

**SAN FRANCISCO ELECTRICAL WORKERS
HEALTH & WELFARE TRUST**
720 MARKET ST, SUITE 700 · SAN FRANCISCO, CA 94102
(415) 263-3670 · FAX (415) 263-3672

NEW COBRA RATES EFFECTIVE AUGUST 1, 2019

The Plan's COBRA rate is the lesser of 1) the calculated rate based on the applicable premiums plus a 2% administrative charge, and 2) the hourly employer Plan contribution rate, multiplied by the number of hours required for one month of Plan coverage. The following table reflects the Active Plan COBRA rates that will apply for coverage beginning August 1, 2019 and ending July 31, 2020:

Plan	Medical Only	Medical, Dental & Vision
Self Funded PPO Plan	\$1,788.00	\$1,958.26
Kaiser Plan	\$1,315.16	\$1,485.41
Blue Shield HMO	\$1,788.00	\$1,958.26

If you have any questions regarding the change in benefits described above, please contact EISB at (415) 263-3670.