



ADMINISTRATIVE SERVICES HUMAN RESOURCES
COBRA INFORMATION

**For Teamster Master Employees,
Corrections Deputies, AFSCME, FOP Corrections Mgmt.
and Unrepresented Employees**

Under COBRA law, employees and their eligible dependents who experience *qualifying events*, may elect to temporarily continue their group health (medical/dental/vision) coverage on a self-pay basis.

Qualifying events include an employee's separation from employment (except if gross misconduct led to separation), reduction of employment hours (such as moving from full-time to part-time or going on approved leave of absence), enrollment in Medicare, death; divorce or legal separation, and a child ceasing to be eligible for coverage as a "dependent child."

Qualified beneficiaries are employees and dependents who were covered by the Plan on the day before the qualifying event occurred.

Each eligible dependent has a separate right to elect COBRA. For example, the employee's spouse may elect COBRA even if the employee does not. COBRA may be elected for only one, several, or for all eligible dependent children.

To Apply for COBRA Coverage:

1. The Plan Administrator for your group health plan will send COBRA Election materials to your home address. These materials explain how to enroll and how long you may remain on COBRA. You have 60 days from the date you receive Election materials or from the date of the qualifying event, whichever is later, to make your COBRA election.
2. If your address has changed, contact the Plan Administrator immediately to assure timely receipt of your COBRA Election materials.

Monthly Premiums Effective: January 1, 2022

WASHINGTON TEAMSTER'S WELFARE TRUST BENEFIT PLANS	PLAN ADMINSTRATOR	MONTHLY PREMIUMS
MEDICAL, DENTAL, and VISION COVERAGE Medical: WT-Plan B or Kaiser Dental: Plan A Vision: EXT	Northwest Administrators 2323 Eastlake Avenue E Ste 400 (800) 932-4790	Flat rate to cover one or more persons: <ul style="list-style-type: none">• Medical, Dental & Vision: \$1,475.89• Medical only: \$1,336.00• Dental only: \$122.45• Vision only: \$17.44

If you discontinue coverage under COBRA for any reason, you may not re-enroll.