

COBRA Continuation Coverage Premiums for 2026

Dear Participant or Dependent;

Each year, the Board of Trustees of the MCASF Local 725 Health & Welfare Trust Fund review the coverage and cost of the benefits provided under the Fund's plan of benefits. Upon this review, the Trustees determine what the premiums for COBRA Continuation Coverage will be for the calendar year.

Effective January 1, 2026, the following will be the premium rate for COBRA Continuation Coverage:

Class	FULL PLAN (Medical, Rx, Dental & Vision)	CORE PLAN (Medical & Rx)
Member Only	\$740.54	\$703.04
Spouse Only	\$961.31	\$922.34
Child(ren)	\$664.17	\$627.19
Member + Spouse	\$1,730.00	\$1,625.38
Member + Child(ren)	\$1,432.86	\$1,330.23
Spouse + Child(ren)	\$1,653.63	\$1,549.52
Family	\$2,361.42	\$2,252.57

Please note the above rate for the coverage you elected previously and adjust your records accordingly. Enclosed with this notice is a COBRA payment notice detailing the rate you will pay beginning with your January 1, 2026, coverage premium payment.

Should you have any questions regarding these premiums or your COBRA Continuation Coverage, please contact the Benefit Office at (754) 777-7735.

Sincerely,

Eligibility Department
Healthcare Services