

**IMPORTANT NOTICE TO EMPLOYEES REGARDING
CONTINUATION OF HEALTH COVERAGE
(COBRA)**

YOUR COVERAGE WILL END ON THE LAST DAY OF THE MONTH IN WHICH YOU TERMINATE. ONCE PAPERWORK AND PREMIUMS HAVE BEEN RECEIVED BY THE HEALTH CARE PROVIDER, YOUR COVERAGE WILL BE REINSTATED. THE EFFECTIVE DATE OF COVERAGE WILL BE THE FIRST DAY OF THE MONTH FOLLOWING COVERAGE TERMINATION.

The District will notify the Health Plan provider no later than 14 days from the date of your termination. Once the Health Plan provider has received notification, they will notify you regarding your rights for continuation of coverage and cost.

Notification

When there is a loss of coverage the employee or dependent must notify the school district's Employee Benefits office after the event causing loss of coverage giving the current address of those persons eligible for continuation of coverage.

Election of Continuation Coverage

You must elect continuation coverage within 60 days from the date that you lost coverage because of one of the events or the date you are notified by your employer.

Payment Schedule

The first payment is due no later than 45 days following the date of election for continuation of coverage. The first payment is for coverage beginning with the date of loss of coverage with all back premiums due. Thereafter, premiums are due on the 25th day of each month of coverage. After your first premium payment, you may have a grace period of 30 days from the usual due date to pay the premiums. **THE PLAN AND YOUR CARRIER WILL NOT BE ABLE TO CONFIRM THAT YOU ARE ENTITLED TO COVERED SERVICES UNTIL THE CARRIER HAS RECEIVED YOUR PREMIUM FOR THE MONTH IN WHICH THE CARE IS TO BE PROVIDED.**

Possible Extension Due To Disability

Possible extension of 18-month period due to disability: If the Social Security Administration determines that you were or became disabled at any time during the 18-month period of COBRA and you inform your employer within 60 days from the date the SSA determines you disabled; your coverage may be extended up to 11 more months. If during the initial 18 months, another event takes place that also entitles you to coverage, coverage may be extended. In no case may the total amount of continued coverage be more than 36 months.

Continuation Coverage Will Cease

Continuation of coverage will be cut short for any of the following reasons:

- The premium for continuation of coverage is not paid when due
- The employer no longer provides group health coverage to any of its employees
- Becoming covered under another group health plan. This does not apply if such plan contains an exclusion or limitation of benefits with respect to any pre-existing condition you or your covered dependent may have.
- Becoming entitled to Medicare benefits.

All benefits are eligible for COBRA with the exception of Salary Protection (disability). You will be notified by each of the individual companies regarding your continuation of coverage.