

ISU Plan Faculty, Professional/Scientific & Supervisory/Confidential Merit COBRA

General Information

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that Iowa State University allow covered Employees and their eligible Dependents the opportunity to temporarily extend their medical flexible spending account, group health, dental, and vision plans when the benefits would otherwise end due to certain qualifying events. Employees or eligible Dependents are responsible for the premiums if they elect to continue any of the coverage. Continuation for COBRA qualified employees and/or dependents shall be identical to the employee's health, dental, and vision plan under which they were covered at the time coverage was lost.

This overview covers the following topics:

Eligibility

COBRA Qualifying Events

Effective Dates

How to Enroll

Cost and Premium Payments

COBRA Termination or Cancellation

Eligibility

To be eligible for COBRA, covered employees and their dependents must be enrolled in the group health plan the day before the qualifying event occurs. The following individuals may be eligible:

- Employees
- Spouse/Partner
- Dependent children
- Child born to or placed for adoption with the covered employee during a period of COBRA

Covered dependents retain COBRA eligibility rights even if the employee chooses not to enroll.

Employees who have opted out of or have the no coverage options for medical flex, health, dental and vision insurance coverage, and their dependents, are not eligible to participate in COBRA.

Under the law, the employer is responsible for knowing when any of the following Qualifying Events occurs: 1) Voluntary termination; 2) Involuntary termination; 3) Reduction of hours/layoff; 4) Death of employee; 5) Medicare enrollment of employee; and 6) Employer's bankruptcy under Title 11 of the U. S. Code.

The covered employee or dependent must notify the Benefits Office of a divorce, legal separation, or a Dependent Child losing dependent status within 60 days of the date of the event or the date on which coverage would end, whichever is later.

COBRA Qualifying Events

A qualifying event is defined as any of the events shown below that result in loss of coverage. Covered individuals experiencing a qualifying event may continue coverage as follows.

	<i>Qualifying Event</i>	<i>Continuation Period</i>
Employee	Termination of employment for any reason other than gross misconduct	18 months
	No longer benefits eligible due to a reduction in work hours	18 months
Dependent(s)	Employee's termination of employment for any reason other than gross misconduct	18 months
	Employee is no longer benefits eligible due to a reduction in work hours	18 months
	Divorce or legal separation	36 months
	Employee's Death	36 months
	A child ceases to be a Dependent Child under the terms of the Plan	36 months
	COBRA participant's Medicare Entitlement	Up to 36 months

Effective Date

If COBRA, continuation of coverage is elected, the elected coverage is reinstated retroactive to 12:01 A.M. the date following termination of coverage.

Active Coverage Ends:

Medical/Pharmacy	end of the month following employee last day worked OR of qualifying event
Dental	end of the month following employee last day worked OR of qualifying event
Avesis Vision Plan	end of the month following employee last day worked OR of qualifying event
Medical Flexible Spending	end of the month employee last worked OR of qualifying event

Example of effective dates: If your last day worked was in March

Medical, Dental and Vision

Active Coverage would end on April 30th

Cobra Coverage Elected would begin May 1st

Medical Flexible Spending

Active deduction would end March 31st

Receipts from January 1st to March 31st
would be eligible for reimbursement

Cobra Elected would begin April 1st

How to Enroll

Employees and/or Dependents will receive COBRA Continuation Enrollment forms sent to their home address for group medical, dental, vision, employee assistance program and medical flexible spending account they are enrolled in.

To continue coverage, complete the appropriate Election Forms and return it to the address or fax number indicated on the form. The Election Form must be completed and returned **within 60 days** after the Date of Notification or within 60 days after the coverage would otherwise end, whichever is later. This date will be clearly marked on the first page of the election form.

If the Election Form is not returned within the 60-day period, the continuation option expires. A Qualified Beneficiary may change a prior rejection of the continuation coverage any time until the end of the applicable 60-day period.

Notes about electing COBRA:

- Each qualified beneficiary has individual election rights. The employee may elect individual or family coverage, or the covered spouse and dependents may elect COBRA coverage for themselves.
- Iowa State University sends only one notification letter per household for all qualified beneficiaries. If the spouse or dependent children live at another address, please notify the Benefits Office so that a separate notification can be sent.
- Newborns, a newly-adopted child or newly-acquired Spouse may be added to existing COBRA coverage. Contact the Benefits Office for more information.

Keep Your Plan Informed of Address Changes. In order to protect your family's rights, you should keep Iowa State University and the COBRA Administrator (if you have COBRA coverage) informed of any changes in the address of family members. You should also keep a copy, for your records, of any notices you send to Iowa State University or the COBRA Administrator.

Cost and Premium Payments

ISU Plan - 2017 Cobra Cost

Medical/Pharmacy	Wellmark BC/BS PPO Alliance Select	Wellmark BC/BS HMO Blue Advantage
Single/Yourself	\$ 511.02	\$ 494.70
Yourself and Spouse	\$1,167.90	\$1,136.28
Yourself and Child(ren)	\$ 911.88	\$ 888.42
Yourself and Family	\$1,497.36	\$1,445.34

Delta Dental	Basic Plan	Comprehensive Plan
Single/Yourself	\$ 26.52	\$ 42.84
Yourself and Spouse	\$ 57.12	\$ 105.06
Yourself and Child(ren)	\$ 64.26	\$ 110.16
Yourself and Family	\$ 72.42	\$ 124.44

Avesis	Vision Plan
Single/Yourself	\$ 7.48
Yourself and Spouse	\$ 14.10
Yourself and Child(ren)	\$ 15.43
Yourself and Family	\$ 19.85

It will be your responsibility to pay monthly plan contributions by check or money order made payable to each insurance vendor or by Automatic Account Withdrawal.

Your first contribution(s) are not due until 45 days following the date of your election; you will be invoiced for the initial contribution(s) unless you have opted for Automatic Account Withdrawal. Following the initial contribution, you will be invoiced monthly for subsequent contribution(s) or your account will be debited monthly, whichever is applicable.

Failure to pay the premium by the due date will result in termination of coverage retroactive to the last date of the month in which premiums were paid.

COBRA Termination or Cancellation

COBRA coverage ends when the earliest of the following occurs.

- Maximum "Continuation Period" end;
- Covered employee or dependent fails to make timely payment of premium;
- Covered employee or dependent becomes a participant in another group health plan that does not impose a preexisting conditions exclusion or limitation (for example, through employment or marriage);

- On the date the employer ceases to maintain any Plan for its employees;
- On the date a Qualified Beneficiary enrolls in Medicare (applies only to the person enrolling in Medicare);
- If you become eligible for COBRA coverage after you're already enrolled in Medicare, you must be allowed to take the COBRA coverage. It will always be secondary to Medicare (unless you have End-Stage Renal Disease (ESRD)).

Conversion/Individual Purchase after Termination:

When continued coverage ends, conversion coverage may be available from the health insurance carrier for you and/or your Spouse and Dependent Child(ren). An application for conversion coverage and payment of the required premium must be made within 31 days after the COBRA continuation coverage ends. Prescription drug, dental and vision coverage are not available as conversion coverages. (*Conversion does not apply to residents outside of Iowa or South Dakota*).

Please note the benefits provided by the insurance carrier individual plans and the individual carrier conversion policies will not be identical to the coverage provided under the Plan and will be subject to different premium rates. If you wish to receive information about the benefits available under the individual plans or conversion policies and the associated premium rates, contact the insurance carrier. The insurance carrier will provide outlines of coverage and copies of the individual plans and conversion plans upon request.

Cancellation:

If you wish to cancel your Cobra Election(s) a written notice should be given to the Iowa State University Benefits office at benefits@iastate.edu or by mail to 3810 Beardshear Hall, 515 Morrill Road, Ames Iowa 50011-2033.