



ADMINISTRATIVE SERVICES HUMAN RESOURCES

# Initial Notice of COBRA Continuation Coverage Rights

You are eligible for coverage under the group health plans specified in the applicable collective bargaining agreement or Unrepresented Resolution. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the same group health plans. **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.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plans when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plans and under federal law, you should review the Plan's Summary Plan Description or contact the Plan's Administrator. You may get similar information from our other Plan Administrators.

**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.

COBRA coverage is a continuation of group health (medical, dental, vision) coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs and any required notice of that event is properly provided to the plan administrator(s), COBRA coverage must be offered to each person losing coverage who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plans is lost because of the qualifying event. Under the Plans, qualified beneficiaries who elect COBRA coverage must pay for COBRA coverage.

If you are an employee, you will become a qualified beneficiary if you lose coverage under the Plans because either one of the following qualifying events happens:

- Your hours of employment are reduced.
- Your employment ends for any reason other than for gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plans because any of the following qualifying events happen:

- Employee dies.
- Your spouse's hours of employment are reduced.
- Your spouse's employment ends for any reason other than for gross misconduct.
- You become divorced or legally separated from your spouse.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both)

Your dependent children will become qualified beneficiaries if they lose coverage under the Plans because any of the following qualifying events happen:

- The parent-employee dies.
- The parent-employee's hours of employment are reduced.
- The parent-employee's employment ends for any reason other than for gross misconduct.
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both).

- The parents become divorced or legally separated.
- The child stops being eligible for coverage under the Plans as a “dependent child.”

The Plans will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator(s) have been notified that a qualifying event has occurred. When the qualifying event is the end of employment, reduction of hours of employment, death of the employee, or the employee’s becoming entitled to Medicare benefits, Whatcom County will notify the Plan Administrator(s) of the qualifying event.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator(s) within 60 days after the qualifying event occurs. In providing this notice, you must use the attached form, “Notice of Change to Benefits” and return to Human Resources as instructed on the form. If notice is not provided within the notice period, you will lose your right to elect COBRA.

Once the Plan Administrators receive notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each qualified beneficiary. Each qualified beneficiary will have an independent right to elect COBRA coverage. Covered employees may also elect COBRA coverage on behalf of their spouses and children.

Qualifying Event	Qualified Beneficiary	Maximum Coverage Period
Termination of employment or reduction of hours	Employee, spouse, dependent children	18 months (29 months with disability extension)
Divorce or legal separation	Spouse, dependent children	36 months
Loss of dependent child status	Dependent child	36 months
Employee entitled to Medicare	Spouse, dependent children	36 months
Death of covered employee	Spouse, dependent children	36 months

**Disability extension**

If the Social Security Administration determines that you or a qualified beneficiary is disabled and you provide notification to your group administrators, you and all qualified beneficiaries may be entitled to receive an additional 11 months of continuation of coverage, for a total of 29 months.

The disability must have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the initial continuation of coverage period (generally 18 months).

To request a disability extension, you must notify the Plan Administrator(s) in writing (along with a copy of the Social Security Administration’s disability award letter) **no later than 60 days** after the last of the following events:

- The date of the Social Security Administration’s disability determination.
- The date of the covered employee’s termination of employment or reduction of hours.
- The date the qualified beneficiary loses (or would lose) coverage as a result of the employee’s termination of employment or reduction of hours.

**Second qualifying event extension**

If one of the following second qualifying events occurs during the 18 months (or in some cases 29 months) after the employee’s termination of employment or reduction of hours, qualified beneficiaries may extend continuation of coverage for a total of 36 months:

- Your death.
- Your divorce or legal separation
- Termination of a Washington State-registered domestic partnership, if your plan covers domestic partners.
- Your child loses eligibility under the plan rules.

An event qualifies as a second qualifying event only if it would have caused the qualified beneficiary to lose coverage if the first qualifying event had **not** occurred.

To request a second qualifying event extension, you must notify the Plan Administrator(s) in writing (along with a copy of the divorce decree or court order of legal separation) no later than 60 days after the last of the following events:

- The date of the second qualifying event.
- The date the qualified beneficiary would lose coverage as a result of the second qualifying event, if it had occurred while the qualified beneficiary was still under employer-paid coverage.

To elect COBRA, you must complete the Plan Administrator’s Election Form and submit it according to the directions by the date specified. You must pay your first premium(s) **no later than 45 days** after the date you choose COBRA coverage. Your first payment must cover the cost of your continuation of coverage from the time your employer-paid coverage ends through the end of the month before the month in which you make your second payment. If you don’t elect coverage and pay premiums within these deadlines, you will lost your continuation of coverage rights. After you make your first payment, you are required to make monthly payments for each subsequent month of COBRA 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).

This general notice does not fully describe COBRA coverage or other rights under our Plans. More information is available in the summary plan descriptions. Questions concerning your Plan(s) or your COBRA continuation coverage rights should be addressed to the contacts identified below. 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, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

In order to protect your family’s rights, you should keep the Plan Administrators 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 Plan Administrator(s).

Group Health Plan	Benefit	Address/Phone
WA Teamsters Welfare Trust Administered by Northwest Administrators	Medical Dental Vision	2323 Eastlake Avenue East Seattle, WA 98102-3305 (800)-458-3053
WA Counties Insurance Fund	Medical Dental Vision	P.O. Box 65 Mukilteo, WA 98275 (855)-623-6334
LEOFF Trust Administered by Premera	Medical Vision	P.O. Box 91059 Seattle, WA 98111 (800)-722-1471

Attachment: Notice of Change to Benefits

Last Updated: March 30, 2021