

## NOTICE OF RIGHT TO ELECT HEALTH CARE CONTINUATION COVERAGE UNDER A STATE OF OHIO GROUP HEALTH PLAN

This notice provides information regarding your loss of group health insurance coverage under one of the State of Ohio group health plans. It outlines each covered individual's right to continue that coverage for a period of time under provisions of the federal COBRA law. It is important that all covered individuals take the time to read and understand this notice.

Under federal law you and your covered dependents have a right to continue group health insurance for a period of time as specified in this notice. Each covered individual has independent election rights to continuation coverage.

If you are the **employee** covered by a State of Ohio group health plan, you have the right to choose continuation coverage for yourself and your dependents for up to 18 months after any of the following events:

1. Voluntary termination.
2. Hours of employment are reduced.
3. Your employment ends for any reason other than your gross misconduct.

If you are the **spouse** of an employee covered by a State of Ohio group health plan, you have the right to choose continuation coverage for yourself for up to 36 months if you lose group health coverage for any of the following reasons:

1. Death of employee.
2. Divorce or legal separation from employee.

If you are a **dependent child** covered by the State of Ohio group health plan, you have the right to choose continuation coverage for yourself for up to 36 months if you lose group health coverage for any of the following reasons:

1. Death of employee.
2. Parents' divorce or legal separation.
3. Dependent child losing eligibility (such as reaching a limiting age, getting married, dropping out of college, etc)

COBRA also provides for further extensions of coverage under certain circumstances. For example, an individual who is determined by the Social Security Administration to be disabled while on COBRA may be eligible for an additional 11 months of coverage (for a total of 29 months). When a "secondary event" such as the death of an employee occurs while the individual is on COBRA, the 18-month original coverage period may be extended to 36 months for survivors who are on the plan. All COBRA extension requests and questions should be directed to Benefits Administration Services at (614-466-0621).

### ***Important Employee, Spouse and Dependent Notifications Required:***

Under the federal law, the employee, spouse, or other family member has the **responsibility to notify** the State of Ohio of a divorce, legal separation, or a child losing dependent status under the group health plan. This notice must be made within 60 days of the event or the date coverage ends in order to be eligible for COBRA continuation.

If this notification is not completed within the requested 60-day notification period, then rights to continuation coverage will be forfeited.

Notification should be made by contacting the employees agency human resource office, Benefits Administration Services at 800-409-1205, or in writing to:

Benefits Administration Services  
30 East Broad Street 28<sup>th</sup> Floor  
Columbus, OH 43215

Premiums for continued coverage are equal to the group rate that the State of Ohio pays for coverage, plus a 2% administrative fee. Any or all of the plans in which you are enrolled may be elected under COBRA. You have 45 days after you enroll in which to pay premiums retroactively to the date coverage was lost. Thereafter, there is a 30-day grace period for payments. Your coverage will be cancelled by the plan if your required premium is not paid in a timely manner.

**No Coverage During Election Period:**

You will not be covered under the plan during the 60-day election period until an election is made to enroll in COBRA, and applicable premiums are paid.

You may cancel your coverage at anytime. If you continue your health insurance under COBRA until the end of your COBRA period, you may be able to convert to a private billed-at-home policy with your same health insurance carrier. There is no conversion or private policy for dental or vision coverage.

This notice is only a summary of your potential future options under COBRA. Should an actual qualifying event occur you will be notified of your rights at that time. If you have questions regarding this information or your obligations, please contact your agency Human Resource Department or Benefits Administrative Services at 1-800-409-1205.

For more information on COBRA, visit the U. S. Department of Labor's web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) and type "COBRA" into the search field.