

<p style="text-align: center;">DC 37 BENEFITS FUND TRUST COBRA RATES AND BENEFITS JULY 1, 2023 – JUNE 30, 2024</p>

The monthly and quarterly premium rates quoted below are for all supplemental health-related benefits under the Plan, All Benefits (Core and Non-Core) and Core Benefits only.

The following rates and benefits apply **ONLY** to the DC 37 Welfare Fund health-related benefits. These rates and benefits do not apply to your medical insurance, which must be purchased separately through your agency's personnel office.

ALL BENEFITS

(Core & Non-Core)

Dental, Vision, Audiology, and Prescription Drug (Optional). (Audiology benefits available for the member only).

CORE BENEFITS

Audiology, and Prescription Drug (Optional).

NON-CORE BENEFITS

Dental and Vision. These cannot be purchased alone as a package.

	<u>INDIVIDUAL</u>		<u>FAMILY</u> (More than one individual)	
	<u>Monthly</u>	<u>Quarterly</u>	<u>Monthly</u>	<u>Quarterly</u>
<u>Actives:</u>				
<u>ALL BENEFITS</u> (Core & Non-Core)				
With Drugs	\$ 70.82	\$ 212.46	\$ 182.72	\$ 548.16
Without Drugs	\$ 28.98	\$ 86.94	\$ 74.48	\$ 223.44
<u>CORE BENEFITS</u> (Excludes Dental & Vision)				
With Drugs	\$ 42.15	\$ 126.45	\$ 108.55	\$ 325.65
Without Drugs	\$ 0.31	\$ 0.93	\$ 0.31	\$ 0.93

(Please See Next Page)

	<u>INDIVIDUAL</u>		<u>FAMILY</u> (More than one individual)	
	<u>Monthly</u>	<u>Quarterly</u>	<u>Monthly</u>	<u>Quarterly</u>
<u>Retirees Under 65:</u>				
ALL BENEFITS (Core & Non-Core)				
With Drugs	\$ 92.80	\$ 278.40	\$ 187.65	\$ 562.95
Without Drugs	\$ 26.65	\$ 79.95	\$ 53.66	\$ 160.98
CORE BENEFITS (Excludes Dental & Vision)				
With Drugs	\$ 66.46	\$ 199.38	\$ 134.30	\$ 402.90
Without Drugs	\$ 0.31	\$ 0.93	\$ 0.31	\$ 0.93

	<u>INDIVIDUAL</u>		<u>FAMILY</u> (More than one individual)	
	<u>Monthly</u>	<u>Quarterly</u>	<u>Monthly</u>	<u>Quarterly</u>
<u>Retirees Over 65:</u>				
ALL BENEFITS (Core & Non-Core)				
With Drugs	\$ 116.78	\$ 350.34	\$ 233.26	\$ 699.78
Without Drugs	\$ 23.19	\$ 69.57	\$ 46.07	\$ 138.21
CORE BENEFITS (Excludes Dental & Vision)				
With Drugs	\$ 93.90	\$ 281.70	\$ 187.49	\$ 562.47
Without Drugs	\$ 0.31	\$ 0.93	\$ 0.31	\$ 0.93

The above rates will remain in effect **until June 30, 2024**. Benefit rates are adjusted at the beginning of each fiscal year. Your first premium payment is due in full not later than 45 days after the date of your COBRA election. However, you may elect to send your first premium payment with your election form in order to avoid having to make a retroactive COBRA payment. Thereafter, premiums are due on the first of each month. You will not receive any other notification regarding payment of your premium.

- **Please write your SS Number or Personal Identification Number (PID) on all payments and letters.**
- **If the applicant is 65 or over, a copy of your Medicare card must accompany the application.**

Checks or money orders should be made payable to **DC 37 Benefits Fund Trust** and mailed to:

DC 37 Benefits Fund Trust
55 Water Street, 23rd Floor
New York, NY 10041
Attn: Accounting Department – 22nd Floor