COBRA Coverage Notice

In compliance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), this plan offers its eligible em- ployees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end as a result of certain events defined under federal law (known as qualifying events).

Qualified beneficiaries are entitled to elect COBRA when a qualifying event occurs, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for coverage at their own expense.

Qualifying events include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce or legal separation, or a child ceasing to be an eligible dependent. The maximum period of COBRA continuation coverage is generally either 18 or 36 months, depending on the qualifying event.

For questions regarding any of the above notices, including Medicare Part D, WHCRA or COBRA, or to request special enrollment or obtain additional information, please contact Human Resources.