because your coverage under the Plan will end due to one of these reasons:

1. Death of the member;
2. The reduction of hours of employment or the termination of the member's employment (for reasons other than gross misconduct);
3. Parent's legal separation or divorce;
4. Parent's becoming eligible for Medicare;
5. Child is ceasing to be an eligible "dependent child" under the Plan.

An ineligible member and/or dependent may continue COBRA through the Plan for any of the above reasons listed.

Benefits available through COBRA are; medical benefits, vision benefits, MAP (Member Assistance Program), dental benefits, prescription drug benefits and hearing aid benefits.

**When do I have to decide?**

Under the law, you and/or your dependents have 60 days from the later of:

1. The date you would lose coverage because of one of the above reasons; or
2. From the date you are notified of your continuation rights by the Laborers' Benefit Office.

If you do not choose COBRA within the required time, all rights to continue coverage will end.

**How much does COBRA coverage cost?**

COBRA is not free; you must pay for this coverage. For the cost of COBRA, see the COBRA election form included in this mailing.

**You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA.** To learn more about the Health Insurance Marketplace Exchange you can go online at [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**When are COBRA coverage payments due?**

The first payment is due 45 days after you make your election. The first payment must include payment for all months between the termination of regular coverage and date of payment. After the first payment, payments are due on the 1<sup>st</sup> day of each month.

**How long will COBRA coverage last?**

If the qualifying event is the termination or reduction of hours of employment, the required COBRA coverage ends 18 months after the date of the qualifying event. If your loss of coverage is due to legal separation, divorce or child ceasing to be an eligible dependent then your COBRA coverage ends 36 months after the date of the qualifying event

**If the dependent(s) are losing eligibility due to the member and/or spouse becoming Medicare eligible then they may be eligible for COBRA. If their retiree coverage ends within 36 months from the start of that coverage then the dependent(s) will be entitled to the balance of the 36-month period.**

If you exercised your rights under the Plan to “Self Pay,” your COBRA period will be reduced by the number of months during which you Self-Pay. Your continuation coverage period will also be reduced by the number of months for which you were granted a Disability extension.

For more information, refer to the “Summary Plan Description” or contact our office at 314.-644-2777 for further assistance.

Sincerely,  
Benefit Services Department

*Enclosure: COBRA General Notice  
COBRA Election Form*