

**** Continuation Coverage Rights Under COBRA ****
Henrico County Department of Human Resources
P.O. Box 90775, Henrico, VA 23273-0775
(804) 501-4355 or (804) 501-7371

You're getting this notice because you recently gained coverage under Henrico County's Group Health, Dental and/or Flexible Spending Account Plan(s) (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. This notice only gives a summary of your COBRA continuation coverage rights. COBRA continuation coverage for the Plan(s) is administered by Henrico County Department of Human Resources, P.O. Box 90775, Henrico, VA 23273-0775 (804) 501-4355.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA coverage.

If you're an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced from your spouse. Note that if your spouse cancels your coverage in anticipation of a divorce and a divorce later occurs, then the divorce will be considered a qualifying event even though you actually lost coverage earlier. **If you notify Henrico County Human Resources within 60 days after the divorce and can establish that the employee canceled the coverage earlier in anticipation of the divorce, then COBRA coverage may be available for a period after the divorce (but not for the period between the date your coverage ended, and the date of divorce).** You must provide timely notice of the divorce to Henrico County Human Resources or you will not be able to obtain COBRA coverage after the divorce.

Your covered dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

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- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced;
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan(s) will offer COBRA continuation coverage to qualified beneficiaries only after Henrico County Department of Human Resources has been **timely notified** that a qualifying event has occurred. When the qualifying event is:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Enrollment of the employee in any part of Medicare.
- Henrico County will offer COBRA continuation coverage to each of the qualified beneficiaries.

For all other qualifying events (divorce of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify Henrico County Department of Human Resources in writing within 60 days after the qualifying event occurs using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to Henrico County Department of Human Resources during the 60-day notice period, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage.

NOTICE PROCEDURES:

To fulfill this requirement, you must send a written notice (oral notice, including by telephone is not acceptable) you must fax, mail or hand-deliver to: Henrico County Department of Human Resources, P.O. Box 90775, Henrico, VA 23273-0775, fax 804-501-4426. This notice must include: 1) name and address of the employee covered under the plan, 2) name(s) and address(es) of the qualified beneficiary(ies), 3) qualifying event and the date it happened 4) copy of the final divorce decree (if the divorce is the qualifying event).

How is COBRA continuation coverage provided?

Once Henrico County Department of Human Resources receives timely notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify Henrico County Department of Human Resources in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

You must make sure that the Henrico County Department of Human Resources is notified in writing of the Social Security Administration's determination within 60 days after (i) the date of the determination or (ii) the date of the qualifying event or (iii) the date coverage is lost due to the qualifying event, whichever occurs last. But in any event the notice must be provided before the end of the 18-month period of COBRA continuation coverage. The plan requires you to follow the procedures specified in the "Notice Procedures" stated above. In addition you must include: (1) name of the qualified beneficiary, (2) date that the qualified beneficiary became disabled, (3) date that the Social Security Administration made its determination, (4) a copy of the Social Security Administration's determination. **If these procedures are not followed or if the notice is not provided in writing to the Henrico County Department of Human Resources within the required period, then there will be no disability extension of COBRA continuation coverage.**

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other 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 can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let Henrico County Department of Human Resources know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Henrico County Department of Human Resources (Plan Administrator).

Plan contact information

Plan Contact Information
Anthem Blue Cross Blue Shield
P.O. Box 27401
Richmond, VA 23279
(800) 421-1880
www.anthem.com

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24014
(540) 989-8000
www.deltadentalva.co

Flex-Plan Services, Inc.
P.O. Box 53250
Bellevue, WA 98015
(800) 669-3539
www.flex-plan.com

Optima EAP
816 Independence Boulevard
Virginia Beach, VA 23455
(800) 899-8174
www.optimaEAP.com