

<b>DC 37 BENEFITS FUND TRUST</b> <b>COBRA RATES AND BENEFITS</b>
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The monthly and quarterly premium rates quoted below are for all supplemental health related benefits under the Plan, All Benefits (Core & Non-Core) and Core Benefits Only.

**The following rates and benefits apply ONLY to the health related benefits under the Fund. These rates and benefits do not apply to your medical insurance which must be purchased separately through your agency’s personnel office.**

**Notice Regarding Your Prescription Drug Benefit**

**The Mail Order Program (Innoviant Rx) is not available to COBRA members.** You must use your local pharmacy for all your prescription drugs. You will be allowed a 30-day supply. If you are a Medicare eligible retiree, spouse or dependent and you are enrolled in a Medicare health insurance plan that provides a prescription drug benefit, and you choose to purchase the drug benefit, you must still exhaust your health insurance plan’s prescription drug annual limit before the DC 37 prescription drug benefit will be available to you for the balance of the calendar year.

**ALL BENEFITS**

(Core & Non-Core)

Dental, Vision, Podiatry, Audiology, Supplemental Surgical, Second Surgical Opinion and Prescription Drug (Optional).

**CORE BENEFITS**

Podiatry, Audiology, Supplemental Surgical, Second Surgical Opinion and Prescription Drug (Optional)

**NON-CORE BENEFITS**

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

**FULL COBRA PREMIUM RATES**

**For individuals who do not qualify for the ARRA reduced COBRA premiums.**

<b><u>All BENEFITS</u></b>	<b><u>INDIVIDUAL</u></b>		<b><u>FAMILY</u></b>	
	<b><u>Monthly</u></b>	<b><u>Quarterly</u></b>	<b><u>Monthly</u></b>	<b><u>Quarterly</u></b>
With Drugs	\$53.58	\$160.74	\$147.14	\$441.42
Without Drugs	\$11.51	\$ 34.53	\$ 31.07	\$ 93.21
<b><u>CORE BENEFITS</u></b>				
<small>(Excludes Dental &amp; Vision)</small>				
With Drugs	\$42.20	\$126.60	\$116.39	\$349.17
Without Drugs	\$ .12	\$ .36	\$ .33	\$ .99

**ARRA REDUCED COBRA PREMIUM RATES (35%)**

**For periods of coverage beginning on or after February 17, 2009 and can last up to 9 months.**

	<b><u>INDIVIDUAL</u></b>		<b><u>FAMILY</u></b>	
	<b><u>Monthly</u></b>	<b><u>Quarterly</u></b>	<b><u>Monthly</u></b>	<b><u>Quarterly</u></b>
<b><u>All BENEFITS</u></b>				
With Drugs	\$18.75	\$ 56.25	\$ 51.49	\$154.47
Without Drugs	\$ 4.02	\$ 12.06	\$ 10.87	\$ 32.61
<b><u>CORE BENEFITS</u></b> (Excludes Dental & Vision)				
With Drugs	\$14.77	\$44.31	\$40.73	\$122.19
Without Drugs	\$ .04	\$ .12	\$ .11	\$ .33

The above rates will remain in **effect until June 30, 2010**. 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 election. However you may elect to send your COBRA payment in along 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 Social Security Number or Personal Identification Number (PID) on all payments and correspondence.**

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

DC 37 Benefits Fund Trust  
**Attn: Accounting Department - 3<sup>rd</sup> Floor**  
125 Barclay Street  
New York, NY 10007