



**LOCAL 36 BENEFIT FUNDS**

2319 CHOUTEAU AVE., SUITE 300 · ST. LOUIS, MO 63103 · [www.smw36benefits.org](http://www.smw36benefits.org)  
 Tel: (314) 652-8175 Toll-Free: (800) 741-9411 Fax: (314) 652-0338

May 12, 2016

Dear Active Participant,

**This is a notice to all Active Participants that our COBRA rates have changed for this period. *This does not mean that you have lost coverage.* We have to notify you by law when the COBRA rates change. These changes take effect every July 1.**

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 and a percentage of administrative cost.

The rates have been calculated and will take effect on July 1, 2016. Because the Plan’s claims experience was higher during the last period the rates have been increased.

If you are currently paying COBRA premiums you will receive new coupons prior to the end of June for your July payment.

**COBRA rates for the Active Plan effective July 1, 2016**

**Medical, Vision, RX and Dental**

Current Rates	<b>Rate's Effective July 1, 2016</b>	
Self or Spouse	\$ 393.82	\$ 420.69
Dependents only	\$ 873.25	\$ 932.82
Family	\$ 1220.47	\$ 1303.73

**Medical, Vision and Rx Only (No Dental)**

Current Rates	<b>Rate's Effective July 1, 2016</b>	
Self or Spouse	\$ 347.55	\$ 360.76
Dependents only	\$ 762.19	\$ 814.02
Family	\$ 1131.32	\$ 1208.25

If you have any questions please feel free to contact our office.

Sincerely,  
 The Benefit Fund Staff



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May 12, 2016

Dear Office Employee participant,

**This is a notice to all Office Employees that our COBRA rates have changed for this period. This does not mean that you have lost coverage. We have to notify you by law when the COBRA rates change. These changes take effect every July 1.**

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 and a percentage of administrative cost.

The rates have been calculated and will take effect on July 1, 2016. Because the Plan's claims experience was lower during the last period the rates have been decreased.

If you are currently paying COBRA premiums you will receive new coupons prior to the end of June for your July payment.

**COBRA rates for the Office Employee Plan effective July 1, 2016**

**Medical, Vision, RX and Dental**

Current Rates	<b>Rate's Effective July 1, 2016</b>	
Self or Spouse	\$ 520.88	\$ 508.53
Dependents only	\$ 1154.97	\$ 1127.58
Family	\$ 1675.85	\$ 1636.11

**Medical, Vision and Rx Only (No Dental)**

Current Rates	<b>Rate's Effective July 1, 2016</b>	
Self or Spouse	\$ 457.23	\$ 446.26
Dependents only	\$ 1002.80	\$ 978.73
Family	\$ 1488.42	\$ 1452.70

If you have any questions please feel free to contact our office.

Sincerely,  
 The Benefit Fund Staff