



PIMA COUNTY HUMAN RESOURCES DEPARTMENT
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TUCSON, ARIZONA 85701

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Phone: (520) 724-8464 * FAX: (520) 724-8150

TO: Pima County Benefits Eligible Employee and / or Spouse and / or Covered Dependent(s)

FROM: Pima County Human Resources Department

RE: GENERAL NOTICE REGARDING CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under Pima County's group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of health insurance coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, contact the Plan Administrator or The COBRA Administrator whose contact information is at the end of this document.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a "qualifying event." Qualifying events are described in greater detail later in this notice. 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 Plan is lost because of the qualifying event. Qualified

beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

- Your hours of employment are reduced making you ineligible for group health coverage, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced making the employee ineligible for group health coverage;
- 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 or legally separated from your spouse.

Notice of Nondiscrimination

Pima County does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, religion, or disability in admission or access to, or treatment or employment in its educational programs or activities.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced making the parent-employee ineligible for group health coverage;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries **only after the COBRA Administrator has been notified** that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer – i.e., Pima County – must notify the COBRA Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), **you** must notify the COBRA Administrator **and** the Plan Administrator within 60 days after the qualifying event occurs or the date that you would lose coverage due to a qualifying event. You must provide written notice to the COBRA Administrator at their address listed at the end of this letter.

The written notice must be sent by first class mail or fax and should include the following information:

Date Responding (month/day/year)
Social Security Number/ID #
Spouse / Dependent's Telephone #
Date of Birth (month/day/year)
Employer's Name
Employee SSN/ID#
Loss of Coverage (month/day/year)
Spouse / Dependent's Name
Spouse / Dependent's Address
Gender
Relationship to Employee

Employee's Name
Reason for Loss of Coverage

How is COBRA Coverage Provided?

Once the COBRA Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary (employee, spouse, and each dependent child) 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.

How Long Does COBRA Coverage Last?

COBRA continuation coverage is temporary. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA lasts for up to 18 months.

There are three ways in which this 18-month period of COBRA continuation coverage can be extended.

1) Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled as of the date of the qualifying event or at any time during the first 60 days of COBRA continuation coverage, *and* you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months, provided the disability lasts at least until the end of the 18-month period of COBRA coverage.

Notifying the Plan: You or another family member must follow this procedure to notify the Plan: send a written notification to the COBRA Administrator of the Social Security Administration determination within 60 days of *either* a) the date of disability determination by the Social Security Administration, *or* b) the date of the qualifying event or the benefit termination date, whichever is later; *and* prior to the end of the 18-month COBRA continuation period. The written notice must include your name, the request for extension of COBRA, the name of the disabled qualified beneficiary, the date the qualified beneficiary became disabled, and a copy of the written determination of disability from the Social Security Administration. **Failure to notify the Plan in a timely fashion may jeopardize an individual's rights to extend COBRA coverage. You must also**

notify the Plan when the disabled person is no longer determined to be disabled according to the Social Security Administration. You will be required to pay up to 150% of the group rate during the 11-month extension.

2) Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family who are qualified beneficiaries can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children (if they are qualified beneficiaries) receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Notifying the Plan: You or another family member must follow this procedure to notify the Plan: send a written notification to the COBRA Administrator of the second qualifying event within 60 days of that event. The written notice should be sent via first class mail or hand-delivered and must include your name, the request for extension of COBRA, the second qualifying event, the date of the second qualifying event and appropriate documentation in support of the second qualifying event such as divorce decree or legal separation documents. The COBRA Administrator must receive that notice *before* the end of the 18 month COBRA continuation period. **Failure to notify the Plan in a timely fashion may jeopardize an individual's rights to extend COBRA coverage.**

3) Medicare extension for spouse and dependent children.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last for up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the

qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

Other Rules and Requirements

- **Same Rights as Active Employees to Add New Dependents.** A qualified beneficiary generally has the same rights as similarly situated active employees to add or drop dependents, make enrollment changes during open enrollment, etc. Contact the COBRA Administrator for more information.
- **Children Born to or Placed for Adoption with the Employee During COBRA Period.** A child born to, adopted by or placed for adoption with a covered employee during a period of COBRA continuation coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the employee has elected COBRA continuation coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the Plan's eligibility requirements (for example, age requirements).
- **Alternate Recipients Under Qualified Medical Child Support Orders (QMCSO).** A child of the covered employee, who is receiving benefits under the Plan because of a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the employee's period of employment with the employer, is entitled the same rights under COBRA as a dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent.

Be sure to notify the COBRA Administrator promptly, using the contact information at the end of this document, if you need to make a change to your COBRA coverage. The COBRA Administrator must be notified within 31 days of the date you wish to make such a change (adding or dropping dependents, for example).

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health

plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

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

COBRA Administrator:
ASI COBRA
P.O. Box 657
Columbia, MO 65205
Phone: (877) 388-8331
www.asicobra.com

Plan Administrator:
Pima County Human Resources
150 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520) 724-8464
Fax: (520) 724-8150