

Continuation of Health and Dental/Orthodontic and Vision Care Benefits **(COBRA)**

Under the federal COBRA law, the Board is required to offer covered employees and covered family members the opportunity for a temporary extension of health/dental coverage (called "continuation of coverage") at group rates when coverage under the plan would otherwise end due to certain qualifying events. This notice is simply intended to inform you and your covered dependents, if any, in a summary fashion, of your potential future options and obligations under the continuation of coverage provisions of the law. Should an actual qualifying event occur in the future, you will be sent an appropriate notification.

If you are an employee of the BOCES and covered by our group health and dental insurance plan, you have a right to choose this continuation coverage if you lose your group health/dental insurance coverage because of a reduction in your hours of employment or upon the termination of your employment for reasons other than gross misconduct on your part.

If you are the spouse of an employee covered by our group health/dental insurance plan, you have the right to choose continuation coverage for yourself if you lose group health/dental coverage for any of the following reasons:

1. The death of your spouse
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment
3. Divorce or legal separation from your spouse
4. Your spouse becomes eligible for Medicare

In the case of a dependent child of an employee covered by our group health/dental insurance plan, he or she has the right to continuation coverage if the health/dental coverage is lost for any of the following reasons:

1. The death of a parent
2. The termination of a parent's employment for reasons other than gross misconduct or reduction in parent's hours of employment with the BOCES
3. Parents' divorce or legal separation
4. A parent becomes eligible for Medicare
5. The dependent ceases to be a "dependent child" under our group health/dental insurance plan.

Under the law, the employee, spouse, or other family member has the responsibility to inform the BOCES Benefits Office of a divorce, legal separation, or a child losing dependent status under our group health/dental plan. This notification must be made within 60 days from whichever date is later; the date of the event or the date on which coverage would be lost because of the event. If this notification is not completed in a timely manner, then rights to continuation coverage will be forfeited.

Each qualified beneficiary has independent election rights and will have 60 days from the later of the date coverage is lost under our group health plan or from the date of notification to inform the BOCES Benefits Office that the qualified beneficiary wants to elect continuation coverage. This is the maximum period allowed to elect COBRA, as the plan does not provide an extension of the election period beyond what is required by law.

If you or your dependents do not choose continuation coverage, your group health/dental insurance coverage will end.

If a qualified beneficiary elects continuation coverage and pays the applicable premium, the BOCES is required to provide the qualified beneficiary with coverage that is identical to the coverage provided under the plan to similarly situated employees and/or covered dependents.

If the event causing the loss of coverage is a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, then each qualified beneficiary will have the opportunity to continue coverage for 18 months from the date of the qualifying event. If the event causing the loss of coverage was the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be a dependent child under our group health/dental program, then each qualified beneficiary will have the opportunity to continue coverage for 36 months from the date of qualifying event.

The continued coverage will end for any person when the following occurs:

1. The BOCES ceases to provide any group health plan to any of its employees
2. Any required premium for continuation coverage is not paid in a timely manner
3. A qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary
4. A qualified beneficiary becomes entitled to Medicare
5. A qualified beneficiary extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that the qualifying beneficiary is no longer disabled
6. A qualified beneficiary notifies the BOCES Benefits Office that they wish to cancel continuation coverage.

Any person who elects to continue coverage under the plan makes payment to the BOCES (BOCES does not share in the premium costs). A two percent (2%) administrative fee will also be charged. Your payments for continued coverage must be made in advance, by the first day of each month for which coverage will be provided.

Once continued coverage ends for any person, that person may obtain a personal health care (conversion) policy without evidence of insurability, as provided under the terms of the plan. Such a conversion right is not available for prescription drug coverage. If continued coverage is subsequently terminated for nonpayment of a premium, a conversion right is not available.