

## COBRA Continuation of Health Coverage

A federal law known as COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) requires that the County offer employees and their families the opportunity for a temporary extension of health plan coverage (called "continuation coverage"), at group rates, in certain instances where group health coverage would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of that law. **Both you and your spouse should take time to read this notice carefully.** For additional information about your rights and obligations under the plan and under federal law, you should review the plan's enrollment materials or contact the Plan Administrator.

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of group health plan coverage when coverage would otherwise end because of certain "qualifying events." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the group health plan is lost because of a qualifying event. Under the plan, qualified beneficiaries who elect COBRA continuation coverage must pay for continuation coverage.

### **Qualifying Events**

If you are a County **employee**, you will become a "qualified beneficiary" if you lose your group medical and/or dental coverage under the plan because *either* of the following qualifying events happens:

- 1) your hours of employment are reduced, or
- 2) your employment ends for any reason other than gross misconduct on your part.

If you are the **spouse** of a County employee, you will become a "qualified beneficiary" if you lose your group medical and/or dental coverage under the plan because *any* of the following qualifying events happens:

- 1) your spouse dies;
- 2) your spouse's hours of employment are reduced;
- 3) your spouse's employment ends for any reason other than gross misconduct on his or her part; or
- 4) your annulment, divorce, or legal separation from your spouse.

Your **dependent children** who are covered by a County-sponsored group medical and/or dental care plan will become "qualified beneficiaries" if they lose group coverage under that plan because **any** of the following qualifying events happens:

- 1) the parent-employee dies;
- 2) the parent-employee's hours of employment with the County are reduced;
- 3) the parent-employee's employment with the County ends for any reason other than gross misconduct on his or her part; or
- 4) the parents become divorced or legally separated, or receive an annulment.
- 5) A child ceases to be a "dependent child" under the terms of the plan.

If a County employee (or former employee) elects COBRA continuation coverage, a child who is born to or placed for adoption with that employee *during the continuation coverage period* also will become a "qualified beneficiary" and have a right to be added to that continuation coverage. Such a child will be added to the existing COBRA continuation coverage as of the date of birth or adoption if the Plan Administrator is notified of the addition within 30 days of the birth or adoption, and will have the same rights as other qualified beneficiaries. The addition of a newborn or newly-adopted child to the existing COBRA coverage may result in an increase in your monthly premium. Moreover, if you take leave under the Family and Medical Leave Act of 1993 ("FMLA")

and do not return to County employment the at the end of the FMLA leave, you will be considered to have ended your employment with the County and you and your covered family members may have the right to elect COBRA continuation coverage.

### ***When is COBRA Coverage Available?***

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has happened. If the qualifying event is the employee's death, end of employment, or reduction of hours, the County must notify the Plan Administrator of the qualifying event.

### ***You Must Give Notice of Some Qualifying Events***

For the other qualifying events (*annulment, divorce or legal separation* of the employee and spouse, or a *dependent child's losing eligibility for coverage* as a dependent child), **you (or the qualified beneficiary) must notify the Plan Administrator in writing within 60 days after the later of (1) the qualifying event, or (2) the date coverage will end as a result of the event. The procedure for notifying the Plan Administrator of a qualifying event is explained on page 53.**

### ***How is COBRA Coverage Provided?***

When the Plan Administrator is properly notified that a qualifying event has happened, the Plan Administrator will send a notice of COBRA eligibility and election form, offering COBRA continuation coverage to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

If you properly elect and pay for continuation coverage, your regular group health coverage will end and your COBRA continuation coverage period will begin on the date of your qualifying event. If you have a right to elect continuation coverage because of the end of FMLA leave, your COBRA continuation coverage period will begin on the last day of FMLA leave.

If you elect continuation coverage, you are entitled to continue the coverage you were receiving immediately before the qualifying event that caused you to lose coverage. You may elect different coverage options only during an open enrollment.

### ***How Long Will COBRA Coverage Be Provided?***

The law requires that you be afforded the opportunity to maintain continuation coverage for a period of three years from the date of the qualifying event that made you eligible to elect continuation coverage, unless the qualifying event was the end of County employment or a reduction in hours of employment. In that case, the required continuation coverage period is 18 months from the date of the qualifying event. If, however, the employee becomes entitled to Medicare benefits less than 18 months before the employee's end of employment or reduction in hours, the employee's spouse and dependent children may continue coverage for up to 36 months from the date of the employee's Medicare entitlement. For example, if the employee became entitled to Medicare 8 months before the date his or her employment ends, COBRA continuation coverage for the employee's spouse and children may last up to 36 months after the date of Medicare entitlement, which equals 28 months after the qualifying event (36 months minus 8 months).

The maximum period of coverage for a child born to or placed for adoption with an employee who has elected COBRA continuation coverage is measured from the same date of the same qualifying event as for other qualified beneficiaries, and not from the date of birth or adoption.

### ***Disability Extension of 18-month Continuation Coverage Period***

If any qualified beneficiary is determined by the Social Security Administration (SSA) to have been disabled at any time before the 60th day of continuation coverage (or, for a newborn or adopted child, within 60 days of the birth or adoption), the 18-month continuation coverage period may be extended to 29 months for each qualified beneficiary, if the disability lasts at least until the end of the 18-month period of continuation coverage.

**However, in order for the extended coverage to apply, you must notify the Plan Administrator about the disability determination before the end of the 18-month continuation coverage period and within 60 days after the latest of (1) the date of the SSA determination; (2) the date of the qualifying event; or (3) the date on which the disabled qualified beneficiary loses (or will lose) coverage as a result of the qualifying**

**event.** The procedure for notifying the Plan Administrator of a disability determination is explained below.

If the SSA later determines that the disabled qualified beneficiary is no longer disabled, you must notify the Plan Administrator of that fact within 30 days of the SSA's determination following the procedure below. The plan may end the extended continuation coverage for all qualified beneficiaries as of the first month that begins more than 30 days after the SSA's final determination.

### ***Second Qualifying Event Extension of 18-month Continuation Coverage Period***

The 18-month period of COBRA continuation coverage may be extended for an employee's spouse and dependent children if, during the original continuation coverage period, another qualifying event occurs and the Plan Administrator is notified of the second qualifying event. This extension may be available to the spouse and any dependent children receiving continuation coverage if one of the following qualifying events occurs: (1) the employee and spouse are divorced or legally separated, or receive an annulment; (2) the employee dies; or (3) a child ceases to be a dependent child under the plan. If one of these events has occurred during the original continuation coverage period, coverage for the employee's spouse and dependent children may be extended up to 18 months, for a maximum of 36 months. ***In order for the spouse and dependent children to be entitled to this extended coverage, the Plan Administrator must receive notice of the second qualifying event within 60 days of the date of the event.*** The procedure for notifying the Plan Administrator of a second qualifying event is explained in the following section.

### ***How Do I Notify the Plan Administrator of a Disability Determination or a Qualifying Event?***

If you wish to notify the Plan Administrator of a qualifying event, including a second qualifying event, or a disability determination, you must complete a ***Notice of Qualifying Event or Disability Form*** and return it according to the instructions on the Form. This Form is available from the Plan Administrator. The ***Notice of Qualifying Event or Disability*** will not be considered complete unless the Plan Administrator is able to determine:

- 1) the covered employee and qualified beneficiary or beneficiaries,
- 2) the qualifying event, and
- 3) the date of the qualifying event.

If you are notifying the Plan Administrator of a disability determination, you must also include a copy of the SSA's determination with the completed Form. If the SSA later determines that the disabled qualified beneficiary is no longer disabled, you must notify the Plan Administrator using the ***Notice of Qualifying Event or Disability Form***, and should include a copy of the SSA's final determination.

The ***Notice of Qualifying Event or Disability*** may be completed and submitted to the Plan Administrator on behalf of all related qualified beneficiaries with respect to a qualifying event by the covered employee, a qualified beneficiary, or any representative acting on behalf of the covered employee or qualified beneficiary. ***If a completed Notice of Qualifying Event or Disability is not timely delivered to the Plan Administrator, the affected qualified beneficiary will lose any right to elect continuation coverage.*** You may be required to provide additional information or documents to the Plan Administrator.

### ***Can COBRA Coverage Ever be Cut Off Early?***

The law provides that the continuation coverage described above **may be cut short for any of the following reasons:**

- 1) the County ceases to provide group medical and/or dental coverage to any of its employees;
- 2) the monthly premium for your continuation coverage is not received within 30 days of the due date;
- 3) after electing COBRA coverage, the qualified beneficiary becomes covered under another group health plan that does not impose any exclusion or limitation with respect to any pre-existing condition of the person;
- 4) after electing COBRA coverage, the qualified beneficiary becomes entitled to Medicare; or

- 5) for any reason the group medical and/or dental plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

If a qualified beneficiary becomes covered under another group health plan after electing COBRA coverage, the Plan Administrator may request that he or she provide a copy of the other plan or other information it may need to evaluate whether or not, and for what period of time, the other plan excludes or limits coverage with respect to a pre-existing condition.

### ***Special Rules for Health Care Spending Accounts***

In certain circumstances you may be entitled to continue coverage under your health care spending account. The Plan Administrator will provide you with additional information about any rights you have to continue this coverage if you experience a qualifying event. Generally, unlike your group medical and dental coverage, your health care spending account coverage may be continued only for the rest of the plan year.

### ***Electing and Paying for COBRA Continuation Coverage***

Under the law, each qualified beneficiary has at least 60 days from the later of (1) the date he or she would lose coverage because of a qualifying event or (2) the date of the notice of COBRA eligibility, to notify the Plan Administrator of his or her election of continuation coverage.

You do not have to show that you are insurable to elect continuation coverage. However, under the law, you will have to pay the entire premium for your continuation coverage, which may include an administrative charge of 2% (or 50% if you extend the 18-month continuation coverage period up to 29 months due to disability, unless the disabled individual is not included in the group of qualified beneficiaries purchasing the extended coverage). If the cost of coverage under the plan is increased, you will be notified of the increased rates and will be subject to the new premiums. In addition, any changes to the plan will affect you, including termination of the plan.

Generally, payment for continuation coverage is due monthly. Your initial payment of COBRA premiums, however, is due no later than 45 days from the date you elect continuation coverage. If you submit the continuation coverage request form after your regular coverage ends, this initial payment must include the full cost of your selected continuation coverage for the months after your regular coverage ended up through the month in which you make your initial payment.

Following your initial premium payment, your monthly premium payment is due on the first day of each month of coverage. Although periodic payments are due on the first day of the month of coverage, you will be given a grace period of 30 days to make each monthly payment. Your continuation coverage will be provided for each month as long as payment for that month is made before the end of the grace period for that payment. However, if you pay a monthly payment later than its due date but during its grace period, your coverage under the medical and/or dental plan will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the monthly payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you make a monthly payment on or before its due date, your coverage under the medical and/or dental plan will continue for that month without any break.

**IF YOUR FIRST PAYMENT OR ANY SUBSEQUENT MONTHLY PAYMENT IS NOT RECEIVED ON TIME, YOUR COVERAGE WILL END AND CANNOT BE REINSTATED.**

### ***After COBRA Continuation Coverage Ends***

During the 180-day period immediately before the expiration of your 18-month, 29-month, or 36-month continuation coverage period, you have the option of enrolling in the conversion health plan otherwise generally available under the medical and/or dental plan under which you are covered. For detailed information on your conversion rights, contact the Plan Administrator listed below.

### ***Keep Your Plan Informed of Address Changes***

In order to protect your family's rights, you should keep the Plan 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 Plan Administrator.

***Plan Contact Information***

If you have questions about the Plan or COBRA continuation coverage, contact the Plan Administrator:

**COUNTY OF LOS ANGELES**

Department of Human Resources

Employee Benefits Division – COBRA Unit

3333 Wilshire Boulevard, 10<sup>th</sup> Floor

Los Angeles, CA 90010

(213) 388-9982