

COBRA Summary

COBRA coverage is available to individuals who experience “Qualifying Events” that cause the loss of health insurance coverage through the employer.

Qualifying Events

- Voluntary or involuntary termination of the covered employee’s employment for reasons other than “gross misconduct”;
- Reduced hours of work for the covered employee, resulting in ineligibility for health coverage;
- Divorce or legal separation of the covered employee;
- Death of the covered employee;
- Loss of status as an “eligible dependent child” under plan rules;
- The covered employee becomes entitled to Medicare, resulting in ineligibility for coverage; or
- The employer files a Chapter 11 bankruptcy (only applicable to retired employees and their dependents covered under a retiree medical program).

The Qualifying Event you experience determines your notice requirements and the amount of time you may retain COBRA coverage.

Length of COBRA Coverage

The length of COBRA coverage offered depends on your Qualifying Event.

- If the Qualifying Event is termination of employment or a reduction of work hours, Qualified Beneficiaries are given the opportunity to continue COBRA coverage for 18 months.
- If a qualified beneficiary is determined to have been disabled on the date of the Qualifying Event or during the first 60 days of COBRA coverage, additional coverage may be available; however COBRA coverage will never be extended beyond 36 months of the date of the original Qualifying Event.
- If the Qualifying Event is death of the covered employee, divorce or legal separation, or loss of dependent status, COBRA coverage is available for 36 months.

COBRA Premium Payments

You are responsible for paying COBRA premiums directly to PEHP.

COBRA Rates

Your COBRA rates are determined by your selected health plan.

State Risk Pool COBRA Rates			
Monthly Rates Effective July 1, 2023 - June 30, 2024			
Medical Plans - Advantage & Summit	Single	Double	Family
STAR HSA	\$607.81	\$1,257.35	\$1,723.88
Traditional	\$748.04	\$1,542.32	\$1,542.30
Dental Plans	Single	Double	Family
Preferred Dental	\$29.78	\$55.28	\$100.61
Traditional Dental	\$32.19	\$59.73	\$108.73
Basic HSA Dental	\$20.28	\$37.64	\$68.42
Discount HSA Dental	\$1.31	\$2.43	\$4.39
EMI Choice Indemnity Dental	\$40.83	\$71.91	\$127.43
Vision Plans	Single	Double	Family
EyeMed Full	\$7.61	\$12.26	\$16.88
EyeMed Eyewear Only	\$6.61	\$10.33	\$14.06
Opticare Full	\$8.43	\$12.62	\$18.01
Opticare Eyewear Only	\$6.53	\$9.63	\$13.03

Termination of COBRA Coverage

Your COBRA coverage under the Plan will end for you and/or your enrolled dependents if any of the following occurs:

- The required premium payments are not paid within the timeframe allowed;
- You notify the payroll administrator that you wish to cancel your coverage;
- The applicable period of COBRA coverage ends;
- You become entitled to Medicare benefits;
- The date you reach the Lifetime Maximum Benefit under the Plan;
- The College terminates its group health plan(s);

- You have extended COBRA coverage due to Social Security disability and a final determination is made that you are no longer disabled, coverage for all who had qualified for the disability extension will end as of the later of:
 - The last day of 18 months of continuation coverage, or
 - The first day of the month that is more than 30 days following the date of the final determination of the non-disability;
- After the date of your COBRA election, you become covered under another group health plan that does not contain any exclusion or limitation for any of your pre-existing conditions (if you become covered by another group health plan with a pre-existing condition limitation that affects you, your COBRA coverage can continue); or
- An event occurs that permits termination of coverage under the PEHP Health and Benefit plan for an individual covered other than pursuant to COBRA (e.g., submitting fraudulent claims).

Electing COBRA Coverage

Should you elect COBRA coverage, qualified beneficiaries have **60 days** from the date of the qualifying event. However, the HR office requests you notify it of your intent as soon as possible. (You are not eligible to elect COBRA coverage if you, your spouse, or dependent child failed to notify the College's HR office of a divorce, legal separation or a child losing dependent status within 60 days of the event.)

If neither you nor your spouse or dependent child(ren) elect COBRA continuation coverage during the applicable election period, your health care coverage will end according to the terms of the Plan.