

Only use this packet if you need coverage immediately.

A personalized COBRA packet will be mailed to you after HR is notified of your qualifying event (see the attached Notice).

You will have 60 days from the date of your mailed COBRA packet to elect COBRA. You will have 45 days from the date you elect COBRA to make payment for retroactive coverage.

If you complete the attached election form, you are waiving your right to the 60-day election period. Coverage will be reinstated retroactive to your qualifying event date when HR receives your full payment (within the 45-day period following your election).

If you will be gaining other coverage, you may wish to use the two grace periods to determine if your incurred expenses will exceed the COBRA premiums you would pay to have your coverage reinstated. Under the Affordable Care Act, you will not be penalized for a [short gap](https://marketplace.cms.gov/technical-assistance-resources/exemption-gap-in-health-coverage.pdf) in health coverage of less than three months. (See <https://marketplace.cms.gov/technical-assistance-resources/exemption-gap-in-health-coverage.pdf>.)

If you complete the attached election form, please fill in all information to avoid delays.



IMPORTANT INFORMATION: COBRA Continuation Coverage and other Health Coverage Alternatives

This notice has important information about your right to continue your health care coverage in the University of Utah Employee Health Care Plan (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

What is COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to active employees and their eligible family members, who aren't getting continuation coverage. Each "Qualified Beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or family members covered under the Plan.

Who are the Qualified Beneficiaries?

Employees and their family members who were enrolled in the Plan on the day before the Qualifying Event are each a "Qualified Beneficiary".

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable 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 should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

If I elect COBRA continuation coverage, when will my coverage begin and how long will it last?

If elected, COBRA continuation coverage will begin on the day you lost coverage and can last for up to 18 months. Continuation coverage may end earlier in certain circumstances, such as failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

Can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify University of Utah Human Resource Management of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage. For more information about extending the length of COBRA continuation coverage visit www.dol.gov/ebsa/publications/cobraemployee.html or see the enclosed Notice.

How much does COBRA continuation coverage cost?

Pursuant to Federal regulations, participants enrolled in COBRA coverage pay 102% of the total cost of coverage, including the amount previously paid by the employee's department. The following are the monthly COBRA premiums for coverage in the Plan. You may only enroll in the plan coverage you had on the day prior to your Qualifying Event, except that you may choose to drop dental coverage. You may continue coverage for yourself and all dependents or elect coverage for only one or more of the listed Qualified Beneficiaries, which could change your coverage level (e.g., from family to two-party coverage).

2022/2023 Plan Year July 1, 2022 to June 30, 2023	Medical Only			Medical and Dental		
	Single	Two-Party	Family	Single	Two-Party	Family
ValueCare Network – Advantage	\$776.57	\$1,358.76	\$2,049.73	\$807.53	\$1,429.82	\$2,161.81
ValueCare Network – Consumer Directed Health Plan	\$698.37	\$1,221.92	\$1,843.28	\$729.34	\$1,292.98	\$1,955.36
Participating Network - Advantage	\$816.04	\$1,427.84	\$2,153.89	\$847.01	\$1,498.89	\$2,265.97

2023/2024 Plan Year July 1, 2023 to June 30, 2024	Medical Only			Medical and Dental		
	Single	Two-Party	Family	Single	Two-Party	Family
ValueCare Network – Advantage	\$877.51	\$1,535.41	\$2,316.20	\$908.78	\$1,607.17	\$2,429.42
ValueCare Network – Consumer Directed Health Plan	\$789.15	\$1,380.77	\$2,082.90	\$820.43	\$1,452.54	\$2,196.12
Participating Network - Advantage	\$965.27	\$1,688.96	\$2,547.82	\$996.54	\$1,760.72	\$2,661.04

Other coverage options may cost less. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace below. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form; however, your coverage will not be reinstated until payment is received. COBRA reminder slips will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being

offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace. You can access the Marketplace for your state at www.HealthCare.gov.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage. To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim. Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended. If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage. If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

For more information

This notice doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator. Summary plan descriptions are available online at www.hr.utah.edu/benefits/spd.php. If you have questions about the information in this notice or your rights to coverage, contact Dawn Young at COBRA@utah.edu or call UHRM at (801) 581-7447.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate someone in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your and your family's rights, keep University Human Resource Management (UHRM) informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to UHRM.



NOTICE OF CONTINUATION OF COVERAGE RIGHTS (COBRA)

The right to COBRA coverage was created by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA coverage may become available to you and your family members when you would otherwise lose your health care coverage.

This notice contains important information about your right to continue your health care coverage in the University of Utah Employee Health Care Plan, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace (www.healthcare.gov). **Both you and your spouse should read the information in this notice carefully.**

OTHER OPTIONS AVAILABLE – for you and your family:

- Special enrollment opportunities may exist in other group health plans for which qualified beneficiaries may be eligible (such as a spouse's plan); even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.
- Individuals may purchase coverage through the Marketplace (www.healthcare.gov) as an alternative to COBRA coverage. A premium tax credit may be available to help pay for some or all of the cost of Marketplace coverage, and being offered COBRA generally does not limit eligibility for the credit. Marketplace enrollment is only available during an annual open enrollment period or during special enrollment periods triggered by events such as marriage or the birth of a child. Individuals electing to purchase coverage through the Marketplace instead of COBRA coverage may not switch to COBRA coverage under any circumstances.

QUALIFYING EVENTS – “Qualifying Events” are certain events that cause an individual to lose health care coverage. Qualifying Events that trigger your right to COBRA coverage are:

- Voluntary or involuntary termination of the covered employee's employment for reasons other than “gross misconduct”;
- Reduced hours of work for the covered employee, resulting in ineligibility for health coverage;
- Divorce or legal separation of the covered employee;
- Death of the covered employee;
- Loss of status as an “eligible dependent child” under plan rules;
- The covered employee becomes entitled to Medicare, resulting in ineligibility for coverage; or
- The employer files a Chapter 11 bankruptcy (only applicable to retired employees and their dependents covered under a retiree medical program).

Your Qualifying Event determines your notice requirements and the amount of time you may retain COBRA coverage.

WHEN AND HOW YOU MUST GIVE NOTICE –

You, your spouse, or dependent child must notify the University Human Resource Management within 60 days of one of the following events:

- * Divorce or legal separation
- * Child losing dependent status
- * You experience a Second Qualifying Event
- * Disability determination by the Social Security Administration (**see Social Security Disability for details**)

To provide this notice, you may complete the Health Care Coverage Change Form available on the internet at www.hr.utah.edu/forms/index.php or in the Benefits Department. Alternatively, your spouse or dependent child may give written notice of

the Qualifying Event to the Benefits Department at the address listed at the end of this Notice. The written notice must provide the individual's name and current mailing address, the specific Qualifying Event and the date of the Qualifying Event. If written notice is not provided to the Benefits Department within **60 days** after the date of the Qualifying Event, all rights of that individual to elect COBRA coverage will be lost. The Plan is required to provide notice to you and/or your enrolled dependents of the right to elect COBRA coverage due to any of the other Qualifying Events.

QUALIFIED BENEFICIARIES – Each individual who was covered under the Plan on the day before the Qualifying Event is a “Qualified Beneficiary” and has an independent right to purchase COBRA coverage. An exception to this rule applies if coverage is reduced or eliminated in anticipation of a Qualifying Event. COBRA coverage may still be available to a spouse or dependent child who has been dropped from coverage in anticipation of divorce or legal separation. In this case, COBRA coverage will be effective upon the date of divorce or separation, not the date that coverage was terminated, and will only be available provided that, but for the lost coverage, the spouse or dependent child would otherwise have been eligible. Qualified Dependent includes the covered employee, employee's spouse, and dependent child or children.

INDIVIDUAL ELECTION RIGHTS – Each Qualified Beneficiary can elect COBRA coverage independently, even if the covered employee chooses not to elect COBRA coverage. ***The Plan Administrator may terminate your COBRA coverage retroactively if you are determined to have been ineligible for coverage.***

LENGTH OF COBRA COVERAGE – The length of COBRA coverage offered depends on your Qualifying Event. If the Qualifying Event is termination of employment or a reduction of work hours, Qualified Beneficiaries may continue COBRA coverage for 18 months. If the Qualifying Event is death of the covered employee, divorce or legal separation, or loss of dependent status, COBRA coverage is available for 36 months. If a Qualified Beneficiary is determined to have been disabled on the date of the Qualifying Event or during the first 60 days of COBRA coverage, additional coverage may be available (see Social Security Disability below).

SOCIAL SECURITY DISABILITY – If your Qualifying Event is termination of employment or reduction in hours and you are determined by the Social Security Administration to have been disabled on the date of the Qualifying Event or during the first 60 days of COBRA coverage, you and/or your enrolled dependents may obtain an extension of coverage from 18 months to 29 months. ***It is your responsibility to obtain the disability determination from the Social Security Administration and to provide a copy of the determination to the University Human Resource Management within 60 days of the date the determination is made and before the end of the original 18-month COBRA period.*** If you do not notify the Benefits Department and provide the determination within these time frames, you will not be eligible for the 11-month extension of COBRA coverage. If coverage is extended for an additional 11 months due to Social Security disability, your COBRA premiums will be adjusted to 150% of the full cost during the extended 11-month coverage period. It is also your responsibility to provide a written notice to the Benefits Department within 30 days if a final determination is made that you are no longer disabled.

ELECTING COVERAGE – Qualified Beneficiaries have 60 days from the date of the Qualifying Event or if later, from the date of the notice offering COBRA, to elect COBRA coverage. (You are not eligible to elect COBRA coverage if you, your spouse, or dependent child failed to notify the University's Benefits Department of a divorce, legal separation or a child losing dependent status within 60 days of the event.) If neither you nor your spouse or dependent child(ren) elect COBRA coverage during the applicable election period, your health care coverage will end according to the terms of the Plan.

The Plan will not pay claims for services provided on and after the date coverage ends and you, your spouse and your dependents will have no right to elect COBRA coverage at a later date.

COBRA PREMIUM PAYMENTS – If you elect COBRA coverage, you will be responsible to pay the full cost of coverage plus a 2% administration fee. The COBRA premiums, including this fee, will be listed on your “Notice of Right to Elect Continuation Coverage (COBRA).” COBRA reminder slips will be provided for premium payments; however, in the event you do not receive reminder slips, you are responsible for remitting payments timely to avoid termination of coverage.

INITIAL PAYMENT – Payment must be received by the University Human Resource Management within 45 days of the date you elect COBRA coverage. Your first premium payment will include premiums due retroactive to the date you lost coverage as a result of your Qualifying Event. If your first payment is not received timely, COBRA coverage will not be effective and you will lose all rights to COBRA coverage.

SUBSEQUENT PAYMENTS – Payment for each subsequent period is due on the first day of each month. You will have a 30-day grace period from the premium due date to make subsequent payments. If COBRA premiums are not paid within the grace period, coverage will terminate as of the end of the last period for which payment was received in full and you will lose all further rights to COBRA coverage.

SECOND QUALIFYING EVENT – Qualified Beneficiaries, other than the employee, who enrolled in COBRA coverage as a result of the employee’s termination of employment or reduction of work hours, who experience another Qualifying Event (divorce, legal separation, death of the covered employee, Medicare entitlement, or loss of dependent status), may extend COBRA coverage beyond 18 months (or 29 months if there has been a disability extension) to 36 months. You must provide a written notice to the University Human Resource Management within 60 days of the second Qualifying Event and during the original 18-month COBRA coverage period (or 29-month period if there has been a disability extension) in order to extend COBRA coverage to 36 months. The written notice must provide the individual’s name and current mailing address, the specific Qualifying Event and the date the event occurred. COBRA coverage will never extend beyond 36 months of the date of the original Qualifying Event.

CHANGES IN COBRA COVERAGE – You will have the same rights to enroll dependents and change elections with respect to the University Health Care Plan as active employees of the University. Changes to coverage may be made during the University’s Open Enrollment period each year.

NEWBORNS AND ADOPTEES – A child who is born to or placed for adoption while you are enrolled in COBRA coverage can be added to your COBRA coverage upon proper notification (Health Care Coverage Change Form or written notice) of the birth or placement. Notification must be received within 3 months of the date of birth or placement (if notification is not received within 3 months of the date of birth or placement, you will not be able to add the child to your coverage until the next Open Enrollment period). The child will not have an independent right to purchase COBRA coverage. The child’s COBRA coverage will terminate when your COBRA coverage terminates, unless you terminate his/her coverage voluntarily at an earlier date.

FLEXIBLE SPENDING ACCOUNTS – If you were enrolled in a Health Flexible Spending Account at the time of your Qualifying Event and would like to retain access to any fund balance in your account, please contact the Benefits Department to obtain additional information. You may be allowed to continue participation in the Flexible Benefit Plan through the end of the plan year in which the Qualifying Event occurred. If you fail to make payment, your participation in the Flexible Benefit

Plan will terminate and expenses incurred after the termination date will not be eligible for reimbursement.

FINANCIAL AID – Some states offer financial aid to help certain individuals pay for COBRA coverage. Contact your appropriate state agency regarding availability and eligibility requirements.

TERMINATION OF COBRA COVERAGE – Your COBRA coverage will end for you and/or your enrolled dependents if any of the following occurs:

- The required premium payments are not paid within the timeframe allowed;
- You notify the COBRA administrator that you wish to cancel your coverage;
- The applicable period of COBRA coverage ends;
- You become entitled to Medicare benefits (under Part A, Part B, or both);
- The University terminates its group health plan(s);
- You have extended COBRA coverage due to Social Security disability and a final determination is made that you are no longer disabled, coverage for all who had qualified for the disability extension will end as of the later of:
 - the last day of 18 months of continuation coverage, or
 - the first day of the month that is more than 30 days following the date of the final determination of the nondisability;
- After the date of your COBRA election, you become covered under another group health plan; or
- An event occurs that permits termination of coverage under the University Health Care Plan for an individual covered other than pursuant to COBRA (e.g., submitting fraudulent claims).

QUESTIONS, NOTICES AND ADDRESS CHANGE – This notice does not fully describe COBRA coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the University Human Resource Management.

The University’s COBRA Administrator is Dawn Young, 250 East 200 South, Suite 125, Salt Lake City, UT 84111, telephone (801) 581-7447 (the contact person may change from time to time).

If you divorce or legally separate or lose eligibility as a dependent child under the University Health Care Plan, you must provide the required written notice to the University Human Resource Management at the address set forth below within **60 days**.

In order to protect your Family’s rights, you should keep the University Human Resource Management informed of any change in address for you, your spouse, or enrolled dependent children. If you have any questions or need additional information, please contact the University Human Resource Management.

For more information about your rights 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 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

University Human Resource Management
250 East 200 South, Suite 125, Salt Lake City, Utah 84111
Phone: (801) 581-7447 / Fax: (801) 585-7375
Email: COBRA@utah.edu
Web: <https://www.hr.utah.edu/benefits/cobra.php>



SEPARATION FROM THE UNIVERSITY

Accidental Death and Dismemberment – If you were enrolled in AD&D coverage at the time of your separation and wish to continue coverage through an individual policy, you must request conversion and pay your first premium **within 31 days** of your separation date. Contact UHRM at (801) 581-7447 as soon as possible if you wish to continue this coverage.

Email, CIS, W-2s, Paystubs – Upon termination you will lose access to email, Campus Information System (CIS), W-2's and paystubs. You should verify and update your mailing address, phone number and personal e-mail address in CIS before your last day of employment. If you need copies of previous paystubs, W-2's or personal emails you will need to retrieve them before your last day of employment.

* **Note:** The W-2 for the current year of employment will be mailed to the address on file in the University system.

Disability Insurance – If you were enrolled in disability coverage at the time of your separation and wish to continue coverage through an individual policy, you must apply for a conversion policy and pay the first premium **within 31 days** of your separation date. Contact The Standard at (800) 378-4668 to obtain a premium quote and to initiate the conversion process.

Home & Auto Insurance – Contact Farmers at (877) 638-7515, Liberty Mutual at (888) 704-5644 or Safeco at (866) 472-3362 to continue or cancel coverage.

Flexible Spending Account – Eligible health care expenses incurred through your last day of active employment may be reimbursed from your Health FSA. To continue participation in the Health FSA through COBRA following separation, contact UHRM at (801) 581-7447 or email COBRA@utah.edu. Eligible dependent care expenses incurred through the last day of the Plan Year (June 30) may be reimbursed from your Dependent Care FSA (up to the amount already deducted from your pay). Requests for reimbursement **must** be submitted on or before December 31st following the end of each Plan Year. Amounts remaining in your account after that date will be forfeited.

Group Legal Plan – If you are enrolled at the time of your separation, you may continue coverage for 12 months by paying the premium in full in advance. Contact MetLife Legal Plan **within 30 days** of your separation date at (800) 821-6400.

Leave Balances – If you are a staff member, your remaining vacation leave (up to a maximum) will be paid to you following your separation (usually within a pay period following your separation). The maximum payout equals your present accrual x 12 (months) + 240 hours. For example, if an employee with an FTE of 1.0 accrues 8 hours per month, the maximum would be: 8 x 12 (months) + 240, which equals 336 hours. Sick leave and personal preference will not be paid out. If you are rehired into a benefit-eligible position with the University in the future, you can request to have your prior service bridged and past sick leave reinstated.

Life Insurance – You may continue the life insurance coverage you have at the time of your separation through an individual policy. You must apply for portability and pay the first premium **within 31 days of your separation date**. Contact UHRM at (801) 581-7447 as soon as possible for information if you wish to continue your life insurance.

Medical/Dental Coverage – Coverage will continue through the last day of the pay period in which you are separated from your employment (i.e., if your last day worked is July 1, your health care coverage will continue through July 15; or if your last day worked is July 31, your health care coverage will terminate on July 31.)

You will have the option to continue your current medical/dental coverage through COBRA. Once your separation has been entered into the University's system, you will receive COBRA information at your home address within 44 days of your last day of work. Contact your department or check the Campus Information System (CIS) at <https://gate.acs.utah.edu> to verify that the University has your current home address. After your last day of work, contact UHRM at (801) 581-7447 or email benefits@utah.edu to have your address updated.

Retirement – If you are enrolled in the 401(a) Defined Contribution Retirement Plan, you may leave your money in your account(s). If you wish to cash out or roll-over your account, you may do so after a **32-day waiting period** from your date of separation. Contact your investment provider(s) for additional information on your options.

If you are enrolled in the Utah Retirement Systems (URS) retirement plan, you may retain your 401(k) account with URS. If you have less than \$1,000 in your 401(k) account, it will be closed and the balance sent to you after your account has been inactive for one year. If you have questions, contact URS at (801) 366-7720.

If you participated in the University's 403(b) and/or 457(b) supplemental retirement savings plans, you may leave your money in your account(s) within the University Plans. If you wish to cash out or roll-over your account, there is a **32-day waiting period** from your date of separation. Contact your investment provider(s) for additional information on your options.

Fidelity Investments (800) 343-0860

TIAA (800) 842-2252

Tuition Reduction – Your eligibility for tuition reduction benefits ceases on your date of separation (unless you are an eligible retiree). You will be ineligible for the benefit for any semester beginning after your last day of active employment.

University Human Resource Management

250 East 200 South, Suite 125, Salt Lake City, Utah 84111

Phone: (801) 581-7447

Email: benefits@utah.edu or COBRA@utah.edu / Web: benefits.utah.edu

COBRA CONTINUATION COVERAGE ELECTION FORM

Employee Name	Employee ID# (if known)
Person Submitting COBRA Election	Email Address
Mailing Address	Phone Number

COBRA Qualifying Event Information

Date of Event:

Event Type: Voluntary or Involuntary End of Employment
 Reduction of Work Hours
 Divorce, Legal Separation (court-ordered), End of Domestic Partnership
 Child Loss of Eligibility¹

COBRA Election

Your COBRA continuation coverage will be the same health coverage in which you are enrolled prior to your event date. You may choose to continue dental coverage or not. You may only change your medical plan or network during open enrollment.
 You may choose to enroll all eligible individuals, or only one or more individuals.

I (We) elect COBRA continuation coverage in the University of Utah Employee Health Care Plan for the individuals listed below:

- Continue Medical and Dental
- Continue Medical Only

Name	Address (if different)	Relationship to Employee

If you are currently covered by another employer's health plan or Medicare, provide the following information:

Employer Name and Address or Medicare	
Insurance Company Name and Address	
Date Coverage was Effective	

I have read the COBRA Continuation Coverage information and understand my election rights. In addition I certify that the information I have provided on this form is true and correct. I agree to notify University Human Resource Management if I become covered under another health plan, become entitled to Medicare, or have a change of address.

Signature

Date

¹ A child loses eligibility the first day of the month following the month in which they turn age 26, the date they are no longer a full-time student (date of graduation or day following last day of class attended if not graduating), or the date the child is no longer disabled.

IMPORTANT INFORMATION ABOUT PAYMENT

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Form is postmarked or hand delivered).

Your coverage will not be reinstated until your first payment has been received. If you don't make your first payment in full within this time period, you will lose all continuation coverage rights under the Plan. You are responsible to make sure that the amount of your first payment is correct. You may contact Human Resources via email at COBRA@utah.edu or by phone at (801) 581-7447 to confirm the correct amount of your first payment.

2022/2023 Plan Year	Medical Only			Medical and Dental		
	Single	Two-Party	Family	Single	Two-Party	Family
July 1, 2022 to June 30, 2023						
ValueCare Network – Advantage	\$776.57	\$1,358.76	\$2,049.73	\$807.53	\$1,429.82	\$2,161.81
ValueCare Network – Consumer Directed Plan	\$698.37	\$1,221.92	\$1,843.28	\$729.34	\$1,292.98	\$1,955.36
Participating Network – Advantage	\$816.04	\$1,427.84	\$2,153.89	\$847.01	\$1,498.89	\$2,265.97

2023/2024 Plan Year	Medical Only			Medical and Dental		
	Single	Two-Party	Family	Single	Two-Party	Family
July 1, 2023 to June 30, 2024						
ValueCare Network – Advantage	\$877.51	\$1,535.41	\$2,316.20	\$908.78	\$1,607.17	\$2,429.42
ValueCare Network – Consumer Directed Plan	\$789.15	\$1,380.77	\$2,082.90	\$820.43	\$1,452.54	\$2,196.12
Participating Network – Advantage	\$965.27	\$1,688.96	\$2,547.82	\$996.54	\$1,760.72	\$2,661.04

Calculating your first payment for continuation coverage

Payment for your first month of COBRA coverage will be prorated unless your first day without coverage was the first day of the month. If your event is the end of the employee's employment, your first day without coverage will be either the 1st or 16th of the month. If your event is divorce or legal separation, your first day without coverage will be the date the decree is signed by a judge. If your event is the end of domestic partnership, your first day without coverage will be the date you no longer meet the university's domestic partnership qualifications. If your event is a child turning age 26, your first day without coverage will be the first day of the month following the date the child turns 26.

If your first day without coverage is other than the first day of the month, divide the monthly rate by the number of days in the month and multiply by the number of days of COBRA coverage. For example, if a divorce is final on May 12, 2023 (COBRA begins on the 12th), for an individual enrolled in the ValueCare Advantage plan and the individual wishes to enroll in medical only coverage through COBRA: \$776.57 divided by 31 multiplied by 20 = \$501.01. If the individual elects COBRA in June, they will need to pay \$1,277.58 before coverage will be reinstated.

Monthly payments for continuation coverage

After you make your first payment for continuation coverage, payments must be made each month. Each monthly payment for continuation coverage is **due on the first day of the month**. COBRA allows a 30-day grace period. As long as your payment is made before the end of the grace period, your coverage under the Plan will continue without any break until your COBRA period is exhausted. COBRA reminder slips will be sent by UHRM as a courtesy for your use; however, you are responsible to ensure your payment is submitted timely. We do not send periodic notices of payments due or past due notices. **If payment is not made before the end of the 30-day grace period, your coverage will be cancelled and you will lose all continuation rights under the Plan.**

If you have questions regarding COBRA coverage, contact Dawn Young at COBRA@utah.edu or one of the University Human Resource Management customer service representatives at (801) 581-7447.

Your first payment and all periodic payments for continuation coverage should be made payable to:

University of Utah
 Attn: COBRA
 250 East 200 South, Suite 125
 Salt Lake City, UT 84111