Veolia North America

2024 Monthly COBRA Premiums Milwaukee Union

Federal law requires that most group health plans (including our plan) give employees and their families the opportunity to continue their health care coverage when there is a qualifying event that results in a loss of coverage under an employer's plan. The following rates reflect the monthly cost of continuing coverage.

| COBRA Months 1 – 18 | | | | | |
|--|--|--|--|--|--|
| | Your Monthly COBRA Premium | | | | |
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | |
| Medical – UnitedHealthcare | | | | | |
| HSA Gold HSA Silver PPO Company (Standard) EPO Milwaukee EPO | \$697.18 \$679.58 \$834.58 \$838.05 \$1,138.61 | \$1,470.46 \$1,427.10 \$1,752.64 \$1,759.90 \$2,334.13 | \$1,242.19 \$1,223.22 \$1,502.26 \$1,508.49 \$2,220.29 | \$2,079.21 \$1,970.77 \$2,420.30 \$2,430.34 \$3,165.32 | |
| Dental – Delta Dental of Illinois CarePlus | \$35.72 \$40.82 | \$74.46 \$81.65 | \$70.81 \$79.61 | \$100.96 \$128.02 | |
| Vision – VSP Core Plan Buy-Up Plan | \$6.71 \$14.87 | \$13.41 \$29.71 | \$14.37 \$31.80 | \$22.81 \$50.48 | |

| Disability COBRA Months 19 – 29 | | | | | | |
|---------------------------------|----------------------------|----------------------|--------------------------|----------------------|--|--|
| | Your Monthly COBRA Premium | | | | | |
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | | |
| Medical – United Healthcare | | | | | | |
| HSA Gold | \$1,045.77 | \$2,205.69 | \$1,863.28 | \$3,118.81 | | |
| HSA Silver | \$1,019.36 | \$2,140.65 | \$1,834.84 | \$2,956.16 | | |
| PPO | \$1,251.88 | \$2,628.95 | \$2,253.38 | \$3,630.45 | | |
| Company (Standard) EPO | \$1,257.08 | \$2,639.85 | \$2,262.73 | \$3,645.52 | | |
| Milwaukee EPO | \$1,707.91 | \$3,501.19 | \$3,330.43 | \$4,747.97 | | |
| Dental – | | | | | | |
| Delta Dental of Illinois | · | \$111.69 | \$106.21 | \$151.44 | | |
| CarePlus | \$61.23 | \$122.48 | \$119.42 | \$192.03 | | |
| Vision – VSP | | | | | | |
| Core Plan | \$10.07 | \$20.12 | \$21.56 | \$34.21 | | |
| Buy-Up Plan | \$22.31 | \$44.57 | \$47.71 | \$75.72 | | |

Benefits are subject to the terms and conditions of the underlying plan documents. Veolia North America reserves the right to modify or discontinue any benefit plan, program, policy, or change the eligibility requirements for participation at any time.