

## Lewis & Clark COBRA and Affordable Care Act Information

This notice contains important information about your right to continue your health care coverage, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. Please read the information contained in this notice very carefully.

### Your Medical & Dental Insurance Coverage:

If you are currently enrolled in a Medical or Dental insurance plan, your coverage will cease on the last day of the month in which your employment ends. Your premium deductions for health care coverage are taken out in the month prior to the month of coverage (*for example your April deductions pay for your May coverage*). Therefore, depending on your date of separation, no additional payroll deductions may be necessary on your final paycheck to cover the cost of the final month of coverage.

### Your COBRA Rights

You and your covered dependents may have the right to continuation of coverage under your insurance plans beyond the time coverage would ordinarily end. Your rights and obligations regarding continuation of group coverage are explained below.

- **Employee:** As the covered employee, you have the right to choose continuation coverage if you would otherwise lose coverage because of a reduction in your hours of employment or termination of your employment (for reasons other than gross misconduct on your part).
- **Spouse:** As a covered spouse of an employee, you have the right to choose continuation coverage for yourself that you would otherwise lose any of the following reasons: 1) Death of spouse; 2) Termination of spouse's employment (for reasons other than gross misconduct) or reduction in spouse's hours of employment; 3) Divorce or legal separation from spouse; 4) Spouse becoming eligible for Medicare; or 5) Filing of Chapter 11 bankruptcy by employer.
- **Dependent Child:** A covered dependent child has the right to continue coverage if coverage would be lost for any of the following reasons: 1) Death of a parent; 2) Termination of a parent's employment (for reasons other than gross misconduct) or a reduction in a parent's hours of employment; 3) Parents' divorce or legal separation; 4) A parent becoming eligible for Medicare; 5) The child ceasing to be eligible as a dependent under the plan; or 6) Filing of Chapter 11 bankruptcy by employer.

### Your COBRA Responsibilities Of Notification

You and your covered dependents are responsible for informing the Human Resources Office of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event. When we have been notified that one of these events has happened, we will in turn provide information regarding continuation coverage. **Participants have 60 days to enroll in COBRA continuation.**

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued 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, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries. Disabled employees may continue insurance for up to 29 months. An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

**Please Note:**

All continuation coverage will end for any of the following reasons:

- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary (note: there are limitations on plans' imposing a preexisting condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act)
- The premium for continuation coverage is not paid on a timely basis.
- You become eligible for Medicare after election of COBRA.
- Your 18, 29 or 36 month period of continuation ends.
- The employer no longer provides group health coverage for any of its employees.

***How Do I Elect COBRA Coverage To Continue My Medical Or Dental Insurance?***

- ☐ **Pioneer Medical Plan, Pioneer Dental Plan, Kaiser Medical Plan, Kaiser Dental Plan and/or Willamette Dental Plan, Employee Assistance Plan, Flex Spending Accounts:** COBRA Management Services (CMS) will contact you directly regarding COBRA continuation. You can expect to receive COBRA paperwork within 15 days of the end of your coverage. If you do not receive them within that time, please contact Customer Service at [services@cobramanagement.com](mailto:services@cobramanagement.com) or (866) 517-7580. Please return the COBRA enrollment form(s) to CMS per their instructions.
- ☐ **Retiring Faculty/Staff:** If you are retiring from the College and are eligible for Medicare, please contact me for information on the College's Medicare supplemental plans in lieu of COBRA continuation.

***Paying Your COBRA Premium***

You are responsible for the full cost of continuation coverage as outlined on the next page. If your premiums are not received in a timely manner, your continuation coverage will end without further notification. The only exception is your first premium payment for continuation coverage, since COBRA law allows you up to 45 days from the date of your election to make that first payment. However, to avoid any confusion regarding your coverage status, it is best to make your decision early regarding continuation of coverage, and to send your payments on time.

***COBRA Premiums***  
***(Effective April 1, 2015 - March 31, 2016 )***

	Pioneer Medical	Kaiser Medical	Pioneer Dental	Willamette Dental	Kaiser Dental
<b>One Party</b>	\$632.76	\$459.92	\$55.42	\$41.51	\$56.93
<b>Two Party</b>	\$1,265.70	\$919.83	\$110.88	\$83.03	\$113.86
<b>Family</b>	\$1,766.34	\$1,287.76	\$155.22	\$124.90	\$159.40

There may be other coverage options for you and your family. When you have a qualifying event, such as loss or change of job, you may be eligible to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a

special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov) or [www.coveroregon.com](http://www.coveroregon.com).

Accessing Your Retirement Funds