



ADMINISTRATIVE SERVICES HUMAN RESOURCES

COBRA INFORMATION

For Deputy Sheriff's Guild 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.
- Each eligible dependent may elect COBRA under any or all medical, dental, and vision plans under which they were covered on the day before the qualifying event.
- Domestic partner and dependent unless dissolution of partnership.

To Apply for COBRA Coverage:

1. The Plan Administrators for your group health plans 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 Administrators immediately to assure timely receipt of your COBRA Election materials.

Monthly Premiums Effective: January 1, 2022:

TYPE OF COVERAGE	PLAN ADMINISTRATOR	PLAN	MONTHLY PREMIUMS
MEDICAL & VISION	Rehn & Associates PO Box 5433 Spokane, WA 99205 (800) 872-8979	LEOFF Trust Plan FX	Employee Only: \$810.86 Employee + Spouse: \$1,728.06 Employee + Spouse + 1 Child: \$2,233.21 Employee + Spouse + Children: \$2,499.03 Employee + 1 Child: \$1,316.02 Employee + Children: \$1,581.84

TYPE OF COVERAGE	PLAN ADMINISTRATOR	PLAN	MONTHLY PREMIUMS
DENTAL	WA Counties Insurance Fund P.O. Box 7786 Olympia, WA 98507-7786 (360) 586-0466	WA Counties Insurance Fund (WCIF) Plan D	Flat rate for one or more: \$118.63

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