

# General Notice of COBRA Continuation Coverage Rights



## For Cook County Employees and Their Covered Dependents

You are receiving this notice because you are covered under a group health plan (the Plan) that provides medical, dental and/or vision coverage. This notice contains important information about your right to COBRA Continuation Coverage, which is a temporary extension of 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.**

Cook County is required to send a General Notice of COBRA Continuation Coverage Rights to all active employees, as well as the spouses and dependents of Cook County employees who are enrolled in any of Cook County's health and welfare plans. This requirement is made under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA benefits are available for these elements of the Cook County Employee Benefits Program: Medical, Dental, Vision, Health Care FSA.

## When You Need to Act To Protect Your COBRA Rights

Additional explanation is provided below, but it is important to have a basic understanding of these key concepts, each of which **requires you to take action to protect your Cook County benefits coverage.**

**WHEN EMPLOYMENT/ENROLLMENT ENDS. *Employees:*** Should your enrollment in any of the above plans end due to a qualifying event, except gross misconduct, you will become eligible for COBRA Continuation Coverage and a COBRA enrollment application will be sent to you **upon request**. ***Spouses/Partners/Dependents:*** Should you experience a qualifying event that ends your enrollment in any of the above plans and the Employee Benefits Division is notified of this event **within 60 days** of the effective date of the change, a COBRA enrollment application will be sent to you **upon request**.

**WHEN YOUR FAMILY STATUS CHANGES.** Family status changes such as marriage, divorce, death, birth or adoption of a child, change in work schedule, a spouse going to or leaving work, or a significant change in health coverage are considered qualifying life events and therefore may require a change to your benefits plan. In most cases, you have **31 days** from the effective date of the family status change in which to make benefits changes that are consistent with the type of family status change experienced. Some types of family status changes may result in the loss of medical, dental, vision or health care FSA coverage and may trigger a qualifying event under COBRA. To report any such changes to the Employee Benefits Division, **you must submit a Benefits Enrollment/Change Form.**

**WHEN THERE'S A LEGAL SEPARATION OR DIVORCE, OR WHEN A CHILD REACHES THE PLAN'S MAXIMUM AGE LIMIT.** Should you and your spouse legally separate or divorce, or should a child reach the maximum age for coverage under this Plan, a loss of coverage may result. **You have an obligation to notify the Employee Benefits Division** of this change in your family status within **60 days** of the effective date of the change, so that COBRA Continuation Coverage may be offered. If you do not notify us within **60 days** and we become aware after the **60-day** period has ended, coverage will end retroactively to the date of the family status change, COBRA coverage will not be offered and you may become responsible for any claims incurred after the date coverage ends.

**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.

# Questions and Answers about COBRA Continuation Coverage

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## WHAT IS COBRA CONTINUATION COVERAGE?

COBRA Continuation Coverage is a continuation of Plan coverage when the coverage would otherwise end because of a life event known as a “qualifying event.” Under the law, COBRA Continuation Coverage must be offered to each person who is a “qualified beneficiary” that is, each person whose coverage is lost due to the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA Continuation Coverage must pay for this coverage.

## WHAT IS A “QUALIFYING EVENT”?

There are different types of qualifying events, as follows:

- **Qualifying events for covered employees.** If you are an employee and you are covered by the Plan, you have a right to choose COBRA Continuation Coverage if you lose your group health coverage because of a reduction in your hours of employment or termination of your employment (for any reason other than your gross misconduct).
- **Qualifying events for covered spouses/partners.** If you are the spouse or civil union/domestic partner of an employee covered by the Plan, you have a right to choose COBRA Continuation Coverage if group health coverage under the Plan is lost for any of the following reasons:
  - Your spouse/partner dies;
  - Your spouse’s/partner’s hours of employment are reduced;
  - Your spouse’s/partner’s employment ends for any reason other than his or her gross misconduct; or
  - You become divorced or legally separated from your spouse.
- **Qualifying events for covered dependent children.** The dependent child of an employee covered by the Plan has the right to choose COBRA Continuation Coverage if group health coverage under the Plan is lost for any of the following reasons:
  - The parent/employee 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 parents become divorced or legally separated; or
  - The child becomes ineligible for coverage under the Plan because he or she no longer qualifies as a “dependent child” e.g., he or she meets the Plan’s age limit.

### **It Is YOUR Responsibility to Provide Notice of Some Qualifying Events**

For qualifying events such as divorce or legal separation, or a dependent child’s losing eligibility, you must notify the Employee Benefits Division within **60 days** of the qualifying event. Written notice must be provided to: The Cook County Employee Benefits Division, 118 N. Clark, Room 1072, Chicago, IL 60602.

## WHEN IS COBRA COVERAGE AVAILABLE?

The County will offer COBRA Continuation Coverage to qualified beneficiaries only after the County has been notified that a qualifying event has occurred.

## HOW IS COBRA COVERAGE PROVIDED?

Once the County receives notice that a qualifying event has occurred, COBRA Continuation Coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA Continuation Coverage. The maximum period allowed to elect COBRA is **60 days** from the date County coverage is lost. The Plan does not provide an extension of the election period beyond what is required by law. **If a qualified beneficiary does not elect COBRA Continuation Coverage within this 60-day election period, then rights to continue health insurance end.**

If you choose COBRA Continuation Coverage, the law indicates that you must be given coverage that, as of the time coverage is being provided, is identical to the coverage provided under the County’s Plan to similarly situated employees and/or family members.

COBRA Continuation coverage is a **temporary** continuation of Coverage.

- When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child's losing eligibility, 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 continuation coverage generally lasts for only up to a total of **18 months**.

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled, and you notify the County in a timely fashion, you may be entitled to receive up to an **additional 11 months** of COBRA Continuation Coverage, for a total maximum of **29 months**. The disability would have to have started at some time before the 60th day of COBRA Continuation Coverage and must last at least until the end of the 18-month period of that coverage. The Plan Administrator must receive the notification before the end of the 18-month period. To apply for this extension as an active employee, you first must apply to the Social Security Administration for disability benefits; you'll receive written notice of its determination. This written notice from the Social Security Administration, along with the County's disabled dependent form, must be sent to: Cook County Employee Benefits Division, 118 N. Clark, Room 1072, Chicago, IL 60602.

### **WHEN DOES COBRA COVERAGE END?**

The law also provides that COBRA Continuation Coverage may end for any of the following reasons:

- Your employer no longer provides group health coverage to any of its employees;
- The premium for continuation coverage is not paid on time; or
- A qualified beneficiary becomes covered under another group health plan, after the date of the qualified beneficiary's COBRA election.

### **WHAT HAPPENS TO FLEXIBLE SPENDING ACCOUNT DOLLARS?**

If you are enrolled in a health care flexible spending account (FSA) at the time your employment is terminated, the FSA continues to the end of the month in which you are employed. To extend this account under COBRA, you must continue to make your payments directly to the County; this allows an extension until the termination date of your FSA plan year. Please contact the Employee Benefits Division for more information. Per the IRS, you may only extend the health care spending account; dependent care accounts cannot be extended.

### **WHAT HAPPENS TO MY LIFE INSURANCE?**

If you lose group health coverage due to loss of employment or reduction in hours, you may convert your group life plan by contacting Minnesota Life directly within **30 days** of that status change. The phone number is 1-877-491-5269. To continue your general universal life plan, you must contact American General Universal Life within **30 days** of your last payroll deduction. Contact American General at 1-800-231-3655.

### **WHAT COSTS ARE INVOLVED?**

Under the law, you have to pay the COBRA premium in full for your Continuation Coverage. The initial premium payment must be paid within **45 days** of your COBRA election date. Payments are retroactive to the date your coverage is terminated and must be paid in full within **45 days** of the COBRA election date.

**Payments are due on the first of each month** and must be made in the form of a money order, cashiers' check or certified check made payable to Cook County Department of Revenue. In compliance with federal legislation, payments postmarked more than 30 days after the due date will not be accepted. Your past-due payments will be returned, and your COBRA coverage will be canceled. See the COBRA election notice for payment mailing instructions.

### **ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

In addition to the option of continuing your Group coverage after termination, you have the option of converting your Group coverage to direct payment coverage by contacting BCBSIL at 1-800-892-2803. If you choose to convert your Group coverage to direct payment coverage, you may not, at a later date, select the continuation of group coverage option (COBRA). However, the BCBSIL conversion privilege will be available when the continuation of coverage period ends.

# Periods of Continued Coverage under COBRA

<b>QUALIFYING EVENT (What Happened to Change Your Employment Status)</b>	<b>QUALIFIED BENEFICIARY (Who's Eligible for Continued Coverage)</b>	<b>MAXIMUM COVERAGE (How Long Your Coverage Can Continue)</b>
Termination/Retirement or Reduction of Hours	Employee, Spouse, Civil Union/ Domestic Partner, Dependent Child	18 months*
<ul style="list-style-type: none"> <li>• Death of Covered Employee</li> <li>• Employee Entitled to Medicare</li> <li>• Divorce or Legal Separation In order to be eligible for COBRA, the employee or spouse must notify the Employee Benefits Division within 60 days of the event.</li> </ul>	Spouse, Civil Union/Domestic Partner, Dependent Child	36 months
Loss of Dependent Child Status	Dependent Child	36 months

It is Cook County's policy to terminate coverage on the last day of the month in which the qualifying event occurs. In other words, if your employment terminated on November 15, your health insurance benefits would end on November 30.

\*If a qualified beneficiary is determined under Title II or XVI of the Social Security Act to have been disabled at the time of termination – or within the first 60 days of COBRA continuation coverage – and he/she notifies the plan administrator within 60 days of the disability determination, the 18-month period is extended to 29 months.

## For Additional Information

### IF YOU HAVE QUESTIONS

If you have any questions about the Plan or COBRA law, or if you need to provide notification of a divorce, legal separation or a child losing dependent status, please contact: Cook County Employee Benefits Division, 118 N. Clark, Room 1072, Chicago, IL 60602.

### KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

**Cook County Employee Benefits Division • 118 N. Clark, Room 1072 Chicago, IL 60602**  
**1-312-603-6385 • Fax 1-866-729-3040 • [www.cookcountyrisk.com](http://www.cookcountyrisk.com)**

**Blue Cross Blue Shield  
of Illinois PPO**  
1-800-960-8809  
[www.bcbsil.com/cookcounty](http://www.bcbsil.com/cookcounty)

**BlueAdvantage HMO**  
1-800-892-2803  
[www.bcbsil.com/cookcounty](http://www.bcbsil.com/cookcounty)

**Guardian Dental Plans**  
HMO: 1-866-494-4542  
PPO: 1-866-302-4542  
[www.guardiananytime.com/cookcounty](http://www.guardiananytime.com/cookcounty)

**Davis Vision**  
1-800-381-6420  
[www.davisvision.com/cookcounty](http://www.davisvision.com/cookcounty)

**ConnectYourCare  
(Flexible Spending)**  
1-844-284-6267  
[www.connectyourcare.com/cookcounty](http://www.connectyourcare.com/cookcounty)

**MetLife**  
Basic and Supplemental Life Insurance  
Portability/Conversion  
1-866-492-6983  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

**Cook County Voluntary Benefits**  
1-800-698-2849  
[www.cookcountyvoluntarybenefits.com](http://www.cookcountyvoluntarybenefits.com)

