

COBRA INSURANCE COVERAGE

COBRA QUALIFYING EVENTS

What is COBRA?

Under federal and state laws, you and/or your enrolled dependents, under certain circumstances, may have the right to continue health insurance coverage at your own expense for a specified period of time due to your and/or an enrolled dependent's insurance coverage ending. COBRA continuation benefits are always the same as your employer's current benefits.

When Can COBRA Be elected?

You and/or your dependent(s) have the right to elect continuation coverage if you have any of the following "qualifying events"-

Qualifying Event	COBRA Continuation Eligibility			Length of Continuation Period Allowed
	Employee	Spouse/ Domestic Partner	Dependent Child	
Termination of employees' employment (for reasons other than gross misconduct)	Yes	Yes	Yes	18 months
Reduction in hours of employment (including a leave of absence)	Yes	Yes	Yes	18 months
Death of covered employee		Yes	Yes	36 months
Termination of Domestic Partnership		Yes	Yes	36 months
Divorce		Yes	Yes	36 months
Covered Employee's Entitlement to Medicare		Yes	Yes	36 months
Dependent Child Ceasing to be Dependent			Yes	36 months

Can I lose My COBRA Rights?

If your employment is terminated for gross misconduct, you and your dependents may not be eligible for COBRA continuation.

If payment for COBRA coverage is not received or postmarked within the 30 day grace period, payments are considered late and will not be accepted. You must postmark your payments by the monthly grace date even if you do not receive an invoice. A COBRA payment is deemed made on the date it is postmarked. The City of Albany is not required to make exceptions based upon individual circumstances, and if you make a late payment, coverage will be terminated permanently, with no possibility of reinstatement. (Returned checks are the same as no payment at all.)

Maximum Continuation Period Allowed

The total maximum continuation period is 36 months, even if there is a second qualifying event. A second qualifying event might be a divorce, death, or child no longer qualifying as a dependent after the employee's termination or reduction in hours.

COBRA CONTINUATION PREMIUM

Continuation Premium

You or your family member(s) are responsible for the full cost of continuation coverage. The monthly premium must be paid to the City of Albany. You must make your continuation payment no later than 45 days after you elect continuation. After the first premium payment, each monthly payment must reach the City of Albany no later than 30 days after the premium due date, which is the 30th day of the month prior to the month of coverage. (Example- If you are paying for October insurance coverage, the premium is due

September 30.)

EMPLOYEE / DEPENDENT RESPONSIBILITIES

What Am I Required to do?

You may experience an event that affects your plan coverage. You or your enrolled dependent(s) have the responsibility to inform Human Resources in writing within 60 days of the date of the event if there is-

- A divorce;
- A child losing dependent status;
- Social Security Disability Award

However, in the event of the termination, or dissolution or annulment of a *domestic partnership*, you have 31 days to notify Human Resources.

You must provide notice of the event so that you and/or your dependent(s) can be provided with information regarding the impact of the event on your plan or continuation eligibility. If you do not provide notice in a timely manner, it may make you ineligible for continuation coverage or the plan coverage can be modified or terminated or you may be held financially responsible for the premium contribution the City paid when you or your dependent(s) were not eligible for coverage.

NOTE:

It is important to keep the City of Albany informed of *address changes* for all qualified beneficiaries. (The employee will need to notify Human Resources of a dependent's address change if that dependent does not live at the same mailing address as the employee.)

How Do My Dependents or I Elect COBRA?

Complete and submit a COBRA Event Notice Form that will communicate the event to Human Resources. This form can be found attached to this document as the third page or on the Human Resources page of the City of Albany's web site: <http://www.ci.albany.or.us/hr/benefits.php?tab=3>

MILITARY LEAVE COBRA RIGHTS

Military Leave Continuation Rights

If you take a leave of absence from your job due to military service, you and your enrolled family members may have up to 24 months of continuation rights under the Uniformed Services Employment and Re-employment Rights Act (USERRA).

COBRA TERMINATION

Reasons COBRA Terminates

If you elect coverage under COBRA, you may continue coverage until the first of the following occurs:

- 1) The coverage continuation period expires;
- 2) Your payment is not received or postmarked by the end of any grace period;
- 3) After the date you elect continuation coverage, you become covered by another group health plan that does not apply any pre-existing condition limitation or exclusion to you;
- 4) After the date you elect continuation coverage, you become entitled to Medicare;
- 5) The City of Albany ceases to provide any group health plan;
- 6) During the 11-month disability extension, a disabled qualified beneficiary is deemed no longer disabled by the Social Security Administration;
- 7) Your coverage is terminated for cause, such as fraud, on the same basis that coverage can be terminated for active employees.

MORE INFORMATION

Where Can I Find Additional Information?

This informational summary does not fully describe your continuation coverage or other plan rights. You can find more complete information in your summary plan description (insurance booklet). If you have questions about your COBRA rights or this informational summary, please contact Danette DeSaulnier, Benefits Coordinator, at 541-917-7512.

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