COBRA FAQs

What is a Qualified Beneficiary?
A qualified beneficiary is an individual covered by a group health plan on the day before a qualifying event who is an employee, the employee’s spouse, or employee’s dependent child(ren). In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries. In certain cases, a retired employee, the retired employee’s spouse or dependent child(ren), domestic partner and/or any child(ren) of a domestic partner may be qualified beneficiaries.

Only my spouse or dependent(s) need to continue coverage. How do I proceed?
Each dependent can become their own Qualified Beneficiary (QB). To enroll dependent(s), have each dependent complete the election form provided in this packet and mail the forms to BenefitConnect | COBRA (you may make a copy for each QB).

What is the difference between enrolling and electing continuing coverage?
- If you log on to https://cobra.ehr.com (information provided in this packet), the second screen you enter begins your "enrollment". This means you have accepted the COBRA offering and your initial payment period (45 days) begins.
- After accepting the second screen, you will be asked to review/change your benefit elections in the screens following the "enroll me" page.

What pages do I need to return to BenefitConnect | COBRA?
ONLY return the election form if you are unable to enroll online at https://cobra.ehr.com. Elections listed on any other page of this packet are not considered acceptable. Unacceptable elections will result in a request for you to resend information which may result in coverage delays.

What if I DO NOT want to continue benefits through COBRA?
Do nothing; you will receive a non commencement letter verifying no continuation of coverage once your enrollment period has passed. (60 days from the LATER of the COBRA start date or the election form SENT date).

How will I know when payment is due?
- You must remit the initial COBRA payment within 45 days of the date of your election. This payment must include the amount due for all months retroactive to the date coverage terminated through the months of the COBRA election, including any premium that has come due during this 45-day grace period. Your COBRA election is considered made as of its postmark date or the date you enrolled online.
- Once the initial 45-day payment has been received, all future payment(s) are DUE on the first of the month with a 30-day grace period. The deadline date for each payment period is listed on the payment coupons.

Will I receive monthly invoices for COBRA payments?
No, once you have enrolled in COBRA via Employee Self Service (https://cobra.ehr.com) or by sending in the election form you received via US Postal Service, you will receive COBRA payment coupons for each month in the current plan year or until your subsidy ends (if applicable) or COBRA expiration.

What if I do not receive my COBRA payment coupons in time?
Payment for COBRA continuation coverage is always due the first of the month following the initial 45-day payment, regardless of the receipt of payment coupons. You may call or write to BenefitConnect | COBRA for an additional copy of the payment coupons.

How will you verify my payment is on time?
- We will verify the timeliness of payment(s) based on the postmark date of the payment envelope. If the postmark is not included or illegible the date of the check will be used.
- If the deadline date falls on a Sunday or holiday the due date is extended to the following day.
- Any payment received will be cashed upon receipt but does not confirm eligibility.

What happens if my payment is received after the deadline date?
If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA coverage under the Plan. For complete details, please refer to the “Grace Period for monthly payments” section of this notice.

What are some actions that I can take to ensure my payments are received by the deadline date?
- Check your COBRA account online by going to your Payment Summary Information before the end of each month to confirm your payment was received and applied to your account.
- Confirm the new COBRA rate resulting from changes to your account or new plan year and adjust your monthly payment accordingly. Check your online account to confirm the change has taken place.
- Enroll in Auto Pay.
- Contact BenefitConnect | COBRA immediately at «Administrator.Phone» about any payments you sent that were not applied to your account.

When will my COBRA benefits become active with the insurance carriers (Aetna, BCBS, etc)?
You will become active with the carriers only AFTER enrolling/electing (via https://cobra.ehr.com)
or mailing an election form AND your initial payment has been received.

How often do you send information to the insurance carriers?
Information is electronically sent to all carriers on a weekly basis.

Can I make changes to my dependent(s) coverage?
You can decline continuation coverage under COBRA on behalf of your dependent(s) during initial COBRA offering; however, additions CANNOT be made until a Family Status Change (FSC) has occurred or during Open Enrollment.

How do I cancel one (or more) benefit(s) OR dependent(s), while keeping others after already enrolled in COBRA?
Send your request in writing, with detailed instructions (who/what to be cancelled), or contact us. Benefit/dependent changes will typically become effective the first of the month following the request, however some exceptions may apply. If your request is due to gaining other group health coverage your request must be submitted within 60 days, this event may also cause an early termination of all coverage regardless if a certain benefit is not offered under the new plan (exceptions due to pre-existing condition clauses may apply). Please note Health FSA can only be cancelled at initial enrollment or when cancelling all other coverage.

I am eligible for Medicare B:
If you are ELIGIBLE for Medicare Part B and do NOT enroll due to receiving COBRA coverage, you may incur penalties and possible delay of benefits regarding the “special enrollment period” under the Social Security Administration. If you are receiving Medicare Part B AND COBRA medical benefits, Medicare will be primary, except in cases of ESRD for the first 30 months (it is your responsibility to keep your service providers informed as to which coverage is primary). In some cases COBRA will be secondary even if Medicare is not elected (please review your Summary Plan Description). For more details please contact your local SSA office or navigate to https://secure.ssa.gov/apps10/poms.nsf/lnx/0600805330.

What is a health insurance Exchange (or Marketplace)?
The Patient Protection and Affordable Care Act (PPACA) made it easier for people without health insurance to purchase coverage by creating a new marketplace to purchase individual health insurance. The new Marketplaces are available in each state. The Marketplaces will begin accepting applications for health insurance on October 1, 2013, for Qualified Health Plan coverage starting on January 1, 2014. No pre-existing condition exclusions will apply.

What Marketplace do I go to and how do I contact them?
You can apply for a Marketplace insurance plan at the Marketplace of the state in which you currently live. You can contact the Marketplace by phone, on their website or in person at their local facility. For information on your state Marketplace, go to www.healthcare.gov.

Are the Marketplace health plans better than my COBRA coverage?
There are four different levels of plans available through the Marketplace. If you go to your Marketplace’s website you will be able to compare all of the plans offered by the Marketplace with the benefits available through COBRA.

Do the Marketplace health plans cost less than my COBRA coverage?
Since the COBRA premium is the full cost of your former employer group health plan plus a 2% administrative fee, it is possible that one or more of the Marketplace plans will be less expensive than COBRA coverage. If you go to your Marketplace’s website, you will be able to compare the cost for all plans available through the Marketplace with the cost of COBRA coverage.

Is it true that some people can get help from the government to pay for a Marketplace plan?
The government provides subsidies to individuals who fall within a certain range of income that is based on the Federal Poverty Level (FPL). If your household income falls between 133% and 400% of the FPL for the size of your family, you may qualify for a federal subsidy to help you purchase a Marketplace plan. If your household income is below 133% of the FPL, you may qualify for a Medicaid plan provided by your State. For more information contact your local Marketplace.

What are my other options for getting health insurance besides the Marketplace and COBRA?
If you become employed at a new organization, it may provide employees with an employer group health plan in which you can enroll. Small businesses can also now purchase benefits for their employees through the Marketplace. Having access to a large employer group health plan may disqualify you for the federal government subsidy, however. If you are age 65 or older, you may be eligible for Medicare benefits. You may also qualify for Medicare benefits if you have been totally disabled for 24 months. Remember, beginning January 1, 2014, you will have to pay a penalty if you do not have health insurance that meets certain requirements. If you contact your local Marketplace, they can help you decide the best alternative for your insurance needs.

Where can I find more COBRA information?
http://www.dol.gov/dol/topic/health-plans/cobra.htm or www.dol.gov/COBRA

Where can I find more Marketplace information?
www.healthcare.gov or call 800-318-2596