**GENERAL NOTICE OF EXTENDED COVERAGE RIGHTS**

This notice generally explains Extended Coverage/COBRA, which is a temporary extension of health plan coverage. This notice explains continuation of coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.

The right to COBRA continuation coverage for employees of private employers was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). These rights are also provided to employees of state and local government employers under the continuation coverage provisions of the Public Health Service Act, which is referred to as Extended Coverage. Extended Coverage can become available to you and other members of your family when t group health coverage would otherwise end.

For more information about your rights and obligations under Your Health Plan and under the federal law, you should contact your Group Benefits Administrator.

**You may have other options available to you when you lose group health coverage.**
For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower
costs on your monthly premiums and lower Out-of-Pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

# What is Extended Coverage (COBRA)?

Extended Coverage is a continuation of health plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, Extended Coverage must be offered to each person who is a “qualified beneficiary.” You, your covered spouse, and your covered children may be qualified beneficiaries if coverage under Your Health Plan is lost because of the qualifying event. Under Your Health Plan, qualified beneficiaries who elect Extended Coverage must pay the full cost unless it runs concurrently with another benefit that provides a contribution toward the premium cost.

If you are an employee, you may become a qualified beneficiary if you lose your coverage under Your Health Plan because of either one of the following qualifying events:

* your hours of employment are reduced (this includes periods of leave without pay, and any reduction of hours resulting in loss of coverage and/or loss of or change in the terms and conditions of the employer contribution toward the cost of coverage; or
* your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee or retiree group participant, you will become a qualified beneficiary if you lose your coverage under Your Health Plan because of any one of the following qualifying events:

* your spouse dies;
* your spouse’s hours of employment are reduced;
* your spouse’s employment ends for any reason other than his or her gross misconduct;
* your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
* you become divorced from your spouse.

Your covered children will become qualified beneficiaries if they lose coverage under Your Health Plan because of the following qualifying events:

* the parent/employee/retiree dies;
* the parent/employee’s hours of employment are reduced;
* the parent/employee’s employment ends for any reason other than his or her gross misconduct;
* the parent/employee/retiree becomes entitled to Medicare benefits (Part A, Part B, or both);
* the parents become divorced, resulting in loss of dependent eligibility; or
* the child stops being eligible for coverage under the plan as a “covered child”.

NOTE: Coverage that is terminated in anticipation of a qualifying event (for example, a divorce) is disregarded when determining whether the event results in a loss of coverage. If termination occurs under this condition but notification of the qualifying event is received from the employee, qualified beneficiary or a representative within 60 days of the date coverage would have been lost due to the qualifying event, Extended Coverage must be made available and effective on the date coverage would have been lost due to the event, but not before.

**When is COBRA continuation coverage available?**

Your Group Benefits Administrator will offer Extended Coverage automatically (without requiring notice) to qualified beneficiaries if the qualifying event is:

* End of employment; or
* Reduction in hours of employment; or
* Death of the employee; or
* The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce of the employee and spouse; a covered child’s loss of eligibility as a covered child), you must notify your Group Benefits Administrator in writing within 60 days of the date coverage would be lost due to that qualifying event by submitting the following information:**

* The type of qualifying event (e.g., divorce, loss of dependent child’s eligibility--including reason for the loss of eligibility);
* The name of the affected qualified beneficiary (e.g., spouse’s and/or covered child’s/children’s name/s);
* The date of the qualifying event;
* Documentation to support the occurrence of the qualifying event (e.g., final divorce decree, etc.);
* The written signature of the notifying party;
* If the address of record is incorrect, an address for mailing the Election Notice.

Failure to provide timely notice of these qualifying events will result in loss of eligibility for continuation coverage. One notice will cover all affected qualified beneficiaries. Notice will be considered furnished when mailed/postmarked or, in the case of hand delivery, the date it is received by your Group Benefits Administrator.

**How Is COBRA continuation coverage provided?**

Once the qualifying even has occurred or, if necessary, the Group Benefits Administrator receives notice that a qualifying event has occurred, Extended Coverage will be offered to each qualified beneficiaries. Each qualified beneficiary will have an independent right to elect Extended Coverage. Covered employees may elect Extended Coverage on behalf of an eligible spouse, and parents may elect extended coverage on behalf of their children.

Extended Coverage is a temporary continuation of coverage that generally lasts for up to 18 months due to employment termination or reduction of hours of work. Divorce or loss of eligibility as a covered child allows for up to 36 months of continuation coverage. If a second (36-month) qualifying event occurs and is reported within 60 days of the date coverage would be lost due to that event, you may be eligible to receive a maximum of 36 months of coverage measured from the initial loss of coverage.

**Additional ways that an 18-month period of continuation coverage can be extended are:**

1. **Disability extension of 18-month period of continuation coverage**

If you or anyone in your family who is covered under the plan is determined by Social Security to be disabled and you notify the Extended Coverage/COBRA Administrator within the specified time limits described below, you and your entire family may be entitled to get up to an additional 11 months of continuation coverage (a maximum of 29 months). The disability must have started at some time before the 60th day of continuation coverage and must last at least until the end of the 18-month initial period of continuation coverage. Your Group Benefits Administrator must receive notification of the disability determination within 60 days of either:

* the date of the disability determination;
* the date of the qualifying event;
* the date on which coverage would be lost due to the qualifying event; or,
* the date on which the qualified beneficiary is informed of the obligation to provide the disability notice (e.g., through this General Notice); **AND**
* within the first 18 months of Extended Coverage.

Notification must be presented to the Group Benefits Administrator in writing and include the following information:

* The name of the disabled qualified beneficiary;
* The date of the determination;
* Documentation from the Social Security Administration to support the determination;
* The written signature of the notifying party (qualified beneficiary or representative); and
* if the address of record is incorrect, a correct mailing address.

NOTE: While the cost of Extended Coverage is the full (employee plus employer contribution) cost of the coverage plus a 2% administrative fee, the cost of coverage during the disability extension increases to include a 50% administrative fee.

1. **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving 18 months of extended coverage, the spouse and dependent children in your family can get up to 18 additional months of continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Group Benefits Administrator in the format and time frame specified below. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee/former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), divorced from the covered spouse, or the covered dependent child ceases to be eligible under Your Health Plan, but only if the event would have caused the spouse or dependent child to lose coverage under Your Health Plan had the first qualifying event not occurred.

Written notification must be given within 60 days of the date coverage would have been lost due to the second qualifying event and should include the following information:

* the type of second qualifying event (e.g., divorce, loss of dependent eligibility);
* the name of the affected qualified beneficiary (e.g., spouse and/or dependent child);
* the date of the second qualifying event;
* documentation to support the occurrence of the second qualifying event (e.g., final divorce decree);
* the written signature of the notifying party; and
* if the address of record is incorrect, a correct mailing address.

Failure to furnish timely and complete notification of the second qualifying event or disability determination will result in loss of additional extended coverage eligibility. Notice will be considered furnished when mailed or, in the case of hand delivery, on the date it is received by your Group Benefits Administrator.

Separate guidelines apply to continuation coverage under the provisions of the Uniform Services Employment and Re-employment Rights Act of 1994 (USERRA). If these provisions apply to you, see your Group Benefits Administrator for more information.

**If You Have Questions**

Questions concerning Your Health Plan or your Extended Coverage rights should be addressed to your Group Benefits Administrator.

**Keep Your Plan Informed of Address Changes**

In order to protect your family’s rights, you should keep the Group Benefits Administrator informed of any changes in the addresses of family members.You should also keep a copy, for your records, of any notices you send to the Group Benefits Administrator.

**Plan Contact Information**

For information about Extended Coverage, initial notification of qualifying events, and initial enrollment, contact your Group Benefits Administrator.

To make changes to Extended Coverage after initial enrollment, contact your Group Benefits Administrator.

For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).