



# STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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DATE: NOVEMBER 2023

TO: NON-MEDICARE DEPENDENTS

FROM: BOARD OF TRUSTEES  
Stationary Engineers Local 39 Health and Welfare Plan

RE: **NEW NON-MEDICARE DEPENDENT COBRA RATES**  
**– Effective January 1, 2024**

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This notice advises you of changes to the Non-Medicare Dependent COBRA Rates, effective January 1, 2024.

Your monthly premium, effective January 1, 2024, will increase up to 4.5%, depending on the medical option you have elected. The attached exhibit outlines the Non-Medicare Dependent COBRA Rates for each option.

Should you have any questions regarding the new Non-Medicare Dependent COBRA Rates, please contact the Administrative Office at 925-208-2280 or toll free at 800-622-0547.

Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Comprehensive Medical Indemnity plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans for example the requirement for the provision of preventive health services without any cost sharing. However grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act for example the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office 7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566, telephone number (925) 208-2280. You may also contact the Employee Benefits Security Administration U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*This document has been uploaded and is available on the participant website at: [www.local39benefits.org](http://www.local39benefits.org)*

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# Stationary Engineers Local 39 Health and Welfare Plan

## Exhibit 2: Non-Medicare Dependent COBRA Rates Effective January 1, 2024

Effective Date	January 1, 2023	January 1, 2024	% Change
<b>Indemnity Plan</b>			
One Dependent	\$1,061.70	\$1,105.28	4.1%
Two Dependents	\$2,123.39	\$2,210.57	4.1%
Two Plus Dependents	\$3,185.09	\$3,315.85	4.1%
<b>Kaiser Plan</b>			
One Dependent	\$1,420.80	\$1,439.58	1.3%
Two Dependents	\$2,841.60	\$2,879.15	1.3%
Two Plus Dependents	\$4,023.85	\$4,077.11	1.3%
<b>Blue Shield Plan</b>			
One Dependent	\$1,071.12	\$1,119.27	4.5%
Two Dependents	\$2,142.21	\$2,238.51	4.5%
Two Plus Dependents	\$4,267.00	\$4,458.75	4.5%