



COBRA Rights & Rules

COBRA Notice and Marketplace Information



Welcome to **COBRA**

Why am I receiving this notice?

The federal COBRA law requires that most employer Welfare Benefits programs allow continuation of health coverage under certain circumstances explained in this notice.

You are receiving this notice because you have experienced a “Qualifying Event” that has triggered your COBRA rights. This means that you experienced an event that caused you to lose employer health plan coverage. This packet of information is the formal notice that explains the following:

- Your right to continue the employer health plan coverage
- The timing and eligibility requirements
- The specific responsibilities that you must be aware of in order to retain your rights under COBRA
- Details on other health insurance options that may be available to you, such as the Health Insurance Marketplace.

It is important that you read this notice carefully as it explains those rights, rules, and responsibilities under COBRA. Please review the information in this notice thoroughly before making a decision to either elect COBRA or decline from electing COBRA.

If you require a copy of this booklet in Spanish, please contact the COBRA administrator.

Si necesita una copia de este folleto en español, comuníquese con nuestra oficina.



Why is it called COBRA?

COBRA is an acronym for the Consolidated Omnibus Budget Reconciliation Act, a federal law that was enacted in 1985. The continuation of coverage provisions of the COBRA law allow you (and any dependents who were covered under your group health plan) the opportunity to continue your group health plan coverage when it would otherwise terminate and generally governs continuation of coverage requirements for employers.

COBRA in a Nutshell

If you lose your group health coverage due to certain “Qualifying Events,” you may elect to continue that health insurance under the same group contract for a limited period of time. If you elect to continue coverage, you must pay for it at your own expense. Importantly, there are specific rules under COBRA for when you need to make an election and pay your premiums. This booklet outlines the rights, rules, and responsibilities under COBRA for you.

What is VitaCOBRA?

Vita Administration Company is the firm retained by the employer sponsoring your group health insurance coverage to administer COBRA coverage. As such, certain administrative tasks required by the law are transferred to Vita; these include notification, payment, and enrollment processing responsibilities. VitaCOBRA is the product name which identifies the processes and systems used by Vita in the administration of your COBRA coverage.

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Step-By-Step Guide

Following is a step-by-step guide to the COBRA election, payment, and activation process:

- 1. Election:** You must formally elect COBRA by either electing online (via the member portal or mobile app) or by completing the COBRA Election Form enclosed in this package.
- 2. Payment:** Your COBRA account must be paid in full through the current date before VitaCOBRA can notify your insurance company(s) to start the process of retroactively reinstating your health coverage.
- 3. Coverage reinstatement:** Your prior health coverage with the employer was canceled the day prior to the "First Day of COBRA" indicated on your Election Form. You must elect and pay for COBRA before your coverage will be retroactively reinstated by the health insurance companies. Be aware that election and payment timing is critical to avoiding a temporary break in coverage before it is retroactively reinstated. The reinstatement process will start at different times as outlined in the following two scenarios:
 - If you elect and pay for COBRA in advance of a future COBRA effective date:
 - The reinstatement process will start when your COBRA account is paid in full; enrollment requests are generally sent to the insurance companies the day after your payment is processed.
 - If you have a 100% employer-sponsored subsidy for the first month of COBRA, the reinstatement process will begin on your COBRA effective date. However, you must still complete the COBRA election process.
 - If you elect and pay for COBRA after your COBRA effective date, the reinstatement process will begin the day after the receipt of your election form and first full payment. Coverage will be retroactively reinstated.

Coverage reinstatement typically takes 5-10 business days. In some cases reinstatement may take less time and in some cases it may take more time. You can contact your health insurance company directly to confirm if reinstatement has been completed; contact details are on your health insurance ID card. The insurance companies generally do not notify VitaCOBRA when reinstatement is complete. If reinstatement has not occurred within 10 business days from the reinstatement start date (depending on the timing scenario that applies to you, as outlined above), please contact VitaCOBRA.

- 4. What happens if I need to see a doctor before my coverage is reinstated?** Notify your doctor's office you are in the process of reinstatement to COBRA. Your doctor's office will confirm next steps. You may need to reschedule your appointment. You may be able to keep your appointment and settle the accounts directly with the provider's office. The provider may require that you pay the full cost of the claim at the time of your appointment and request reimbursement later, or they may allow you to only pay your cost-share as expected under your insurance plan.
- 5. What happens if I need to pick up a prescription before my coverage is reinstated?** For prescription drug coverage, your pharmacy will likely require you to pay for the prescription at your own expense. However, confirm with your pharmacy if they will refund you directly once your coverage is reinstated. Typically, this would occur within five business days of the date you pay the pharmacy for your prescription.
- 6. Once reinstatement to COBRA is completed:** Submit claims to the health insurance company for the reimbursement of any covered expenses you paid the health providers while waiting for COBRA reinstatement. As COBRA is continuation of prior coverage, you will continue the same plan year deductible and cost sharing imposed by the health plan per your employer health plan documents.
- 7. Health insurance ID cards:** Because COBRA is continuation of prior coverage, the insurance companies generally do not issue new enrollment ID cards. Once your coverage is reinstated through COBRA, you will continue to use your existing ID card(s). For dependent-only COBRA elections (including events where the employee was eligible to elect, but chose not to elect), new ID cards will typically be issued with the oldest dependent as the "Primary Beneficiary" name on the cards. Coverage for other family members elected to COBRA on the same account will be located under the primary beneficiary's name. In other words, coverage will no longer be located under the employee name. Insurance claims for each family member will also need to be submitted via the new primary beneficiary's name.

Election Details & Instructions

How do I elect COBRA?

If you decide to enroll in COBRA coverage, there are three ways to make your health insurance election.

- 1. Elect via Member Portal:** You can elect COBRA and choose a payment option online through the VitaCOBRA Member portal. Your unique registration identification number is in the New Member Login Notice included with this correspondence. If you choose to elect online, please do not complete the paper COBRA Continuation Coverage Election Form included in this mailing.
- 2. Elect via Mobile App:** You can elect COBRA and choose a payment option through the VitaCOBRA "COBRA+Bill" mobile app, which can be downloaded on the **App Store** or **Google Play**.
- 3. Elect via Paper Form:** Or you can elect COBRA by completing the paper COBRA Election Form included in this mailing. The form must be returned by mail to **VitaCOBRA, PO Box 2167, Omaha, NE 68103-2167**. VitaCOBRA is not responsible for COBRA Election Forms that are not received due to being lost in the mail. We recommend securing a confirmation of delivery or checking that your form has been received.

Review the pre-filled information carefully before completing your election. If any information is incorrect or missing, please notify VitaCOBRA immediately, and a revised form will be provided to you. Examples of information to double check include: ID or last-four of SSN, mailing address, missing or incorrect health plan enrollment info, or missing or incorrect dependent information.

Is there an election deadline?

Yes, and it is a FIRM deadline. You have 60 days to make your COBRA election, and, if you do not make your election within that window, your opportunity to continue COBRA coverage expires.

If you decide to elect COBRA, you must return your COBRA Election Form to VitaCOBRA or complete the online election process within 60 days from the later of:

- The date your coverage would terminate due to the Qualifying Event; or
- The date on which the COBRA Election Notice (this packet) is provided

The "Last Day To Elect" is indicated on the COBRA Election Form. If you do not complete your election within the 60-day window, you forfeit your right to continue any COBRA coverage that you are eligible for pursuant to that Qualifying Event.

What is the payment deadline?

After you elect, you then have 45 days to pay all current and retroactive premiums to VitaCOBRA. Your coverage will be retroactively reinstated once the premium(s) and all required re-enrollment forms (if applicable) are received. If you do not make timely payment, you will lose all continuation rights under the plan. You are responsible for making sure you send the correct premium amount. Thereafter, monthly premiums must be paid within 30 days of the due date.

Which health plans can I elect?

Your COBRA health insurance plan election choice(s) are indicated on the COBRA Continuation Coverage Election Form. Each Qualified Beneficiary listed on the form has an independent right to elect COBRA. In other words, there is no requirement that each person elects the same level of coverage or to elect any coverage at all. For example, if you had coverage for yourself, your spouse, and children before, each individual may elect different levels of COBRA coverage. You could elect no coverage, your spouse could elect medical, dental, and vision coverage, and your children could elect medical only, etc.

In general, you may only elect coverage under the health plan(s) in which you were enrolled immediately prior to your Qualifying Event. There are two exceptions to this rule. First, you may change plans during the regular annual open enrollment period. Second, you may change plans if you are covered under an HMO plan and move out of the HMO service area. (More details on these exceptions can be found on page 13.)

Who can authorize a COBRA election?

An employee or spouse who is a Qualified Beneficiary can elect COBRA on behalf of all Qualified Beneficiaries for Termination of Employment and Reduction in Work Hours events. If the election is for an adult child who has lost coverage on the plan due to age, a parent can elect on behalf of the child or children. For divorce events, only the ex-spouse (not the employee) may authorize the election.

What if the Employee Assistance Program (EAP) is not on the election form?

If you were enrolled in an EAP plan that is not on the Election Form and you want to elect EAP through COBRA, please contact VitaCOBRA to inquire about this option.

Can I elect to continue my Health FSA?

If you were previously enrolled on a health FSA plan prior to your COBRA Qualifying Event, you may elect to continue your health FSA coverage through the end of the Plan Year. However, your health FSA plan will **not** be listed on your COBRA Election Form. Please contact VitaCOBRA directly about electing health FSA under COBRA. In addition, please refer to page 13 for more details about how health FSA plans work under COBRA.

Can I request e-mail communication?

Yes. If you prefer your written correspondence to be sent by e-mail rather than mail, you can set this preference within the Member Portal. After you elect COBRA and are logged into the Member Portal, you can click on "Preferences", then "Communications", and select the "Via Email" option.

What if I do not want COBRA?

If you decide you do not want to elect COBRA, you can simply take no further action. Your COBRA rights will expire after the formal election period runs out. Alternatively, you may formally indicate your waiver/declination on the paper COBRA Election Form. If you choose to make an active declination, each Qualified Beneficiary (employee, spouse, and adult dependent child age 18+), must give their consent to decline COBRA coverage. Additionally, both the employee and any spouse must give consent for an active declination of COBRA continuation on behalf of any minor dependent children.

Coverage Details

When will coverage start?

Your COBRA coverage will begin the day after your employer coverage ended, as indicated by the "First Day of COBRA" on the COBRA Election Form. As such, COBRA is generally continuous with no break in coverage. If you make your COBRA election later in your election period (for example, after a month), your COBRA coverage will be effective retroactively with no break in coverage. As such, you must pay premiums retroactively, as well, even if you have not incurred any health plan claims during this period.



What coverage can be continued?

COBRA applies only to group health plans as defined by the law (typically medical, dental, vision, health reimbursement accounts, employee assistance programs, and health flexible spending accounts). Other coverages provided by your employee benefit plan (such as life and disability coverage) are not included in these continuation rights.

Your continued health coverage will be the same as the health coverage provided for similarly situated employees or dependents of the employer that have not had a Qualifying Event. Any future plan or rate changes affecting the benefit plans for current employees and/or dependents will affect your continued coverage as well.

Continuation is only available for coverages that you or your dependents were enrolled in at the time of the Qualifying Event.

Am I obligated to keep COBRA for the entire coverage period?

No. There is no obligation to continue COBRA for the maximum duration period. You may drop your COBRA coverage at the end of any month. Coverage cannot be pro-rated within a month period and can only be canceled at the start of a monthly payment period. It is important to note that generally coverage that is dropped may not be re-started again in the future, even if it would otherwise be within your regular duration of coverage. In certain limited circumstances, coverage may be added at Open Enrollment for individuals who are still active Qualified Beneficiaries for other coverage, however, this is subject to insurance carrier rules.

Can I drop any coverage at any time?

In most circumstances, you can request to cancel some or all of your coverage at any time during the continuation period. For example, you can initially decide to elect both medical and dental coverage, then drop medical after one month but continue dental for the duration of the COBRA period. However, there are certain situations when two or more plans are "tied" together. This arrangement is a result of coverages being tied for active employees. While this is not overly common, when plans are tied, you may not drop just one of the tied plans. As an example, sometimes dental and vision plans are tied. Coverage cancellation requests can either be made in writing via e-mail, paper mail, or phone.

COBRA Duration

How long does COBRA last?

The potential duration of COBRA varies depending on the type of COBRA Qualifying Event that has occurred. Generally, the duration is either 18 months or 36 months as outlined below and as also indicated by the "# Months of COBRA" on your COBRA Election Form. In no circumstances can COBRA extend beyond a maximum period of 36 months.

18 Months: If you are an employee or the dependent of an employee, you may elect up to 18 months of continued health coverage if you lose coverage due to the employee's:

- **Termination of employment** (whether voluntary or involuntary, except if termination is due to gross misconduct)
- **Reduction in work hours** (to less than the minimum required to be eligible under the plan)

36 Months: If you are an employee's spouse or dependent child, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- **Divorce or legal separation.** (In rare cases, this may include if a spouse is dropped from coverage *prior* to a divorce or legal separation as such an event may still be considered a Qualifying Event if the drop in coverage is determined to be *in anticipation* of the divorce or legal separation.)
- **Death of the employee**
- **Medicare entitlement of the employee** (if this results in a loss of coverage from the plan). In addition, if you (the employee) become entitled to Medicare and, within 18 months, experience a termination of employment or reduction in work hours resulting in a loss of coverage, your covered dependents may elect to continue coverage for the period ending 36 months after the date you became entitled to Medicare. For example, if you (the employee) become entitled to Medicare on April 1st, then you retire on August 31st and you and your spouse experience a COBRA Qualifying Event, your spouse is eligible for 31 months of COBRA (36 months from April 1st) and you are eligible for 18 months of COBRA starting from September 1st.

36 Months: If you are a dependent child, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- **No longer satisfying the dependent eligibility requirements** (typically due to attaining the maximum age for dependents as specified by the plan)

If you are a retiree and your employer commences a bankruptcy proceeding, you and your dependents that lose a substantial portion of coverage within one year before or after the bankruptcy filing are also entitled to continuation coverage. Coverage may be continued for the lifetime of a retiree, or the lifetime of a surviving spouse of a retiree who was deceased at the time of the filing. If the retiree is living at the time of the filing, dependents are entitled to up to 36 months of coverage from the date of the retiree's death.

Can COBRA ever be extended?

There are three special circumstances which allow COBRA coverage to be extended beyond an initial 18-month period.

Subsequent Qualifying Event: If you or your dependents have a second, subsequent Qualifying Event during the initial 18 months of COBRA, your dependents may continue their coverage for up to 36 months total from the date of the initial Qualifying Event. Subsequent Qualifying Events include:

- Dependent child ceases to be an eligible dependent under the plan
- Divorce or legal separation
- Death of the employee

In order for a dependent to be eligible for an extension of the initial COBRA period, notification of the subsequent COBRA Qualifying Event must be sent to VitaCOBRA in writing within 60 days of the actual subsequent Qualifying Event date (if your health plan coverage terminates on "date of termination") or 60 days from the end of the month following the subsequent Qualifying Event date (if your health plan coverage terminates at the "end of month").

To determine if your health plan coverage terminates on the "date of termination" or "end of month", please refer to the employer welfare plan document, or contact VitaCOBRA directly.

Social Security Disability Extension: If you or any family member have also been determined to have been disabled by Social Security on or before the date of the original Qualifying Event (termination of employment or reduction of work hours) or within the first 60 days of COBRA coverage, all Qualified Beneficiaries may extend COBRA coverage for up to 29 months total, from the date of the original Qualifying Event. Non-disabled family members on COBRA coverage may also be eligible for this extension. Written notice of the Social Security disability determination must be sent to VitaCOBRA before the end of the initial 18 month COBRA period AND within 60 days starting from the later of the date on which Social Security Administration issued the disability determination letter, or the date coverage was lost following the original COBRA Qualifying Event date.

Cal-COBRA Extension (California Fully-Insured Medical Plans Only): The Cal-COBRA extension provides up to 36 months of medical coverage from the date federal COBRA coverage began. Eligibility for this extension requires that you are entitled to less than 36 months of federal COBRA, you are enrolled in a fully-insured medical plan written in the state of California, and you are not eligible for or enrolled in Medicare. The premium charged under this extension can be up to 110% of the full plan cost. Please contact your medical insurance company directly, in writing, well in advance of the termination date of your federal COBRA coverage, to inquire about the availability of this option. Cal-COBRA coverage is generally administered directly by the insurance carrier.

There are no circumstances where COBRA continuation coverage can be extended beyond 36 months from the original Qualifying Event date.

What causes coverage to end?

COBRA coverage can, in some cases, be terminated before the maximum coverage period expires. Coverage will terminate on the earliest of the following dates:

- Premium payment for your continued coverage is not made on time (within the prescribed grace period).
- After electing COBRA coverage, you become covered under another group health plan.
- After electing COBRA coverage, you first become entitled to Medicare, except Medicare entitlement for end stage renal disease.
- Your coverage is terminated for cause, such as a fraudulent claim, on the same basis that coverage can be terminated for active employees.
- If you have extended COBRA coverage for up to 29 months due to disability and Social Security has made a final determination that you or your dependent is no longer disabled. (You must notify VitaCOBRA in writing within 30 days of this Social Security determination).

How do I cancel my COBRA coverage?

Partial coverage cancellations (termination of some but not all Qualified Beneficiaries and/or some but not all health insurance plans) can be made by contacting VitaCOBRA either via email, in writing, or by phone.

We also recommend you contact VitaCOBRA if you want to make a full termination of all COBRA coverage. That said, simply not paying the next month's check payment within the required payment grace period will also result in full coverage termination. If you make your monthly premiums by recurring electronic payment, you must contact VitaCOBRA to request to terminate COBRA coverage, otherwise payments will continue to be drafted from your bank account until a request for termination is received.

Cancellations must be made no later than 30 days after the premium due date (or 45 days if you are still within the initial 45-day payment grace period). For example, a cancellation request for coverage with a premium due date of July 1st must be made no later than July 31st. Written notification must either be sent to help@vitamail.com or provided by mail to 900 North Shoreline Blvd., Mountain View, CA 94043. You can also cancel coverage over the phone by calling the Vita Concierge Team at (650) 966-1492.

In your request, please include the COBRA account holder's name, COBRA account number, the coverage that you are terminating, who is terminating coverage, and the effective date of the termination. If you have set up your premiums to be drafted from your bank account (via ACH), VitaCOBRA must receive the cancellation notification at least five (5) business days prior to the scheduled draft date. Without such notice, the draft will be automatically processed and your premium will be paid as normal for that month.

How to Pay For COBRA

What does it cost?

Your monthly cost equals the full premium for the coverage. This means both the monthly contribution you paid as an active employee plus the cost that the employer paid for your insurance coverage. In addition, there is a 2% administration fee which is outlined in the federal COBRA law.

If you extend your coverage because of a Social Security disability, the cost of coverage during the 19th through the 29th month extension may be up to 150% of the full premium cost.



How do I find my COBRA premium?

Monthly rate information for the health insurance plan(s) you are eligible to elect through COBRA is provided on the COBRA Election Form and on your COBRA Consumer Portal account.

What are my payment options?

Payment can be made by check (personal check, business check, cashier check, bill pay check from a financial institution of your choice), money order, recurring electronic payment, one-time electronic payment, debit card, or credit card. All electronic payments will show on your credit card or bank statement as "Health Ins. Premium Pmt." You can sign up for the electronic payment options either on your online member portal or via the VitaCOBRA mobile app.

- **Recurring Electronic ACH E-Payment:** You can authorize VitaCOBRA to automatically draft payments from your bank account on a recurring basis each month by completing the "Recurring Payments" form on the VitaCOBRA member portal. The default bank draft date is the last business day of the month for the following month's payment. However, you do have the option to change the day of the month that your premium is drafted. Your first recurring ACH will include any current or retroactive premium that is due. A few days prior to each monthly scheduled ACH, you will receive an email from VitaCOBRA notifying you that a payment is due to be drafted from your bank account. You will also receive an email confirmation once payment has been generated.

- **ACH Setup Online or via App:** There is a blackout period between the 25th of the month and the 5th day of the following month during which VitaCOBRA does not enter paper ACH authorization forms. All paper forms received before the 25th of the month will be processed before the ACH file is transmitted.
 - **Recurring ACH Timing:** If you set up recurring ACH payment via the online member portal or the mobile app, it must be entered by 5:00 pm PST (7:00 pm CST and 8:00 pm EST) on the day before the recurring ACH is scheduled to occur.
 - **ACH setup via Paper Form:** Paper ACH forms must be received by VitaCOBRA by the 20th of the month in order for a transaction to be processed for the next month.
- **One-Time Electronic Payments: ACH, Credit Card, or Debit Card Payments:** Payments can also be made by one-time ACH, debit card, and credit card. From your online VitaCOBRA member portal, go to the "Make Payment" option and select your payment method. One-time electronic payments will be drafted from your bank account approximately 4-5 business days after you make payment online. Be sure to schedule the draft to be made within your grace period. One-time electronic payments are limited to a maximum of one month's premium per transaction. If you would like to pay for multiple premium months using this feature, you will need to make multiple one-time electronic payments. A \$20.00 convenience fee will be included with each one-time transaction.

The option to sign up for one-time electronic payment options (one-time ACH, debit card, credit card) is prior to 11:59 PM US Central Time on the "Last Postmark Date" (see the "When are my payments due?" section below for more details).

- **Check, Business Check, Cashier Check, Bill Pay, or Money Order:** If you decide to pay your COBRA premiums by check (personal check, business check, cashier check, bill pay) or money order, please make your check payable to "VitaCOBRA" and send the payment to VitaCOBRA, PO Box 2167, Omaha, NE 68103-2167. To ensure accurate posting of your payment, please include your Member ID in the memo line of your check or money order. Your Member ID is located on your profile page on the VitaCOBRA member portal.

When are my payments due?

There are different rules for the initial premium payment and for ongoing COBRA payments.

- **Initial Election Payment.** You have 45 days from the date of your COBRA election (either the date you elect online, the date you fax or email the Election Form, or the postmark date on the mailed envelope) to pay all premiums due from your COBRA start date through the current month. (Your COBRA start date is the day after your previous coverage ended and the "First Day of COBRA" is located on your COBRA Continuation Coverage Election Notice). COBRA provides continuous coverage; therefore, you are required to pay retroactive premiums to the date your active coverage ended, with no exceptions. You are not *required* to submit a payment at the same time as you make your COBRA election. However, payment must be made within the initial 45-day payment period. Importantly, the process of reinstating your coverage with the health insurance company cannot be started until VitaCOBRA receives your first full monthly premium. Therefore, to facilitate the reinstatement process, it may be advantageous for you to return the Recurring Payments form or include a check payment with your COBRA Election Form.
- **Ongoing Monthly Payments.** After you are established on your COBRA coverage, ongoing monthly payments are due the first day of each month. There is a grace period of 30 days from the due date for ongoing monthly premium payments. If you mail your payment, it must be postmarked within the 30-day grace period.

Will I receive payment reminders?

If you sign up for recurring ACH payments, a notice of the upcoming draft will be sent via e-mail prior to the draft being made. If you do not sign up for recurring ACH, you will receive a monthly courtesy payment remittance notice reminding you of the amount due for your next payment. However, you will not receive a reminder notice later in the month if your premium is not received. You can send your payments to VitaCOBRA without the formal payment remittance coupon as the reminder notices are for your convenience in tracking when payments are due. Regardless of whether or not you receive a monthly courtesy payment remittance notice, it is your responsibility to ensure that full premiums are paid in a timely manner, even if the payment remittance notice is never received.

Is there a grace period?

The COBRA law allows for a 30-day grace period, after the premium due date, for paying or postmarking your premium. Please note, 30 days does NOT mean 31 days. There is no way to extend the deadline, even if you are out of town or forget to make your payment.

Can an exception be made occasionally?

No. Unfortunately, the grace period requirements are a matter of federal law. The contracts of the insurance carriers that provide coverage to you through your former employer allow for premium payments through the grace period, but not beyond that.

What happens if I make a late payment?

Coverage will be canceled if your full payment is not paid or postmarked within the prescribed payment grace periods. Payments received after the end of the payment grace period which are sent from an electronic postage machine that does not include a postmarked mailing date will not be accepted. Once COBRA coverage is canceled, there is no option for reinstatement. Note that waiting until the end of the grace period to make payment may not allow enough time within the grace period to reconcile payment if your check is lost in the mail or is rejected by your bank.

What happens if a payment bounces?

If a check submitted for payment or an electronic payment transaction is rejected by your bank, coverage is subject to termination unless a replacement payment is provided to VitaCOBRA within the original prescribed grace period. The payment grace period will not be extended.

If an electronic payment transaction is rejected for any reason, you are responsible for ensuring you make a replacement payment by either mailing a check or money order, or setting up a one-time electronic payment draft, within the payment grace period. Otherwise, coverage will be canceled with no option for reinstatement.

VitaCOBRA charges an administration processing fee for any payments rejected by your bank. This fee is currently \$25 per rejected transaction which you must send to VitaCOBRA by a separate check or money order.

VitaCOBRA is not responsible for informing you of any rejected transactions. You are responsible for ensuring that COBRA premiums are paid with negotiable monies within the grace period and you must notify VitaCOBRA immediately of any rejected E-Payment transactions. You can log into your VitaCOBRA account online or contact the Vita Concierge Team to confirm your payment status.

What happens if my payment is short?

If your premium payment fall short of the full COBRA premium due, you will be required to make up the premium in order to continue coverage. If the premium shortage is considered a significant shortage (10% of the COBRA premium or \$50, whichever is less), you will be required to make up the premium payment within the normal grace period. If the premium shortage is considered not a significant shortage, you will be issued a notice and you will have 30 days from the date of the notice to make up the premium shortage for that payment. In either case, if payment is not made within the time guidelines, coverage will be cancelled retroactively back to the last fully paid month (and any partial premium payment made for a subsequent month will be refunded to you).

Can I track payment online?

Yes. Your payment history, including payments made, payments due, payment amount, and balance due can be accessed via your VitaCOBRA individual online account at www.vitalogin.com.

When will my rates change?

Your rates will change annually, at the same time the rate changes for actively employed plan participants. Changes in the employer rates, such as at the annual plan renewal, will be passed through to you and all other COBRA Qualified Beneficiaries. You will be notified in writing if your rates are due to change during your COBRA coverage period so that you can adjust your COBRA premium amount.

Premium Payments Recommendations

- **Choose Electronic Payments:** We recommend making electronic payments such that premium payments are automatically drafted from your bank account. This assures that your payments will be made on time.
- **Avoid End of Month Payments:** We recommend that you avoid paying premiums late in the month. Mail delays and personal delays can cause premiums to be inadvertently missed. When this happens, your coverage will be retroactively canceled (back to the last fully paid month of coverage).
- **Check Online to Confirm Payment was Received:** You can log in to your personal COBRA account and confirm that your payment was received and processed.

Horror Stories to Avoid

- **Premium Due Date Confusion:** Sometimes people who pay late can “slip” a little bit, which will cause a problem. For example, if your premiums are postmarked on June 28th (for June) and on July 30th (for July), and then on September 1st (for August), the August premium was paid on day 31, thus it would be a late premium payment. Your check would be returned and your coverage would be retroactively canceled back to the last timely-paid month. In this example, it would be July, but you would likely not be aware that your August coverage was canceled until well into September.
- **Mail Box/Postmark Problem:** It does not matter when you put the payment in the mailbox. It matters when the USPS actually postmarks the envelope. If you put the payment in the mailbox after the mail has been picked up on the last day of the grace period and it is postmarked the following day or if the post office makes a mistake in postmarking your envelope and it is postmarked outside of the grace period, your premium payment will be considered late and your coverage will be retroactively canceled. In addition, payments received after the end of the payment grace period which are sent from an electronic postage machine that does not include a postmarked mailing date will not be accepted.
- **Bounced Checks:** If your check bounces and you either do not know about it or are unable to provide a replacement payment before the end of the grace period (30 days), your coverage will be canceled retroactively for not paying your premium on time.



It is NOT like a phone bill!

If you pay your phone bill late, you can get caught up on your payments later and get your phone re-connected. COBRA coverage does NOT work this way. If you pay your COBRA payment after the 30 day grace period, coverage is terminated with NO option for reinstatement.

What Else Should I Know?

Who is a Qualified Beneficiary?

In general, a Qualified Beneficiary is an employee, a spouse, or a dependent child who, while enrolled on a group health plan, experiences a Qualifying Event and loses coverage from the plan as a result of the Qualifying Event.

Most importantly, you are a Qualified Beneficiary, since you have had a Qualifying Event and have received this notification.

A Qualified Beneficiary also includes a child who is born to, adopted by, or placed for adoption with a covered employee during a period of COBRA coverage, provided that the covered employee is a Qualified Beneficiary and the covered employee has elected COBRA.

A child of a covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) during the covered employee's employment is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

What is a Qualifying Event?

A Qualifying Event is an event that causes you (and/or your spouse and/or any dependent child) to lose group health plan benefits. Qualifying Events are defined as:

- Termination of the employee's employment (whether voluntary or involuntary, except when employment terminates for gross misconduct)
- Reduction in the employee's work hours (to less than the minimum needed to remain covered by the plan)
- A dependent child ceases to be an eligible dependent under the plan
- Death of employee
- Divorce or legal separation
- Medicare entitlement of the employee (if this results in a loss of coverage from the plan)
- Employer commences a bankruptcy proceeding (for covered retirees and their dependents only)

Can I elect a different plan, such as a cheaper option?

Continuation is available only for coverages that you or your dependents were enrolled in at the time of the Qualifying Event. However, there are circumstances where you may be able to switch to another health plan either when you elect COBRA or during your COBRA coverage period:

- **Open enrollment:** If similarly situated employees and dependents can switch between health plan choices at open enrollment, COBRA Qualified Beneficiaries will be offered the same option. You will be notified by VitaCOBRA if there is an open enrollment period and of any plan change opportunities.
- **Moving outside the health plan service area:** If you were covered under a region-specific plan (such as an HMO) and you move outside of your health plan's service area, you will typically not be eligible to continue coverage under that plan. You may be eligible to change to another health plan if the employer has another plan that offers coverage in your new location. If you wish to avail yourself of this option to change plans due to moving outside your current plan's eligibility radius, you must notify VitaCOBRA in writing within 30 days of becoming ineligible under your current health plan, either during your COBRA election period or while you are actively covered under COBRA. A change in coverage may not be effective until the first day of the month following your written request for alternative coverage.

What factors should I think about when considering coverage options?

- **Premiums:** Your COBRA plan sponsor can charge up to 102% of the total plan premium for coverage. In some cases, electing coverage on a spouses' plan or through the Marketplace may be less expensive.
- **Provider networks:** If you are currently getting care or treatment for a condition, a change in your health coverage may affect your access to particular healthcare providers. You may want to confirm that your current healthcare providers participant are in-network providers as you consider options for health coverage.
- **Drug formularies:** If you are currently taking medication, a change in your health coverage may affect your costs for medication. In some cases, your medication may not be covered by another plan. Confirming that your current medications are included in the drug formularies is always recommended.
- **Other cost-sharing:** In addition to paying premiums for health coverage, typically, copayments, deductibles, coinsurance, or other cost-sharing are required when you use your benefits. It is important to check the specific cost-sharing requirements for other health coverage options. For example, one plan may have lower monthly premiums but a much higher deductible and copayments (and vice versa).

How do Health FSA plans work under COBRA?

- Your health FSA will expire the date of your employment termination. You may be reimbursed for eligible expenses incurred prior to this date. No reimbursements may be made for claims incurred after your termination date unless you choose to extend your health FSA eligibility by continuing this coverage under COBRA.
- The monthly COBRA rate will be approximately 102% of the monthly equivalent of the salary deferrals you made as an active employee. However, your COBRA Election Form will not list the Health FSA as a plan available to continue. The reason for this is that the COBRA premium requires a special calculation based on your actual salary reductions prior to your employment termination date. If you want to find out the monthly cost to continue your Health FSA through COBRA, please contact help@vitamail.com.

- Premiums are paid on an after-tax basis rather than on a pre-tax basis.
- FSA coverage elected through COBRA typically cannot be extended beyond the current plan year. In special circumstances, specifically, when there is an employer contribution to your health FSA, your coverage may continue beyond the current plan year.
- Overspent FSA accounts are not eligible for continuation. This refers to accounts when as of the COBRA Qualifying Event date, the remaining annual FSA limit is less than or equal to the maximum COBRA premium that can be charged for the rest of the plan year.
- Dependent care accounts are not eligible for continuation through COBRA.
- If you have a health FSA rollover from the prior plan year, you may be eligible for COBRA continuation for that “rollover only” health FSA, even if you did not make a health FSA election in the current year. Eligibility to access the rollover funds after your termination date is contingent upon your FSA plan provisions, being an active employee on day one during the current plan year, and affirmatively making an election to continue your roll-over FSA under COBRA (no default elections will be made). Rollover funds are available only through the end of the current plan year and may not be further rolled over to a future plan year.
- If you have any questions about your FSA account, including estimating your COBRA FSA monthly premium amount, or eligibility for “rollover only” health FSA, please contact the Vita Concierge Team directly (help@vitamail.com or (650) 966-1492).

What about Life and Disability Insurance?

Group life insurance and disability benefits are not subject to the COBRA continuation provisions. However, your life or disability policies may offer a conversion privilege. If this option is available, the life or disability insurance company must receive written notification of your request to convert within 30 days of the coverage termination date. If you wish to exercise this conversion, please contact the insurance company directly to request forms or refer to your life or disability certificate of coverage for specific requirements.

Can I elect COBRA if I am already enrolled or will soon enroll in other group health coverage or Medicare?



Whether you can elect/continue with COBRA depends on the following timing rules:

If you are already enrolled on another employer group health plan or Medicare before you elect COBRA:

- You are entitled to elect COBRA even if you have other group health plan coverage or are entitled to Medicare Part A or Part B benefits on or before the date on which COBRA is elected.
- Note that having coverage provided by more than one plan (an employer-sponsored plan or Medicare) will affect which plan is the primary and secondary payer of medical claims. You are responsible for contacting your insurance company directly to confirm how coverage will work and which plan will be primary vs. secondary.

If you become enrolled on another employer group health plan or become entitled to Medicare Part A or Part B after you elect COBRA:

- These events are disqualifying events for COBRA coverage
- If you enroll on a new employer plan or your spouse’s employer plan, you are no longer eligible to continue COBRA coverage.
- If you become entitled to Medicare Part A or Part B, you are no longer eligible to continue COBRA, except if your Medicare Entitlement is due to End Stage Renal Disease.
- Even though the COBRA regulations do not allow you to continue both coverages, you are still responsible for notifying VitaCOBRA in writing via mail, e-mail, or phone within 30 days of the coverage cancellation date. If not, any health claims incurred after the date coverage should have been canceled will still be retroactively declined.

Important Note about Medicare and COBRA

Medicare Secondary Payer (MSP) rules will apply if you are enrolled in, eligible to enroll, or if you waived enrolling in any part of Medicare while covered under COBRA. In other words, COBRA coverage will generally be the secondary payer of claim when you have COBRA coverage, even if that was not the case when you were an active employee or the dependent of an active employee. Insurance companies can (and do) treat COBRA as the secondary payer of COBRA claims (meaning they will typically only pay 20% of Medicare Allowed Charges) even if you are not actually enrolled in Medicare. When this occurs, the insurance company will pay as if Medicare paid, even though Medicare won't actually pay if you aren't enrolled. This could mean you will be responsible for what Medicare would have paid for your claims. You are responsible for checking with your health plan to determine which plan is the primary and secondary payer during your COBRA period. Medicare Part B coverage cannot be activated retroactively, so it is critical to make sure that you sign up for Medicare if your COBRA health plan will be a secondary payer.

If I choose not to elect all qualified beneficiaries to COBRA now, can I add them later?

There are two circumstances below where you can add a dependent to COBRA:

- 1. Open enrollment:** If similarly situated employees can add dependents at open enrollment, so can COBRA Qualified Beneficiaries. If at open enrollment, you enroll a family member who was formally a Qualified Beneficiary but who didn't elect COBRA within the original election grace period, you can still add the family member to COBRA and they can be covered under COBRA. That family member will not have any direct Qualified Beneficiary rights, such as independent election rights. For example, the family member is not able to remain enrolled on COBRA without a Qualified Beneficiary enrolled on COBRA. Therefore, the family member added at open enrollment will be required to terminate from COBRA if all Qualified Beneficiaries on the account terminate from COBRA.
- 2. Health Insurance Portability and Accountability Act (HIPAA):** This law allows that in certain circumstances active employees may enroll spouses and children to their group health plans. Qualified Beneficiaries have these same rights to enroll a spouse and children in COBRA coverage, just as if the Qualified Beneficiary were an active employee. These rights include:
 - **New Spouse/Child:** If you acquire a new dependent (due to marriage, birth, or adoption), you may elect to add your new dependent to COBRA. You or your family member must notify both VitaCOBRA and the group health plan company in writing within 30 days of the marriage, birth or adoption, in order to enroll the dependent on COBRA. Please note that some health plans will enroll your new-born child at no cost for the first 30 days of coverage. Please contact your health carrier directly to see if you qualify.
 - **Loss of Other Group Coverage:** If your spouse or dependent children involuntarily lose other group health coverage as specified under HIPAA, you may be able to add your spouse or dependent child to your COBRA coverage. (This most typically happens when a spouse loses a job or changes jobs.)

You are responsible for notifying both VitaCOBRA and your group health plan company in writing within 30 days of the date of loss of coverage of the other group health plan coverage, in order to enroll your dependent on COBRA. If you do not provide the required notification within 30 days, you will lose your right to add your dependents under the special HIPAA event rules.

How do I make changes to coverage after I elect?

Any changes to COBRA including address changes, open enrollment changes, extensions to coverage, and addition of new dependents must be made in writing directly to VitaCOBRA. Any partial coverage cancellations (termination of some but not all Qualified Beneficiaries and/or health insurance plans) can either be made in writing or by phone.

Written notification must either be sent to help@vitamail.com or provided by mail to the VitaCOBRA address.

COBRA Alternatives

Are there alternatives to COBRA?

There are three primary options to consider as alternatives to COBRA coverage. You may be able to enroll in coverage through:

1. A spouse's or domestic partner's health plan
2. Individual health insurance directly through an insurance company
3. Individual health insurance through the Marketplace/Exchange

Important!

Sometimes other options are less expensive than COBRA. Be sure to look into these choices.

Option #1: Spouse/domestic partner coverage

If you are married or in a domestic partnership, coverage may be available through your spouse or domestic partner if they are employed and have group health coverage. If a child is under age 26, coverage may be available through a spouse's plan if they are employed and have group health coverage. This option may provide coverage at a lower cost since typically employers subsidize as portion of the premium for dependents. You have a right to enroll in a spouse's group health plan coverage since you lost your group health plan coverage. You must exercise this option with your spouse or domestic partner's employer within 30 days of your loss of your prior employer coverage and, in some cases, coverage will not have a retroactive effective date. Please note, not all group health plans allow coverage for domestic partners, so this option may not be available.

Option #2: Individual coverage direct with insurance company

Individual health insurance can be purchased directly through an individual insurance company. You may apply for individual insurance (in lieu of electing COBRA), but you must do so within a "special enrollment period." Your "special enrollment" period is 60 days from the date you lose your employer group health coverage. After 60 days, your special enrollment period will end, and you will not be able to enroll in an individual plan until the individual plan open enrollment period. This occurs annually, typically in November for coverage starting on January 1st.

For more information about individual health insurance options, contact health insurance company(s) who specialize in the individual market.

Option #3: Individual coverage through Marketplace/Exchange

Individual health insurance can be purchased online through a Marketplace/Exchange in lieu of electing COBRA or after your COBRA coverage expires. If you apply for individual insurance in lieu of electing COBRA, you must do so within a "special enrollment period." Your "special enrollment period" is 60 days from the date you lose your employer health plan coverage. You may apply for insurance or enrollment in individual insurance through the Marketplace at any time during that 60-day window. After 60 days, your special enrollment period will end and you may not be able to enroll until the Marketplace open enrollment period. This occurs annually, typically in November for coverage starting on January 1st.

If you elect COBRA, you can switch to a Marketplace plan during a Marketplace open enrollment period. If your COBRA coverage ends involuntarily, such as you exhaust the maximum COBRA coverage period, or if the employer no longer offers you health plan coverage, you may be able to enroll in the Marketplace through the special enrollment period outside of open enrollment. The end of an employer-sponsored COBRA subsidy may also be considered an involuntary loss of coverage, but this is not always the case. Please contact your state Marketplace directly to confirm if the loss of an employer-sponsored subsidy qualifies for a special enrollment period. In addition, if you have a "qualifying life event," such as you get married or have a child, you can switch to a Marketplace plan.

Importantly, if your COBRA coverage is voluntarily terminated, such as failure to make a timely premium payment or by your request prior to the end of the maximum coverage period, you will not be able to enroll in a Marketplace plan until the next open annual enrollment. If you sign up for Marketplace coverage instead of electing COBRA coverage, you cannot switch to COBRA coverage under any circumstances.

Coverage through the Marketplace **may cost less than COBRA**. Federal subsidies made available through the Affordable Care Act may be available through the Marketplace if your household income is between 138% and 400% of the Federal Poverty Level. If you are eligible for a federal subsidy, the only way to get the subsidy is to be covered through the

Marketplace. Being eligible for COBRA won't limit your eligibility for individual coverage or for a tax credit if you enroll in coverage through the Marketplace in lieu of electing COBRA.

For more information about health insurance options available through the Marketplace, visit www.healthcare.gov or call 1-800-318-2596. If you live in California, contact Covered California at www.coveredca.com or 1-888-975-1142. For a full listing of Marketplace/Exchange information per each individual state, visit <https://www.healthinsurance.org/state-health-insurance-exchanges/> or refer to the table below.

How to Access the Marketplace/Exchange

State	Marketplace Type	Program Name	Web Address	Phone
Alabama	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Alaska	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Arizona	Federally-facilitated Marketplace	Cover Arizona	www.coveraz.com	800-318-2596
Arkansas	State-Partnership Marketplace	Arkansas Health Connector	www.arhealthconnector.org	855-283-3483
California	State-based Marketplace	Covered California	www.coveredca.com	888-975-1142
Colorado	State-based Marketplace	Connect for health CO.	www.connectforhealthco.com	855-752-6749
Connecticut	State-based Marketplace	Access Health CT	www.accesshealthct.com	860-757-5300
Delaware	State-Partnership Marketplace	Choose Health Delaware	www.choosehealthde.com/Health-Insurance	800-318-2596
District of Columbia	State-based Marketplace	DC Health Link	www.dchealthlink.com	855-532-5465
Florida	Federally-facilitated Marketplace	Florida Health Choices	myfloridachoice.org	800-396-5990
Georgia	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Hawaii	Federally-supported State-based Marketplace	Hawaii Health Connector	www.hawaiihealthconnector.com	877-628-5076
Idaho	State-based Marketplace	Your Health Idaho	www.yourhealthidaho.org	855-944-3246
Illinois	State-Partnership Marketplace	Get Covered Illinois	getcoveredillinois.gov	866-311-1119
Indiana	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Iowa	State-Partnership Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Kansas	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Kentucky	State-based Marketplace	Kentucky's Healthcare Connection	kynect.ky.gov	855-459-6328
Louisiana	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Maine	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov www.enroll207.com	800-318-2596
Maryland	State-based Marketplace	Maryland Health Connection	www.marylandhealthconnection.gov	855-642-8572
Massachusetts	State-based Marketplace	Massachusetts Health Connector	www.mahealthconnector.org	877-623-6765
Michigan	State-Partnership Marketplace	Federal Option	www.healthcare.gov , enrollmichigan.com	800-318-2596
Minnesota	State-based Marketplace	MNSure	http://mn.gov/hix/	855-366-7873
Mississippi	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov www.healthhelpms.org	800-318-2596 877-314-3843
Missouri	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Montana	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Nebraska	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Nevada	Federally-supported State-based Marketplace	Nevada Health Link	www.nevadahealthlink.com	855-768-5465
New Hampshire	State-Partnership Marketplace	Covering New Hampshire	coveringnewhampshire.org www.healthcare.gov	800-318-2596
New Jersey	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
New Mexico	Federally-supported State-based Marketplace	Be Well New Mexico	www.bewellnm.com	855-996-6449
New York	State-based Marketplace	NY State of Health	www.nystateofhealth.ny.gov	855-355-5777
North Carolina	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
North Dakota	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Ohio	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Oklahoma	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Oregon	Federally-supported State-based Marketplace	Oregon Healthcare	www.oregonhealthcare.gov	800-699-9075
Pennsylvania	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596

Rhode Island	State-based Marketplace	Health Source RI	www.healthsourceri.com	855-840-4774
South Carolina	Federally-facilitated Marketplace	Consumer Choice dissolved, Federal Option	www.healthcare.gov	800-318-2596
South Dakota	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Tennessee	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Texas	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Utah	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Vermont	State-based Marketplace	Vermont Health Connect	healthconnect.vermont.gov	855-899-9600
Virginia	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Washington	State-based Marketplace	Washington Healthplanfinder	www.wahealthplanfinder.org	855-923-4633
West Virginia	State-Partnership Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Wisconsin	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596
Wyoming	Federally-facilitated Marketplace	Federal Option	www.healthcare.gov	800-318-2596

Factors to consider when choosing COBRA vs. another option

Instead of electing COBRA, other coverage options may be more affordable. It's important that you choose carefully between COBRA and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option. When considering your options for health coverage, you may want to think about:

- 1. Premiums:** Other options, such as coverage on a spouse's plan or through the Marketplace may be less expensive than COBRA.
- 2. Provider Networks:** You may want to check to see if your current health care providers participate in a network as you consider other options.
- 3. Drug Formularies:** A change in your health coverage may affect your costs for medication and in some cases, your medication may not be covered by another plan.
- 4. Severance Payments:** If your former employer is paying all or a portion of your COBRA premiums for a period of time under a severance agreement and you do not want to continue COBRA after the subsidy ends, you may have to wait until the next annual open enrollment period to enroll onto a spouse's plan, an individual plan, or a Marketplace plan. This is because voluntary termination of coverage when your severance expires is not a qualifying life event under the HIPAA regulations that would trigger a special enrollment. Please contact your state Marketplace directly to confirm if the loss of an employer-sponsored subsidy qualifies for a special enrollment in your state Marketplace.
- 5. Service Areas:** Some plans limit their benefits to specific service or coverage areas.
- 6. Other Cost-Sharing:** You may want to check what the copayments, deductibles, coinsurance, and other amounts are for alternative health coverage options. If you change to other coverage, you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible or a new out of pocket maximum mid-year.
- 7. Federal Premium Subsidies:** If you may be eligible for a federal subsidy, you will want to consider securing coverage through the Marketplace in order to take advantage of potentially lower premium costs. The Marketplace is the only source for securing a federal subsidy.

Certificate of Group Health Plan Coverage

A Certificate of Group Health Plan Coverage is available upon request if you were enrolled on a medical plan. It provides evidence of when your group health coverage ended to help you access special enrollment in another plan, including the Marketplace. Federal law allows you to enroll in another group plan (such as a spouse's plan) or in Marketplace coverage if you lose your group health plan coverage. The Certificate will make it easy for you to prove that you had other coverage and the date that coverage ended.

Additional Information

Additional Information

If you feel that you do not have enough plan information to act intelligently in electing or declining coverage, you may contact the health insurance company directly to request additional plan information. You may also refer to the employer Summary of Benefit Coverage (SBC) and Summary Plan Description (SPD) documents. The SBC, SPD, certificates of coverage (which describe plan details) and other benefit plan documents can be accessed from a link on the VitaCOBRA online member portal.

To receive more information about COBRA and HIPAA, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at <http://www.dol.gov/ebsa> or call their toll-free at 1-866-444-3272.

If you still need additional assistance, please contact the Vita Concierge Team directly. The Vita Concierge Team may be reached by phone: (650) 966-1492 or email: help@vitamail.com.



Privacy Promise

VitaCOBRA is committed to full and complete compliance with privacy regulations regarding your personal information and your health information. VitaCOBRA retains personal information necessary for the administration of COBRA coverage and health information to the extent it is provided to us by COBRA Qualified Beneficiaries in the course of servicing your coverage. VitaCOBRA does not rent or sell your personal or health information. An outline of how VitaCOBRA uses your information and the circumstances in which your personal or health information can be disclosed is summarized in the Vita Privacy Policy. For more information, please refer to the complete Vita Privacy Policy which may be found on our website: <https://www.vitacompanies.com>.

CA COBRA Premium Assistance

The Health Insurance Premium Payment (HIPP) Program in California will pay the health insurance premiums (including COBRA premiums) for certain Medi-Cal beneficiaries. For more information visit the California Department of Health Care Services website at <http://www.dhcs.ca.gov>.

Under the Ryan White HIV/Aids Treatment Modernization Act of 2006, persons unable to work because of disability due to HIV/Aids and who are at risk of losing their private health insurance may be able to qualify for premium payment assistance through the CARE Health Insurance Premium Payment (CARE/HIPP) program. For more information visit the California Department of Public Health website at: <https://www.cdph.ca.gov>.

Eligible Pension Benefit Guaranty Corporation (PBGC) recipients, or Trade Adjustment Assistance (TAA) recipients, may be able to qualify for premium payment assistance through the Health Coverage Tax Credit (HCTC) Program. For more information, visit the Internal Revenue Service (IRS) website at https://www.irs.gov/pub/irs-utl/pbqc_information_guide.pdf.

Keep Plan Informed of Address Changes

To protect your rights, it is imperative that you keep VitaCOBRA and your insurance company informed of any address changes. This includes notifying VitaCOBRA of an alternate address for your spouse or children if your spouse or children do not reside with you. All address change requests must be submitted in writing to help@vitamail.com.

Notice Procedures

In certain circumstances, you are required to provide notice to VitaCOBRA and/or your insurance plan. If that notice is late or if you do not follow the notice procedures outlined in this document, you and all related Qualified Beneficiaries will lose the right to elect COBRA (or will lose the right to an extension of COBRA, as applicable). Any notice that you provide must be in writing and must include the appropriate documentation (as applicable). Verbal notice, including notice by the telephone, in person, to a supervisor while you are still employed, or to your former employer or VitaCOBRA after you are no longer employed, is not considered acceptable notice. Keep a copy of all notices for your records.

The covered employee, a Qualified Beneficiary who lost coverage due to the Qualifying Event described in the notice, or a representative acting on behalf of the covered employee or the Qualified Beneficiary may provide notices. A notice provided by any of these individuals will satisfy any responsibility to provide notice of all Qualified Beneficiaries who lost coverage due to the Qualifying Event described in this notice.

Please note, certain requests, such as to termination COBRA coverage, may be done via phone through the recorded line of the Vita Concierge service.

Who is the COBRA administrator?

As the Plan Sponsor, your employer is technically the COBRA Administrator. However, your employer has contracted with VitaCOBRA, a specialty administration company, to handle the notification, payment, and enrollment responsibilities required under COBRA.

Questions

If you have any questions about this notice, your rights to elect COBRA, or your responsibilities in electing COBRA coverage, you should contact Vita Concierge directly at:



Phone: (650) 966-1492

Email: help@vitamail.com

Fax: (650) 961-2285