

Under federal legislation called **COBRA**, you and your covered dependents have the right to continue medical, dental, vision, and Employee Assistance Plan (EAP) benefits when your active Employee Stanley Black & Decker coverage ends.

How COBRA Works

A COBRA Notice outlining any plans you are eligible to continue will be mailed from HealthEquity|WageWorks (SBD’s COBRA Administrator) to your home, approximately 14 days **after** separation payment ends or after your termination has been sent to HealthEquity|WageWorks. The Notice includes COBRA coverage begin and end dates (generally 18 months after the begin date), monthly plan costs and enrollment instructions.

When to Enroll in COBRA

To elect COBRA coverage, visit **mybenefits.WageWorks.com** or send your completed COBRA election form to HealthEquity|WageWorks by the date in the COBRA Notice. You can enroll for COBRA as soon as your COBRA qualifying event is processed.

Enrollment Deadline

You have 60 days to elect COBRA. The enrollment deadline appears on the Notice sent to your home.

Paying for COBRA Coverage

Enrollees receive a monthly invoice. Initial payment must be received within 45 days of election and must include premiums due from the date of coverage loss through the end of the month in which your payment is postmarked. Subsequent payments are due on the 1st of each month and will be returned if not postmarked within 30 days of this due date. Late or partial payments will cause your COBRA coverage to cease, retroactive to the end of the last month for which payment was received. You can sign up for automatic payment withdrawals from your bank via ACH, or an online payment option is available on mybenefits.WageWorks.com. **Coverage cannot be reinstated if you do not pay premiums on time.**

NOTE: You may continue participating in the EAP at no cost and without making a special election through the Maximum COBRA Eligibility End Date identified in this Notice. To access the EAP services, contact SupportLinc at sbdsupportlinc.com ; group code - SBD or call 1-888-508-1170.

2024 Monthly COBRA Rates

Plan Name	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Employee + Family
Medical				
Cigna Basic HSA Plan	\$586.11	\$1,523.89	\$996.39	\$1,934.17
Cigna Plus HSA Plan	\$632.10	\$1,643.45	\$1,074.56	\$2,085.92
Cigna OAP Plan	\$690.88	\$1,796.29	\$1,174.50	\$2,279.90
Cigna LocalPlus OAP	\$634.65	\$1,650.09	\$1,078.91	\$2,094.35
Kaiser Traditional HMO*	\$781.48	\$1,719.26	\$1,406.67	\$2,422.59
Dental				
Cigna Dental HMO (DHMO)	\$16.20	\$30.08	\$32.44	\$50.56
Cigna Dental Basic PPO	\$29.76	\$65.48	\$56.55	\$92.26
Cigna Dental Plus PPO	\$43.10	\$94.81	\$81.88	\$133.59
Vision				
Cigna Vision	\$6.72	\$12.71	\$13.32	\$19.56

*The Kaiser Traditional HMO plan is offered only to employees in California who reside in a Kaiser coverage area.

If your plan isn't listed above, costs for your health care plans will appear on the COBRA Enrollment Notice mailed to your home. Rates change annually.

If you are eligible for retiree health care benefits, you will receive a separate Retiree enrollment worksheet outlining retiree costs within 14 business days after you have officially terminated. At the time of retirement, you may choose retiree medical benefits (for your lifetime) or COBRA medical (generally 18 months). *If you choose COBRA coverage, you **will not** be able to elect retiree coverage when your COBRA ends.*

Questions? Contact HealthEquity|WageWorks at 1-866-747-0039 or visit [mybenefits.WageWorks.com](https://mybenefits.wageworks.com)