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# PLUMBERS AND PIPEFITTERS LOCAL 501

## NORTHERN ILLINOIS BENEFIT FUNDS

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### NOTICE TO ALL PARTICIPANTS SELF-PAY RATES

January 25, 2005

To All Northern Illinois Benefit Fund (Health and Welfare) Participants:

#### SELF-PAY RATES

The Board of Trustees reviewed the costs associated with providing benefits to individuals who self-pay through Regular Quarterly Self-Payments, COBRA or under the Surviving Spouse and Retiree self-pay programs. The Board of Trustees determined that an increase was necessary. Listed below are the rates that will be necessary to provide coverage effective April 1, 2005:

<u>REGULAR QUARTERLY SELF-PAY</u>	<u>Old Rate</u>	<u>New Rate</u> <u>Effective 04/01/05</u>
	\$900 per quarter	<b>\$1,200 per quarter</b>
<u>DISABLED MONTHLY SELF-PAY</u> (Social Security Disability Required)	\$900 per quarter	<b>\$1,042 per month</b>
<u>SURVIVING SPOUSE UNDER AGE 65 MONTHLY SELF-PAY</u> (If surviving spouse is remarried)	\$300 per month	<b>\$ 400 per month</b> <b>\$1,042 per month</b>
<u>SURVIVING SPOUSE AGE 65 &amp; OLDER MONTHLY SELF-PAY</u>	\$250 per month	<b>\$250 per month**</b>
<u>RETIREES UNDER AGE 65 MONTHLY SELF-PAYMENT</u>	\$300 per month	<b>\$ 400 per month</b>
<u>RETIREES AGE 65 AND OLDER MONTHLY SELF-PAYMENT</u>	\$250 per month	<b>\$250 per month**</b>
<u>*COBRA MONTHLY SELF-PAY (medical, dental, vision)</u>		
Former Dependent Child		
*Single Coverage	\$183 per month	<b>\$ 300 per month</b>
*Family Coverage	\$527 per month	<b>\$1,042 per month</b>
Single Former Member or Spouse		
*Single Coverage	\$183 per month	<b>\$1,042 per month</b>
*Family Coverage	\$527 per month	<b>\$1,042 per month</b>

\*The single and family "medical only" Core coverage is no longer offered.

\*\*Currently being reviewed by the Trustees and subject to change.

If you have any questions, please call the Fund Office.