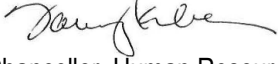
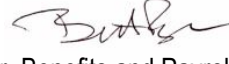


Date: January 21, 2022
To: Associate Vice Presidents, Human Resources
Benefit Officers
Campus Designee Responsible for COBRA Administration
Code: TECHNICAL LETTER
HR/Benefits 2022-03
Supersedes: HR/Benefits 2021-01
From: Tammy Kenber 
Associate Vice Chancellor, Human Resources
Beth Ryan 
Sr. Director, Benefits and Payroll Data Operations
Subject: The Consolidated Omnibus Budget Reconciliation Act (COBRA) Administrative Guide - Revised 2022

Summary

The Consolidated Omnibus Budget Reconciliation Act (COBRA) Administrative Guide provides comprehensive information to assist campuses with COBRA administration. This Guide has been updated to include the 2022 continuation of coverage premium rates and to incorporate the change in the third-party COBRA administrator for Delta Dental. All previous versions should be discarded.

Changes

Appendix E of this Guide has been updated to reflect the new 2022 COBRA continuation of coverage premium rates for the CalPERS Health Plans. Rates for the CSU Dental Plans and CSU Vision Plans for active and retiree members remain unchanged.

Effective October 1, 2021, iSolved Benefits Services replaced WolfPack as the third-party COBRA administrator for Delta Dental. There is no change to the current administration process. Campuses are to use the updated Delta Dental COBRA continuation form, containing the new mailing and contact information, previously provided under separate cover.

Action Item(s):

This Technical Letter should be reviewed in its entirety by Benefits Officers and designated campus representatives responsible for the administration of COBRA coverage.

Details

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) and the Omnibus Budget Reconciliation Act of 1990 (OBRA) require employers to continue medical, dental, and vision coverage for all eligible employees and dependents up to 18, 29 or 36 months following qualifying events. COBRA premiums for each plan are based on the entire premium amount per month, plus the 2% administrative fee.

Forms

Current COBRA election forms for the dental, vision and health care reimbursement account plans are included in the Guide as Appendix D and are also available on [CSYou \(with restricted access\)](#).

CMS Processing Instructions

COBRA premium rates are not currently tracked in Benefits Administration (Ben Admin); therefore, there is no impact to CMS Baseline.

General Information

Questions regarding this technical letter may be directed to the Human Resources Management Team at (562) 951-4411. For your convenience, this HR memorandum is also available on the CSYou website at: <https://csyou.calstate.edu/Policies/HRPolicies/Forms/Default.aspx>.

TK/BR/vh

Distribution:

Vice Chancellor, Human Resources
Payroll Managers

California State University

Consolidated Cobra Procedures for Dental, Health, Vision and Health Care Reimbursement Account Administrative Guide

January 2022

The California State University
COBRA
Administrative Guide

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APPENDICES

Appendix A - Initial (General) Notice

Appendix B - Qualifying Event (Election) Notice

Appendix C - Notice of Unavailability

Appendix D - COBRA Forms

VSP COBRA Form - Basic & Premier (Active & FERP).....	(Attachment D1)
Delta Dental COBRA Form.....	(Attachment D2)
CalPERS - HBD 85.....	(Attachment D3)
HCRA Direct Pay Form.....	(Attachment D4)

Appendix E - COBRA Rates

THE CALIFORNIA STATE UNIVERSITY COBRA ADMINISTRATIVE GUIDE

(Health, Dental, Vision and Health Care Reimbursement Account)

This document is intended to serve as a guide to assist campuses in understanding and handling problems in the administration of COBRA continuation coverage. This document supersedes any previous communications.

SECTION 1 – INTRODUCTION

History

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 was enacted into law on April 7, 1986. Certain changes to COBRA have been made through amendments contained in the Tax Reform Act of 1986 (TRA), the Technical and Miscellaneous Revenue Act of 1988 (TAMRA), the Revenue Reconciliation Act of 1989 (REVRA), the Omnibus Budget Reconciliation Act of 1990 (OBRA), the Small Business Job Protection Act of 1996 (SBJPA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Internal Revenue Service (IRS) issued a revised and updated set of Proposed Regulations on January 7, 1998. On February 2, 1999, the IRS issued the Final Regulations based upon the Proposed Regulations interpreting the COBRA continuation coverage requirements published in June 1987 and January 1998. The Final Regulations represent a restatement of the 1987 proposed regulations and are effective as of January 1, 2000. The Final Regulations apply with respect to “qualifying events” occurring in plan years beginning on or after January 1, 2000. COBRA applies to government employers, such as the California State University, through the Public Health Service Act.

Roles and Responsibilities

Designated Benefits Representatives

Within the California State University system (CSU), each campus, including the Chancellor’s Office is an appointing authority. Therefore, the designated Benefits Representative(s) is the primary point of contact for active, retiring and separating employees. Responsibilities include notifying new and separating employees (and eligible dependents) of their COBRA rights; advising eligible employees (and their dependents) of the COBRA effective date of coverage, plan options and COBRA enrollment costs based on employee category; distributing appropriate COBRA notices in a timely manner and providing mailing instructions for COBRA election documents.

Human Resources Management

The Human Resources Management (HRM) staff, located in the Chancellor’s Office, is responsible for the development and communication of CSU policies and procedures, in accordance with federal and state laws, as well as applicable collective bargaining agreements. Within HRM, the Benefits staff is responsible for the overall administration of COBRA, which includes providing campuses with consistent and accurate COBRA law interpretation, applicable COBRA communications and templates, and providing guidance with COBRA issues that require HRM resolutions. Campus inquiries from Benefits Representatives regarding CSU COBRA Administration can be forwarded to: BenefitsInsider@calstate.edu. Campus Benefits Representatives can locate this guide and additional information, including forms at <https://csyou.calstate.edu/groups/BenefitsInsider/cobra/SitePages/Home.aspx> (restricted access).

Benefits Carriers and/or Designated COBRA Third Party Administrators

Each benefits carrier that provides COBRA coverage is responsible for providing a seamless transition from active to COBRA coverage for eligible employees and their dependents by processing the COBRA enrollment in a timely manner, forwarding monthly payment notifications, resolving customer service issues, and paying claims appropriately. Additional information regarding benefits carriers is provided in a later section of this document.

1.1 Eligibility

Generally, COBRA provides that virtually all employers who sponsor group health plans must permit covered individuals who lose coverage under the plan(s) as a result of certain “qualifying events” set forth in COBRA to elect to continue their coverage under the plan(s) for a prescribed period of time on a self-pay basis.

The following three elements are necessary to trigger COBRA eligibility:

1. The individual must be a “qualified beneficiary” (see Section 1.3);
2. The individual must experience a “qualifying event” (see Section 1.4); and
3. The individual must lose group coverage as a result of that qualifying event, within a certain time period.

Qualified beneficiaries are eligible to continue health, dental and vision coverage for up to 18, 29 or 36 months, depending on the qualifying event. Employees enrolled in the Health Care Reimbursement Account (HCRA) plan may continue participation only until the end of the plan year, if certain criteria are met (see Section 2.10).

Benefits eligible employees who retire within 120 days of separation continue health and dental coverage into retirement. Upon retirement, the dental coverage for CSU employees is reduced to the Basic level of coverage unless retiree Voluntary Enhanced dental coverage is chosen by the employee.

Employees who are eligible for retiree dental coverage have the option to enroll in either the retiree Delta Dental PPO Voluntary Enhanced II plan or the retiree DeltaCare USA DHMO Voluntary Enhanced plan within 60 days of their retirement date or during any future open enrollment period. Retirees are responsible for paying the additional premium costs when enrolling in one of the Enhanced plans. The cost varies based on the level of coverage selected (i.e. single, two-party, or family). Retirees electing higher level Enhanced dental coverage are not offered COBRA at retirement as the cost of enrolling in either of the voluntary Enhanced plans is substantially lower. The new Enhanced retiree dental plan options would eliminate the previous option to enroll in COBRA and pay the additional two (2) percent premium.

Dependents who lose coverage from either divorce or legal separation; attainment of age 26 (child) or death of an employee will continue to be offered coverage under COBRA for up to 36 months paying 102% premium cost with no CSU contribution amount. See Section 3.3 for additional information

Special Note: Employees who are subject to the 10-Year Retiree Dental Vesting Period and retire with less than 10 years of CSU creditable service credit will not be eligible for retiree dental coverage and may elect to continue dental coverage through COBRA.

Vision coverage is discontinued at the time of retirement and the employee should be offered the following options from which to choose continued vision enrollment:

- 1) COBRA continuation coverage for vision for 18 months; or
- 2) Enrollment in the CSU Retiree Voluntary Vision Plan if applicable.

If the employee opts to enroll in COBRA continuation for vision coverage (on a self-pay basis), enrollment in the CSU Retiree Voluntary Vision Plan must be elected within 60 days of losing the COBRA coverage, or during any future open enrollment (with premiums paid by the retiree).

Faculty Early Retirement Program (FERP) employees may continue health and CSU fully paid Enhanced dental coverage into retirement, but vision coverage is continued on a 12-month one-time payment basis with reemployment. If at the end of the 12-month appointment a FERP employee is not reappointed or completes the five (5) year FERP assignment, he/she has COBRA vision continuation rights for up to 18 months (or can enroll in the CSU Voluntary Retiree Vision Plan). The FERP employee may enroll in retiree Voluntary Enhanced dental coverage in lieu of COBRA continuation coverage at the end of his/her FERP assignment.

1.2 Coverage

Individuals who elect COBRA coverage must be provided with the same coverage that they received prior to the qualifying event. Qualified beneficiaries must be treated the same as "similarly situated" non-COBRA beneficiaries with respect to coverage options, benefit limitations, and conversion rights available under the group health plan.

COBRA coverage consists of two parts: Core coverage is health coverage and non-core coverage refers to dental, vision and Health Care Reimbursement Account (HCRA). Active and eligible employees have the option of enrolling in core and/or non-core coverage, as do COBRA participants. They may continue all health, dental, vision and/or HCRA coverage they have at the time of the "qualifying event," or they may continue only part of their coverage (i.e., health only, dental only, vision only, or HCRA only).

COBRA participants may not enroll in a plan they do not have coverage under at the time of the qualifying event. COBRA participants must continue coverage with their current carriers until the annual open enrollment period, at which time they may make changes, unless they experience a HIPAA special enrollment or a change in status event that allows for a mid-year change. Employees (qualified beneficiaries) with HMO health plans or prepaid (DHMO) dental coverage may change to a different carrier before the next open enrollment period if they move out of the plan's service areas. They may enroll in any plan(s) that will extend coverage to the new location.

Under COBRA, the employee (qualified beneficiary) remains in the group plan without any change in benefits. The current evidence of coverage booklet applies and any future changes in benefit provisions or premium rates apply to COBRA participants, as well as to regular participants.

1.3 Qualified Beneficiary

A "qualified beneficiary"(QB) is any individual (i.e., an employee and his/her spouse or domestic partner and children) covered under the group health plan(s) on the day before the "qualifying event" (see Section 1.4). The Health Insurance Portability and Accountability Act (HIPAA) amended COBRA to provide that "children who are born to an employee or placed for adoption with an employee during the period in which the employee is receiving COBRA coverage will henceforth become qualified beneficiaries" even though they were not covered under the plan on the day before the qualifying event.

For purposes of the CSU plans (dental, vision, Health Care Reimbursement Account (HCRA)) and CalPERS health plans, domestic partners who are members of a “registered domestic partnership” as defined by California law, and registered through the California Secretary of State process, and their eligible children covered under any of the CSU and CalPERS group health plans at the time of a “qualifying event” are considered qualified beneficiaries and should be offered COBRA continuation coverage when qualifying events occur.

Effective January 1, 2005, pursuant to Assembly Bill (AB) 205, eligible domestic partnerships include a “union other than marriage validly formed in another jurisdiction that is substantially equivalent to a registered domestic partnership in California.” Effective January 1, 2020, Assembly Bill (AB) 30, removed the age 62 restriction for opposite-sex domestic partners.

Qualified beneficiaries have independent election rights.

1.4 Qualifying Events

"Qualifying events" are certain types of events that would cause an individual to lose coverage under the group health plan(s). The qualifying events with respect to an employee who is a qualified beneficiary are:

1. Termination of employment (for reasons other than gross misconduct); and
2. Reduction in the employee’s hours of employment.

Qualifying events with respect to an employee’s spouse or domestic partner, or children who are qualified beneficiaries are:

1. Termination of the employee’s employment (for reason’s other than gross misconduct);
2. Reduction in the employee’s hours of employment;
3. Loss of coverage due to Dependent Eligibility Verification (DEV);
4. Death of the employee;
5. Divorce or legal separation or dissolution of domestic partnership from covered employee;
6. The employee’s entitlement to Medicare; or
7. A child’s loss of dependent status.

SECTION 2 – ADMINISTRATION

2.1 Enrollment

Enrollment instructions for COBRA continuation coverage may vary by plan. If an individual elects to continue dental and/or vision coverage, follow the carrier's COBRA enrollment instructions; for health coverage, follow CalPERS’ instructions; and for HCRA, follow CSU guidelines.

For continuation coverage in a CalPERS health plan, eligible employees and/or qualified beneficiaries must complete a [CalPERS “Group Continuation Coverage” form \(HBD-85 Rev 5/19\)](#) and an election form. For specific information and obtaining the forms, refer to CalPERS website.

The dental and vision carriers provide campus staff with specific COBRA enrollment procedures and forms. COBRA enrollment forms for the Health Care Reimbursement Account (HCRA) are provided by the

Chancellor's Office. COBRA premiums for dental and vision are submitted to the carriers/providers. HCRA premiums are submitted directly to the Third-Party Administrator. The dental, vision and HCRA providers will then contact the COBRA enrollees directly. Thereafter, COBRA premiums are to be submitted with the billing statement supplied by the carrier/provider.

2.2 Continuation of Enhanced Dental Coverage upon Retirement

Prior to January 1, 2020, retirees who were enrolled in the Enhanced coverage as an active employee could only continue Enhanced dental coverage into retirement through COBRA (with the exception of FERP). However, effective January 1, 2020, retirees are eligible to continue their Enhanced coverage into retirement paying a monthly premium equal to the difference between the Basic coverage and the Enhanced coverage eliminating the need to enroll in COBRA to continue the same coverage. However, the retirement must be in accordance with Government Code Section 22760.

Special Note: Employees who are subject to the 10-Year Retiree Dental Vesting Period and retire with less than 10 years of CSU creditable service credit will not be eligible for retiree dental coverage and may elect to maintain dental coverage through COBRA.

2.3 Continuation Options for Vision Coverage upon Retirement

As a result of the different premium rate structures of the CSU Retiree Voluntary Vision Plan and the eighteen (18) month COBRA option available through the active employee CSU Vision Plan, both options are available to eligible retiring employees and their qualified dependents. Consequently, these employees can enroll in either COBRA or the CSU Retiree Voluntary Vision Plan in order to continue vision benefits into retirement. Therefore, the campus Benefits Office is required to offer both CSU vision insurance coverage options (COBRA and CSU Retiree Voluntary Vision Plan) to eligible employees, upon retirement.

These options apply also to FERP participants (and qualified dependents) who end the FERP assignment or whose time base drops below half time, resulting in loss of vision coverage under the active employees' Vision Plan.

If COBRA for vision coverage is chosen and the retiree subsequently exhausts the COBRA enrollment period, or cancels COBRA coverage, the retiree can opt to enroll in the CSU Retiree Voluntary Vision Plan within 60 days of loss of coverage or during any subsequent open enrollment.

2.4 Responding to Provider Inquiries

The Plan must respond to provider inquiries (such as a physician, hospital, HMO or pharmacy) in a timely manner regarding a qualified beneficiary's coverage status. Upon such an inquiry, the Plan must inform a provider that the qualified beneficiary for whom coverage has not yet been elected (i.e., during the election period) is eligible for continuation coverage, but that the coverage has been terminated and will be retroactively reinstated if the COBRA election is made and paid for within the proper time frame.

2.5 Disability Extension

The employee or dependent is also responsible for notifying the campus of his/her Social Security disability determination within 60 days of receipt, and prior to the end of the initial 18-month period in order to receive the extension of COBRA eligibility from 18 months to up to 29 months. Once he/she is no longer disabled, the campus must be notified within 30 days of final Social Security determination for termination of the

COBRA coverage. The Social Security determination notice should be sent to the carrier and a copy should be placed in the employee file or COBRA file. Refer to Section 3.2 for additional continuation provisions.

2.6 Leave of Absence

Employees on a leave of absence without pay who have chosen to direct pay benefits and do not return from leave to a qualifying appointment, may qualify for COBRA coverage. If an employee takes Family Medical Leave (FMLA) and does not return to work at the end of the leave, the employee (and the employee's dependents, if any) will be entitled to elect COBRA if (1) they were covered under the CSU's health plans on the day before the FMLA leave began (or become covered during the FMLA leave); and (2) they will lose health plan coverage because of the employee's failure to return to work at the end of the leave. If the employee is on direct pay and a covered dependent turns 26, the dependent would be eligible for COBRA coverage. The standard COBRA procedures and timelines would apply. Refer to Section 7 for information on Family Medical Leave (FMLA).

2.7 Adding Dependents

Qualified beneficiaries must be permitted the same rights during open enrollment periods as similarly situated (active) employees. During any open enrollment period COBRA participants may enroll family members in the plan(s) and change the type of coverage they are receiving.

Qualified beneficiaries are permitted to add dependents (even those for whom COBRA was initially declined), mid-year and at open enrollment, to the same extent active employees are allowed to add dependents. Newly acquired eligible dependents may be added to COBRA coverage within 60 days of that event, or during a subsequent open enrollment period. Newly acquired eligible dependents will not be considered qualified beneficiaries for COBRA purposes unless they are gained through birth, adoption or placement for adoption and are enrolled within 60 days of the birth, adoption or placement for adoption. Coverage must be the same as the employee's (see Section 1.3).

2.8 HIPAA Special Enrollment Periods

The Health Insurance Portability and Accountability Act (HIPAA) requires that group health plans provide special enrollment periods during which eligible individuals who previously declined coverage (or did not enroll when first eligible) must be permitted to enroll in the plan. Newly acquired eligible dependents of qualified beneficiaries enrolled in COBRA may be added to COBRA coverage within 60 days of that event, or during a subsequent open enrollment period.

Coverage must be the same as the qualified beneficiaries. Specifically, HIPAA requires that a group health plan must permit the enrollment of a qualified beneficiary's dependent who previously declined coverage under the plan if:

1. The qualified beneficiary is enrolled in COBRA;
2. The qualified beneficiary's dependent was covered under another group health plan at the time coverage was initially offered; and
3. The dependent lost eligibility for the other coverage (other than for nonpayment of premium) and the qualified beneficiary requests enrollment for the dependent no later than 60 days after the termination of the other coverage.

In addition, HIPAA requires that a group health plan must permit the enrollment of new dependents if a qualified beneficiary gains a dependent through marriage, birth, adoption or placement for adoption, and the request for enrollment is within 60 days of the date the individual became a dependent.

Coverage for new dependent children will be retroactive to the date of birth, adoption, or placement for adoption. For all other events, coverage will be effective on the first day of the month following enrollment.

Note, COBRA regulations specifically clarify that the HIPAA special enrollment rules do not operate to permit an employee who had declined COBRA continuation coverage to enroll after the COBRA election period has expired.

2.9 FlexCash

Employees currently enrolled in and receiving FlexCash in lieu of health and/or dental coverage are ineligible for COBRA continuation coverage for the particular plan.

2.10 Health Care Reimbursement Account (HCRA) Continuation

An employee qualified beneficiary (QB) may be able to continue participation in the Health Care Reimbursement Account (HCRA) for the remainder of the current plan year if there is a positive account balance at the time of the qualifying event (with the exception of employees on FML).

Employee QBs who elect to continue HCRA participation make payments on an after-tax basis and pay an additional 2% administrative fee (employees on FML do not pay the 2% fee). The employee QBs will have access to his/her HCRA account balance for the remainder of the year. If the employee does not qualify to continue participation in HCRA, the account balance may be forfeited. Note that employees can continue to submit claims incurred prior to the date that their participation in the HCRA plan ended. Eligibility for participation in the HCRA plan ceases at the end of the plan year.

If an employee dies or gets divorced while enrolled in the HCRA plan, eligible dependents may participate in the HCRA plan and submit claims for their own unreimbursed medical expenses, or for expenses incurred by the employee prior to death, through the end of the plan year.

If the COBRA participant is also a Debit Card participant, access to the Debit Card will continue so long as the monthly COBRA payments are made on a timely basis.

SECTION 3 – COVERAGE PERIOD

3.1 18-Month Coverage

The following events qualify an employee and/or family member(s) enrolled in Health, Dental and Vision for up to 18 months of continued coverage:

1. Termination of employment for reasons other than gross misconduct.¹ Termination includes voluntary or involuntary termination if there is a loss of coverage. Termination also includes retirement.

¹"Gross Misconduct" has not been defined in the federal legislation, and CalPERS has no additional guidelines, making each agency responsible for the administration of this issue. Employees who are denied COBRA continuation coverage may appeal the decision through the federal Department of Health and Human Services. In the absence of guidelines, denial of continuation coverage for gross misconduct should only be applied in those situations that the CSU has the right to prosecute a terminated employee for criminal misconduct.

2. Reduction of hours that results in the loss of eligibility (e.g., employed less than half time or less than .4 for employees who are benefits eligible under Assembly Bill (AB) 211 rules, including a strike, walkout or layoff). This also includes employees who subsequently lose Affordable Care Act (ACA) eligibility for health coverage.

Continued participation in HCRA is allowed only until the end of the plan year if certain criteria are met (see Section 3).

3.2 29-Month Disability Extension

Certain qualified individuals can extend COBRA continuation coverage due to a disability. If a qualified beneficiary is determined by the Social Security Administration (pursuant to Title II or Title XVI of the Social Security Administration) to have been disabled on the date of termination or reduction in hours, or within the first 60 days of continuation coverage due to such event, continuation coverage may be provided for up to 29 months, instead of 18 months. This extension does not apply to HCRA enrollment.

A disability extension may be elected independently for each qualified beneficiary (the disabled person or any family member). To qualify for the additional 11 months of coverage, the carrier must be notified within 60 days of the date Social Security made the disability determination and before the end of the initial 18-month period. If Social Security makes a determination of disability prior to the date employment ends or hours are reduced, then CSU must be notified within 60 days of the date employment ends or hours are reduced. CSU (or the carrier) must be notified within 30 days if the Social Security disability determination expires.

Individuals who qualify for the disability extension, but who are not part of the family unit that includes the disabled person, may continue to be charged 102% of the applicable group rate (this situation might occur, for example, if there is a divorce or legal separation, or if the disabled person does not elect to continue coverage for the additional 11-month period). Individuals who qualify for the disability extension, who are part of the family unit that includes the disabled person, may be charged up to 150% of the applicable group rate for the 19th through the 29th month. The cost of coverage during the 19th through 29th month extension period will be 150% of the monthly group cost. If a second qualifying event occurs during the disability extension, the 30th through 36th month should be charged at 102%.

3.3 36-Month Coverage

The following events qualify eligible qualified beneficiaries enrolled in the Health, Dental and/or Vision plans for continued coverage for up to a maximum of 36 months:

1. Death of covered employee/retiree;
2. Divorce or legal separation¹ of a spouse (or dissolution of domestic partnership) from a covered employee/retiree;
3. Termination of a child's dependent status (e.g., dependent reaches age 26);
4. Covered employee/retiree's entitlement to Medicare (Health Only); or
5. Moving out of the household¹ (Health Only).

¹Federal legislation identifies a "Legal Separation" as a qualifying event, and COBRA coverage must be offered. The "legal separation" process is handled through judicial channels. For purposes of dental and vision coverage only, employees who separate from their spouses (or "move out of the household") without filing for "legal separation" status through the court, and those who file for divorce in lieu of a "legal separation" are not eligible for COBRA continuation coverage until the divorce (if any) becomes final, and then only if they are enrolled in the plan on the date of divorce. However, if a spouse is dropped from the Plan in anticipation of divorce, the spouse will be eligible for COBRA when the divorce becomes final. *Although not a legal requirement, CalPERS recognizes "moving out of the household" as a qualifying event for purposes of continued health coverage. This option is not available for participants in the CSU dental, vision and HCRA plans.*

3.4 Multiple Qualifying Events

If a qualifying event occurs that triggers an 18-month continuation coverage period (i.e., a termination of employment, for reasons other than gross misconduct, or a reduction in hours) and then a second qualifying event occurs during that 18-month period, the maximum continuation coverage period will be extended to 36 months from the date of the first qualifying event. This extension applies only to a qualified beneficiary who became a qualified beneficiary as a result of the first qualifying event and was still covered under the group health plan when the second qualifying event occurred.

Each qualified beneficiary may make a separate COBRA election. For example, an employee may elect not to continue coverage but the spouse and/or dependent children may elect to continue coverage. Elections on behalf of minor children are made by a parent or guardian. A spouse or legal representative can make an election on behalf of a qualified beneficiary if the beneficiary becomes incapacitated or dies prior to election.

3.5 Additional Continuation of Coverage Rights for Certain Qualified Beneficiaries (for California only)

Assembly Bill (AB) 1401 (Cal-COBRA) permits specified individuals who begin continuation coverage on or after January 1, 2003, and who subsequently exhaust all available Federal COBRA continuation coverage, the opportunity to extend their coverage term up to 36 months (includes all prior COBRA coverage), regardless of the nature of the initial COBRA qualifying event. The provisions of AB 1401 apply to health coverage only (not dental or vision). Premiums are 110% of the corresponding group rate.

An individual who terminated employment may continue coverage for 18 months under Federal COBRA (at a cost of 102%), and then may request continued coverage for an additional 18 months (at a cost of 110%) under AB 1401. An individual who meets the Social Security Administration's definition of disabled (which entitles the disabled individual to 29 months of continuation coverage) is eligible for an additional seven months of coverage under AB 1401. The coverage cost would be 102% for 18 months of coverage under Federal COBRA, 150% during the disability extension period (months 19 through 29) and 110% for the additional seven months of coverage under AB 1401.

Participants must apply for the extension directly with the insurance carrier or health plan prior to the expiration of their Federal COBRA coverage. Participants should be referred to CalPERS or their health plan for additional information.

SECTION 4 – NOTICES

4.1 Notice Requirements

COBRA contains six separate notice requirements. Five of the six notices are discussed below. The sixth notice, Employer Notice to Plan Administrator, is not currently applicable to the California State University (CSU). CSU must provide written (“initial”) notice of COBRA rights to each covered employee and his or her spouse or domestic partner, if any, when coverage under a particular plan first commences. A second notice (“qualifying event”) of COBRA rights must be furnished to all qualified beneficiaries at the time a qualifying event occurs. In addition, other notices may be required as outlined below. The Health, Dental, Vision (Evidence of Coverage booklets) and the Health Care Reimbursement Account (HCRA) Administrative Guide have examples of COBRA continuation rights. The distribution of this information to employees does not replace the COBRA notices that must be mailed out by the campus.

4.2 Initial Notice

The initial notice of COBRA rights for new hires and their covered dependents must be mailed first class by the campus to the employees' last known address (see the sample “Model Statement” in the Appendix A). The notice must be addressed to both the employee and his/her spouse or domestic partner and must be provided within 90 days after coverage begins. If the spouse, or domestic partner and/or dependents become covered at a later date than the employee, a separate notice must be mailed to the spouse (or domestic partner or dependent(s)) within 90 days after the coverage begins.

4.3 Qualifying Event (Election) Notice

Upon being notified of a qualifying event, the campus must provide a second COBRA notice (a “qualifying event” notice) to qualified beneficiaries who lost (or will lose) coverage as a result of the qualifying event. This notice requirement is distinct from the initial COBRA notice requirement. Enrollees (employee and/or spouse or domestic partner and/or dependents) who are eligible to elect COBRA coverage because of a qualifying event must be notified by first class mail, explaining possible rights and responsibilities, by sending the Qualifying Event notice to their last known address within 14 days of the qualifying event. See the “Qualifying Event (Election) Notice” (in Appendix B).

If it is determined that the spouse does not reside at the employee’s last known address, good faith compliance can be achieved by sending a *separate* first-class mail notice to the spouse or domestic partner at his/her last known address.

4.4 Responsibility of Employee and Dependent(s) to Provide Notice

It is the responsibility of the employee or covered dependent to notify the campus Benefits Representative within 60 days of a divorce, legal separation, dissolution of domestic partnership, or termination of a child's eligibility.

It is important for campuses to retain sufficient documentation regarding the procedures and actions taken to comply with notice requirements. In the event of a lawsuit by a qualified beneficiary claiming not to have received a COBRA notice or COBRA coverage, it may be necessary, in order to avoid liability, to prove that

the notices were provided. Failure to provide the required COBRA notices in a timely manner may result in imposition of statutory penalties and an award of damages.

4.5 Ineligibility Notice

If the campus receives a notice from an individual who believes he or she is eligible for COBRA (or a COBRA extension), but is not eligible, the campus must send the individual written notice that the individual is not eligible. The notice should be mailed first class. The notice must be provided within 14 days of the individual request for COBRA and must explain that COBRA is not available and why. See the "Notice of Unavailability" in Section 11.3.

4.6 Early Termination Notice

If COBRA coverage will end early, the affected qualified beneficiaries must be notified. This notification will be handled by the insurance carriers, dental COBRA administrator, HMOs and HCRA claims administrator.

SECTION 5 – ELECTION NOTICES

5.1 Timely Election

After notification following a qualifying event, the eligible employee and/or spouse/dependent will have 60 days to elect COBRA continuation coverage. The 60-day election period is measured from the later of the loss of coverage date, or from the date that the COBRA Qualifying Event Notice is mailed (i.e., postmark date).

The Plan must also accept a timely election (and/or a premium payment) on behalf of a qualified beneficiary from a provider, if received, in order to maintain the coverage. Elections also may be made by a third party (e.g., in order to comply with a court order).

5.2 Making a COBRA Election

COBRA regulations provide that a qualified beneficiary's election is treated as "made" on the date that it is mailed to the campus. Accordingly, an election received after the 60-day election period, but which is postmarked (or otherwise sent) on or before the 60th day, would be considered timely. The enrollee will then have 45 days from the election date to submit premium payment (see Section 9).

Each qualified beneficiary (including a child who is born to or placed for adoption with a covered employee during the period of COBRA continuation coverage) must be offered the opportunity to make an independent election to receive COBRA continuation coverage. An employee and his/her spouse or domestic partner can elect COBRA coverage on behalf of other qualified family members. However, they cannot reject or waive COBRA coverage on behalf of another qualified beneficiary. The only exception is for minor children, whose elections to either continue or reject coverage can be made on their behalves by their parents or legal guardians (regardless of whether the parent or guardian is a qualified beneficiary).

A legal representative (or a qualified beneficiary's estate) can make an election for an incapacitated qualified beneficiary. If a covered employee or spouse or domestic partner elects COBRA coverage and the

election does not specify whether the election is for self-only coverage, the election will be deemed to include an election for all other qualified beneficiaries with respect to that qualifying event.

5.3 Failure to Make a Timely Election

A qualified beneficiary who fails to elect continuation coverage within the 60-day election period ceases to be a qualified beneficiary once the election period expires and is no longer eligible to elect COBRA coverage with respect to that particular qualifying event. Once qualified beneficiary status is lost, reinstatement is not allowed.

5.4 Waiver of Rights

Qualified beneficiaries are free to waive or reject COBRA continuation coverage. For any individual who decides not to elect COBRA, CSU does not require evidence of waiver. However, if a written waiver is submitted, it is considered to be made on the date it is sent to the employer, as applicable. The campus should retain a written waiver as proof that continuation coverage was in fact rejected.

5.5 Waiver of Rights Revocation

COBRA regulations provide that, prior to the expiration of the 60-day election period, a qualified beneficiary who has waived COBRA coverage (e.g., sent a letter to the campus stating that he or she does not want COBRA coverage) has the right to revoke that waiver. A revocation of a waiver is an election of continuation coverage. The revocation of the waiver and the subsequent election of COBRA coverage must be made within the 60-day election period. If a qualified beneficiary either elects or waives COBRA coverage before the 60-day election period expires, he or she is entitled to change the election or revoke the waiver of COBRA continuation coverage at any time during the remainder of the 60-day election period. Waivers and revocation of waivers of COBRA coverage are treated as *made* on the date that they are *sent* to the campus. COBRA coverage will be effective back to the date of the loss of coverage if a waiver is properly revoked.

SECTION 6 – MEDICARE ENTITLEMENT

6.1 Explanation of Medicare

Medicare is a federally funded health insurance program authorized by Title XVIII of the Social Security Act [42 USC §§ 1395-1395cc) established to ensure that covered individuals receive certain levels of medical assistance. It provides health insurance coverage to individuals age 65 and older, those who are disabled but have not yet attained age 65, and those who suffer from end-stage renal disease (ESRD). The Medicare program is administered by the Center for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS).

6.2 Eligible Versus Entitled

Medicare *entitlement* can affect an individual's eligibility for COBRA coverage and the duration of coverage. It is important to distinguish between whether an employee or other qualified beneficiary is *entitled* to Medicare or merely *eligible* for Medicare. Eligibility for Medicare will not affect the COBRA rights of covered employees and their family members. This is because COBRA specifically requires that an employee must be entitled to Medicare, not merely eligible for Medicare, to trigger the COBRA rights of his or her family

members. Additionally, COBRA requires that a qualified beneficiary must be entitled to, not merely eligible for Medicare, in order for continuation coverage to be terminated before the statutorily prescribed COBRA period expires.

COBRA Regulations state that a qualified beneficiary becomes entitled to Medicare benefits upon the effective date of enrollment in either Part A or Part B of Medicare, whichever occurs earlier. Regulations also note that merely being eligible to enroll in Medicare does not constitute being entitled to Medicare benefits¹.

SECTION 7 – FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) requires CSU to offer up to 12 weeks (and in some cases up to 26 weeks) of paid or unpaid leave in a specified 12-month period to eligible employees for specified purposes. During an FMLA leave, health care coverage must be continued at the same level and under the conditions coverage would have been provided if the employee had continued in employment continuously for the duration of the leave, at active employee rates. IRS regulations provide that the taking of FMLA leave is not itself a

¹Please note: Active, benefits eligible CSU employees would not lose health, dental or vision coverage due to becoming eligible for Medicare while employed. While a Medicare-eligible employee is actively working, coverage in CalPERS basic health coverage, CSU dental coverage (level based on CBID) and CSU vision coverage remains intact as long as the employee delays Medicare Part B enrollment until retirement.

COBRA qualifying event. Instead, the qualifying event occurs on the last day of the FMLA leave if the employee on FMLA leave does not return to work at the end of the FMLA leave and loses coverage under the group health plan as a result of that failure to return, or the date that the employee informs CSU that he/she will not return to work, if earlier.

Regulations provide that COBRA cannot be contingent on payment by the employee of group health plan premiums due for the period of FMLA leave.

Regulations also provide that any lapse of coverage during FMLA leave is disregarded for purposes of determining if a COBRA qualifying event occurs on the last day of the leave. No qualifying event occurs if, during the FMLA leave, CSU eliminates group health coverage for a particular employee's classification, or employee category.

Upon notification that an employee will not return to work upon expiration of the FMLA leave, the COBRA qualifying event (election) notice should be provided.

SECTION 8 – TERMINATION OF COVERAGE

COBRA coverage for health, dental and/or vision will cease if one of the following events occurs prior to the expiration of the 18-, 29- or 36-month continuation period:

1. Failure to pay required premiums on time (e.g., within the monthly 30-day grace period);
2. Termination of the CSU-provided health, dental and/or vision plans for all employees;
3. Becoming entitled to Medicare benefits (Health Benefits only);

4. Coverage is subsequently obtained under another group plan (as an employee or dependent) provided the plan does not contain any exclusion or limitation with respect to pre-existing conditions that affect the covered individual. If the new plan excludes coverage for a pre-existing condition, the beneficiary may continue the COBRA coverage under the prior plan until such time as the exclusion or limitation no longer applies (subject to normal COBRA maximum periods); or
5. The individual extended coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled. Note: Federal law requires an individual to notify the plan administrator within 30 days of any final determination that he/she is no longer disabled. Coverage will not be terminated until the first of the month following the date that is 30 days after the individual notifies the plan administrator of the Social Security determination.

If the individual has other coverage (including group health insurance, individual coverage, or Medicare) at the time of the qualifying event, or before COBRA is elected, COBRA must still be offered.

When COBRA continuation coverage is exhausted or terminated, all individuals losing coverage must be provided with a certification of creditable coverage, in accordance with the Health Insurance Portability and Accountability Act (HIPAA). This function is handled by the individual benefit carriers.

For the Health Care Reimbursement Account (HCRA) plan, participation will be terminated at the end of the plan year.

SECTION 9 – COBRA PREMIUMS

9.1 Administrative Fee

Premium rates for COBRA continuation coverage vary from 102% to 150% depending on the qualifying event. Participants continuing coverage under COBRA must pay the full COBRA premium; there is no CSU employer contribution toward this continuation coverage. Health, dental and vision COBRA premiums are distributed by CSU, Chancellor's Office. HCRA premiums are equivalent to the monthly contribution amount made while the individual was actively employed plus 2%. Updated COBRA rates can be found on the Benefits Insider at: <https://cyou.calstate.edu/groups/BenefitsInsider/cobra/SitePages/Home.aspx> (restricted access).

Generally, COBRA premiums are 102% of the group premium. However, individuals who are disabled and continue coverage for 29 months pay 102% for the first 18 months, and 150% for the next 11 months. If only non-disabled individuals continue coverage, the premium cannot exceed 102% for the extension period. Premiums are 110% of the group premium for coverage extended under Cal COBRA.

COBRA premiums must be paid so coverage is continuous after termination from the group coverage; therefore, the initial payment must include retroactive premium amounts. The initial COBRA premium payment, including any retroactive amounts, must be paid in full within 45 days of the election to continue coverage. Subsequent monthly payments are due to the carrier by the 1st of each month. A 30-day grace period must be provided.

9.2 Grace Period

COBRA provides for two grace periods within which COBRA premiums must be paid. In general, the initial premium payment must be made within 45 days of the COBRA election, and all other premium payments must be made within 30 days after the first day of the coverage period to which they relate.

Premium payment is not required for any period of COBRA coverage earlier than 45 days after the date of the election. The initial grace period applies to premium due for the periods of coverage prior to the date of the election. At that time, several months' premiums could be due and outstanding. If these payments are not made by the 45th day, coverage may be terminated and need not be subject to reinstatement. If payment is made within the 45-day grace period, coverage must be restored retroactively to the date coverage was lost.

9.3 Deficient Premium Payments

There are specific rules regarding a plan's obligations when a premium payment is deficient by an amount that is "not significantly less" than the amount due. Under these rules, the plan must treat the deficient payment as satisfying the payment requirement ("paid in full"), or notify the qualified beneficiary of the amount of the deficiency and furnish him/her with a reasonable amount of time (e.g., 30 days) in which to make payment. COBRA regulations do not define the term "significant" for purposes of this rule; however, it is suggested that an amount is not "significant" if it is such a small amount that it would be unreasonable to attribute the deficiency to anything other than a mistake.

9.4 Late Payments

If the COBRA premium is not paid within the grace period (i.e., 30 days), the plan has the authority to terminate COBRA coverage. However, if the COBRA payment received is short by an insignificant amount, the plan must notify the qualified beneficiary of the deficient amount and grant him or her a period of 30 days to pay the deficient amount.

9.5 Acceptance of Payments

The Plan must accept a timely premium payment on behalf of a qualified beneficiary in order to maintain the coverage. Premium payments may also be made by a third party (e.g., in order to comply with a court order).

9.6 COBRA Enrollment Processing

COBRA enrollments are processed manually via each Plan's enrollment form (dental, vision, HCRA) with the exception of the CalPERS health plan. Health plan COBRA enrollments are processed via the Pension System Resumption (PSR) Interface.

9.7 COBRA Premiums

COBRA premiums are updated annually and communicated by CSU, Chancellor's Office, Human Resources Management via Benefits Insider email and the reissuance of the COBRA Administrative Guide. COBRA premiums can be located at:

<https://csyou.calstate.edu/groups/BenefitsInsider/cobra/SitePages/Home.aspx> (restricted access).

SECTION 10 – CONVERSION PRIVILEGE

Employees and dependents are entitled to convert to an Individual Conversion Policy instead of COBRA, or conversion can follow COBRA coverage. In the event the individual does not elect COBRA coverage, he/she may still apply for conversion to an individual health policy by making an application within 30 days from the date coverage terminates to ensure continuous coverage. Even if the individual elects COBRA coverage, he/she will have the option to convert health coverage to an individual policy during the last 180 days of the maximum 18, 29, or 36-month COBRA continuation period if a conversion policy is available.

When an individual elects individual conversion, he or she forfeits all COBRA continuation rights and may not elect COBRA continuation later. However, if COBRA continuation coverage is elected, he/she may convert to an individual policy only after the end of the full COBRA period and, only if he/she maintains the coverage throughout the COBRA continuation period. All CalPERS health plans offer the conversion policy option; however, the cost for it will differ from the cost of previous coverage. Premiums are paid directly to the insurance carrier.

SECTION 11 – QUICK REFERENCE CHARTS

11.1 COBRA Continuation Coverage Periods

Duration Of Coverage	Individual Affected	Qualifying Event
18 Months	All Qualified Beneficiaries	Termination* or Reduction in Hours <i>* Unless for Gross Misconduct (see section 3.1).</i>
29 Months	All Qualified Beneficiaries	11-month extension of 18-month Termination or Reduction in Hours coverage upon certain Social Security determined disabilities
36 Months	Enrolled Spouse or Domestic Partner and Dependents	Death of Employee, Divorce, Dissolution of Domestic Partnership, or Legal Separation of Employee, Entitlement of Employee to Medicare, or Child Ceasing to be an eligible Dependent

Continued participation in the Health Care Reimbursement Account plan is permitted through the end of the current plan year only.

Note: There are specific regulations pertaining to continued coverage when employers go bankrupt (for retirees only).

11.2 Sending Qualifying Event Notices

Qualifying Event	Recipient:			
	Employee	Spouse or Domestic Partner	Dependent	Retiree
Termination of employee*	Yes	Yes	Yes	No
Reduction of hours worked by employee	Yes	Yes	Yes	No
Death of employee	No	Yes	Yes	No
Divorce, Legal Separation, Dissolution of Domestic Partnership, Moving out of the household*	No	Yes	Yes	No
Ceasing to be an eligible dependent**	No	No	Yes	No
Medicare entitlement	No	Yes	Yes	No

** Moving out of the household only applies to health benefits administered by CalPERS.*

***Dependent Eligibility Verification: If the employee does not respond or provide the required documents to the campus during the employee's DEV verification cycle, CalPERS will inform the employee the month before the employee's birth month in writing that they are administratively removing the family member from health and dental benefits and will include COBRA continuation information with the letter. The campus also must notice the dependent(s) of their COBRA rights. The disenrollment takes effect the first of the month after the member's birth month.*

11.3 COBRA Timelines for Notification, Election and Premium Payments

Notice to CSU	Notice to Qualified Beneficiaries (QBs)	Election Period	Retroactive Premium Payment Period
30/60 days	14 days	60 days	45 days
30: The period during which the Benefits Representative is notified of a Qualifying Event (usually by the Human Resources Dept.) 60: Qualified Beneficiaries have 60 days from a divorce, legal separation, dissolution of domestic partnership, cessation of dependency status, or moving out of the household* to notify the CSU of such event.	The period in which the CSU must notify QBs of their COBRA election rights.	The period during which QBs may elect COBRA coverage (counted from the later of the date of the qualifying event or notification of qualifying event).	The period during which QBs must submit payment for all COBRA premiums that are due.

** Moving out of the household only applies to health benefits administered by CalPERS.*



Initial Notice of COBRA Continuation Coverage Rights Medical, Dental, Vision and Health Care Reimbursement Account (HCRA) Plan

To: Covered Employee [Spouse/Registered Domestic Partner]
From: EMPLOYER NAME
Date: Insert Date

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse or registered domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse or registered domestic partner dies;
- Your spouse's or registered domestic partner'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 or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- 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 or legally separated, or terminate a registered domestic partnership; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to *California State University (CSU)*, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse or registered domestic partner, surviving spouse or surviving registered domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been 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, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or termination of the registered domestic partnership of the employee and registered domestic partner, or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: [add Benefits Office Contact Information](#).

How is COBRA Coverage Provided?

Once the Plan Administrator receives 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation or termination of a registered domestic partnership, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight (8) months before the date on which employment terminates, COBRA continuation coverage for the spouse or registered domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

It is the qualified beneficiary's responsibility to obtain this disability determination from the Social Security Administration and provide a copy of the determination to the appropriate plan within 60 days after the date of determination and before the original 18-month COBRA eligibility period expires.

Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination.

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

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

Health Care Reimbursement Account (HCRA) Plan continuation coverage

COBRA coverage under the HCRA will be offered only to qualified beneficiaries if there is a positive balance in the HCRA at the time of the qualifying event. If you elect to continue HCRA participation, you will make payments on an after-tax basis, and pay an additional 2% administrative fee. You will have access to your HCRA account balance for the remainder of the year. Note that employees can continue to submit claims incurred prior to the date that their participation in the HCRA plan ended. Eligibility for participation in the HCRA plan ceases at the end of the plan year.

If You Have Questions

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact ***Campus Benefits Office Staff Responsible for Cobra Administration of The Plan, With Telephone Number and Address.***

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the Plan and COBRA coverage can be obtained upon request by contacting CSU at:

Specify Campus, Appropriate Address with Name and Telephone Number of Contact

COBRA Continuation Coverage Election Notice

Insert Date

Optional: Name and Address of Qualified Beneficiary

Dear: *Name of Qualified Beneficiary(ies) by Name or Status*

This notice contains important information about your right to continue your health care coverage in the enter name of group health plan (the Plan), as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace at www.HealthCare.gov. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information contained in this notice very carefully.

To elect COBRA continuation coverage, follow the instructions on the next page to complete the enclosed Election Form and submit it to us.

If you do not elect COBRA continuation coverage, your coverage under the Plan will end on **Insert Date Coverage Ends** due to [see checked box below]:

- | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> End of employment | <input type="checkbox"/> Reduction in hours of employment |
| <input type="checkbox"/> Death of employee | <input type="checkbox"/> Divorce or legal separation or Annulment |
| <input type="checkbox"/> Entitlement to Medicare | <input type="checkbox"/> Dissolution of Registered Domestic Partnership |
| <input type="checkbox"/> Loss of dependent child status | |

Each person (“qualified beneficiary”) in the category(ies) checked below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the Plan for up to **enter 18 or 36, as appropriate months** for the following qualified beneficiaries specified below:

- Employee or former employee [***Insert Name***]
- Spouse or former spouse [***Insert Name***]
- Registered Domestic Partner or Former Registered Domestic Partner [***Insert Name***]
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage [***Insert Name***]
- [***Insert Name***] [***Insert Name***]
- [***Insert Name***] [***Insert Name***]
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan [***Insert Date***]

If elected, COBRA continuation coverage will begin on [***Insert Date***] and can last until [***Insert Date***].

You may elect any of the following checked options for COBRA continuation coverage:

- CalPERS Health Coverage: [**Specify Health Plan**] [**Insert Amount**] Per Month
- CSU Dental Coverage: [**Specify Health Plan**] [**Insert Amount**] Per Month
- CSU Vision Coverage (VSP) [**Insert Amount**] Per Month
- Health Care Reimbursement Account (HCRA) Plan (Monthly COBRA Cost based on 102% of monthly election amount).

You do not have to send any payment with the Election Form. Important additional information about payment for COBRA continuation coverage is included in the pages following the Election Form.

There may be other coverage options for you and your family. In the Health Insurance Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

If you have any questions about your rights to COBRA continuation coverage, you should contact ***ENTER ADDRESS AND PHONE NUMBER(S) FOR CAMPUS BENEFITS OFFICE CONTACT.***

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to: ***Enter Name and Address of Campus Benefits Office Contact Person***

This Election Form must be completed and returned by mail *or describe other means of submission and due date*. If mailed, it must be post-marked no later than *enter date*.

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form.

Read the important information about your rights included in the pages after the Election Form.

I (We) elect COBRA continuation coverage in the ***Enter the Name of the Plan*** (the Plan) as indicated below:

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
------	---------------	--------------------------	---------------------------

a. Insert Appropriate Information

[Add if appropriate: Coverage option elected: Insert Plan]

b. Insert Appropriate Information

[Add if appropriate: Coverage option elected: Insert Plan]

c. Insert Appropriate Information

[Add if appropriate: Coverage option elected: Insert Plan]

d. Insert Appropriate Information

[Add if appropriate: Coverage option elected: Insert Plan]

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number

Important Information
About Your COBRA Continuation Coverage Rights

What is continuation coverage?

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee (or retired employee) covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee. CSU is voluntarily treating current and former registered domestic partners as qualified beneficiaries for COBRA purposes.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the termination of a registered domestic partnership or the employee’s becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary (note: there are limitations on plans’ imposing a preexisting condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

[If the maximum period shown on page 1 of this notice is less than 36 months, the following three paragraphs are applicable to you:]

How can you extend the length of COBRA continuation coverage?

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify **[Enter Name and Address of Campus Benefits Office Contact Person]** of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Social Security Disability Extension to the 18-Month Period

The 18 months of continuation coverage may be extended for an additional 11 months of coverage, up to a maximum of 29 months if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has 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 continuation coverage.

This extended period allows disabled persons continued coverage for the period of time that it normally takes to become eligible for Medicare. Premiums for this coverage beyond the initial 18 months will be calculated at 150% of the State's group coverage premium rate and will continue to be paid monthly directly to the plan or its designee.

It is the qualified beneficiary's responsibility to obtain this disability determination from the Social Security Administration and provide a copy of the determination to the appropriate plan within 60 days after the date of determination and before the original 18-month COBRA eligibility period expires.

Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the termination of a registered domestic partnership, or the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred.

You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

Special Medicare Entitlement Rule for Dependents Only

If an employee becomes entitled to Medicare benefits prior to the date of an 18-month qualifying event, then his/her dependents is eligible for 18 months of COBRA continuation coverage, or 36 months measured from the date of the Medicare entitlement, whichever is greater.

Example: If an employee becomes entitled to Medicare seven (7) months prior to termination of employment, then the dependents will be offered 29 months of continuation coverage. The employee is only offered 18 months.

Additional Continuation of Coverage Rights for Certain Qualified Beneficiaries (for California only)

Assembly Bill (AB) 1401 (Cal-COBRA) permits specified individuals who begin continuation coverage on or after January 1, 2003, and who subsequently exhaust all available Federal COBRA continuation coverage, the opportunity to extend their coverage term up to 36 months (includes all prior COBRA coverage), regardless of the nature of the initial COBRA qualifying event. The provisions of AB 1401 apply to health coverage only (not dental or vision) and became effective on September 1, 2003. Premiums are 110% of the corresponding group rate.

An individual who terminated employment may continue coverage for 18 months under Federal COBRA (at a cost of 102%), and then may request continued coverage for an additional 18 months (at a cost of 110%) under AB 1401. An individual who meets the Social Security Administration's definition of disabled (which entitles the disabled individual to up to 29 months of continuation coverage) is eligible for an additional seven months of coverage under AB 1401. The coverage cost would be 102% for 18 months of coverage under Federal COBRA, 150% during the disability extension period (months 19 through 29) and 110% for the additional seven months of coverage under AB 1401.

Participants must apply for the extension directly with the insurance carrier or health plan prior to the expiration of their Federal COBRA coverage. Participants should be referred to CalPERS or their health plan for additional information.

How can you elect COBRA continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

Electing COBRA under the HCRA

COBRA coverage under the HCRA will be offered only to qualified beneficiaries if there is a positive balance in the HCRA at the time of the qualifying event. If you elect to continue HCRA participation, you will make payments on an after-tax basis, and pay an additional 2% administrative fee. You will have access to your HCRA account balance for the remainder of the year. Note that employees can continue to submit claims incurred prior to the date that their participation in the HCRA plan ended. Eligibility for participation in the HCRA plan ceases at the end of the plan year. If you are interested in this alternative, contact [***Insert Benefits Office Staff Contact Information***] for more information.

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

When and how must payment for COBRA continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment with the Election Form. **However, you must make your first payment for continuation coverage not later than 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan.** You are responsible for making sure that the amount of your first payment is correct. You may contact ***Enter Name, Address and Telephone Number of Campus Benefits Office Contact*** to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. **Under the Plan, each of these periodic payments for continuation coverage is due on the first day of the month for that coverage period.** If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan [*select one: will or will not*] send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage under the Plan will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to: [*See Payment Addresses Below:*]

Health Payment address information will be provided by the Health Plan	Dental For Delta Dental (PPO) and DeltaCare USA (DHMO) Plans: Delta Dental P.O. Box 537011 Sacramento, California 95853-7011 Telephone: (800) 594-6957 Email: isolvedCOBRA@delta.org
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Vision VSP/COBRA ADMINISTRATION P.O. Box 997100 Sacramento, California 95899-7100 Telephone: (800) 400-4569 Fax: 916-463-9031	HCRA ASI P. O. Box 6044 Columbia, MO 65205-6044 Attention: COBRA Telephone: (800) 659-3035 Fax: 877-879-9038
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For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact **Campus Benefits Office Staff Responsible For Cobra Administration For The Plan, With Telephone Number And Address**.

For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

For Persons Eligible for Medi-Cal

The Health Insurance Premium Payment (HIPP) Program may pay COBRA premiums in certain cases for persons eligible for Medi-Cal. You may e-mail your questions to the Department of Health Care Services at: www.HIPP@dhs.ca.gov.

For Persons Disabled by HIV/AIDS

Under the Comprehensive AIDS Resources Emergency (CARE) Act of 1990, the Health Insurance Premium Payment (HIPP) Program may pay COBRA premiums for persons unable to work because of a disability due to HIV/AIDS. You may e-mail your questions to the Department of Health Care Services at: www.HIPP@dhs.ca.gov.

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

NOTICE OF INELIGIBILITY FOR COBRA (sample)

[If CSU receives notice from a qualified beneficiary of a qualifying event, a second qualifying event, or a determination of disability by the Social Security Administration (SSA) and CSU determines that the individual is not entitled to COBRA continuation coverage, CSU must provide the individual with a notice. The notice must be written in a manner that is understandable to the average plan participant and must explain why the individual is not entitled to COBRA. The notice must be provided within 14 days after CSU's receipt of the notice of a qualifying event, a second qualifying event or a determination of disability by the SSA. This sample notice may be used to satisfy this obligation. Delete this explanation before reproducing the sample form.]

[Insert name of plan]

California State University [Insert name of campus]

[Insert date]

To: **[Insert name of ineligible party]**

You are receiving this notice because you recently made a request for COBRA continuation coverage under the **[insert name of plan]**. However, the California State University (CSU) has determined that you are not eligible for COBRA continuation coverage for the following reason(s):

[Insert explanation of why individual is ineligible]

Please contact **[insert name of individual responsible for COBRA administration, with telephone number and address]** if you have any questions about this notice or COBRA continuation coverage.

CSU COBRA FORM ELECTION OF CONTINUED VISION COVERAGE THROUGH COBRA



Group Name: California State University

Date of Qualifying Event: _____

Date COBRA Coverage Begins: _____

ELECTING CONTINUATION OF VISION CARE COVERAGE:

Under COBRA, federal regulations specify that you and/or your dependent(s) have 60 days (the "Election Period") from the later of the date of continuation of coverage/COBRA notice, or the date of the loss of coverage to elect to continue participation, and 45 days from the date of election to submit the first payment to VSP®.

DESCRIPTION OF QUALIFYING EVENT:

- | | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Disabled on the date of qualifying event | <input type="checkbox"/> Loss of child's dependent status | <input type="checkbox"/> Surviving Dependents/Widow |
| <input type="checkbox"/> Legal separation or divorce | <input type="checkbox"/> Reduction of hours | Employee Termination |
| <input type="checkbox"/> Dissolution of Registered Domestic Partnership | <input type="checkbox"/> Retiree | <input type="checkbox"/> Voluntary |
| | | <input type="checkbox"/> Involuntary |

ELIGIBILITY PERIOD:

- | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 18-month coverage | <input type="checkbox"/> 29-month coverage | <input type="checkbox"/> 36-month coverage |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|

COBRA APPLICANT INFORMATION:

Name of COBRA Applicant (Last, First, Middle Initial): _____

Social Security Number: _____ Birth Date (Month/Day/Year): _____

Mailing Address (Number, Street, City, State, ZIP): _____

CURRENT/FORMER EMPLOYEE INFORMATION:

Name of Employee: _____

Social Security Number of Employee: _____ Relationship to Applicant: _____

ELIGIBLE FAMILY MEMBERS (List dependents to be enrolled. Attach separate listing if more dependents exist.):

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	BIRTH DATE (Month/Day/Year)	RELATIONSHIP TO EMPLOYEE

MONTHLY CONTRIBUTION AMOUNT:

BASIC PLAN 30059426	PREMIER PLAN 30077022
I elect to continue vision coverage at a rate of: <input type="checkbox"/> Member Only \$7.24 <input type="checkbox"/> Member + One \$7.24 <input type="checkbox"/> Member + Family \$7.24	I elect to continue vision coverage at a rate of: <input type="checkbox"/> Member Only \$11.43 <input type="checkbox"/> Member + One \$22.86 <input type="checkbox"/> Member + Family \$36.81

Rates and benefits are subject to change based upon the group's contract. You must elect the plan that you were enrolled in at the time of separation or time of qualifying event.

PAYMENT REQUIREMENTS:

VSP will bill you directly which confirms your continued participation. All payments must be submitted directly to VSP. The first payment must be sufficient to bring payments current. Payments are due to VSP by the 1st of the month. There is a 30-day grace period. If VSP does not receive payment by the last day of each month, your participation will end on the last day of the preceding month.

NOTIFICATION AGREEMENT AND SIGNATURES (Parent or Legal Guardian must sign if dependents are minor children):

By signing below, I understand that should I become eligible under another group plan or Medicare, after electing COBRA continuation coverage, I will notify VSP in writing to terminate my vision care coverage.

Signature of COBRA Applicant: _____ Daytime Telephone Number: _____ Date: _____

Signature of Benefits Representative: _____ Campus: _____ Date: _____



COBRA ENROLLMENT CHANGE FORM - CSU

Delta Dental of California

Select a Plan: Delta Dental PPO™ or DeltaCare® USA¹

Reason establishing COBRA eligibility

18 Months Coverage:

- Reduction of Work Hours
- Termination of Employment
- Check one below:
 - Voluntary Termination
 - Involuntary Termination

29 Months Coverage:

- Social Security Disabled

36 Months Coverage:

- Legal Separation or Divorce
- Dependent Ceasing to be Eligible
- Death of Subscriber

Please give primary members information

Name _____

SS# _____

Enrollee/Change Information

Effective date: _____

- New Enrollment
- Add/Delete Dependent
- Marital Status Change
- Address Change
- Terminate Enrollee Coverage
- Change Dental Plans²
- Cancel COBRA enrollment

- SSN/Enrollee ID Number Correction or previous ID under which benefits are received: _____

Change Dental Plans²

(Check only one)

- Delta Dental PPO**
- DeltaCare USA**

¹ DeltaCare USA is our prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. Enrollees must select a primary care dentist in the DeltaCare USA network from whom they receive treatment and must reside in California.

² Enrollees can change plans only during open enrollment or due to a qualifying status change unless allowed by the group contract.

deltadentalins.com/csu

Current Enrollment — to be completed by employer AEI Eligible

Group Number:	Division:	State:
Name of Employer: CSU	Campus Contact Name:	Phone Number:

Primary Enrollee Information

Social Security Number:		Enrollee ID Number (if applicable):		Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partner		
First Name:		Last Name:		Middle Initial:
Mailing Address (Street):		City:	State:	Zip Code:
E-mail Address (internal use only):		Phone Number:	Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Network Facility Name (DeltaCare USA only):		Network Facility Number (DeltaCare USA only):		
Name of Other Dental Carrier (if applicable):		Policy Holder Name (first/last):		Date of Birth:
Effective Date of Other Policy:				
Policy Holder Street Address:		City:	State:	Zip Code:

Dependent Information

Relationship	Dependent First Name <small>(last name only if different from enrollee)</small>	Add / Term	Social Security Number	Date of Birth	Male / Female	Disabled ³	Date New Dependent Acquired	Network Facility Number <small>(DeltaCare USA only)</small>
Spouse/ Registered Domestic Partner		<input type="checkbox"/> Add <input type="checkbox"/> Term			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dependent		<input type="checkbox"/> Add <input type="checkbox"/> Term			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dependent		<input type="checkbox"/> Add <input type="checkbox"/> Term			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dependent		<input type="checkbox"/> Add <input type="checkbox"/> Term			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please attach a separate sheet for additional dependent information. All dependents listed will be considered enrolled.

I authorize the above changes to my existing COBRA enrollment. I certify that the above information is true and correct to the best of my knowledge. I understand that changes can only be made if I experience a qualifying family status change, in which case the change must be consistent with that event or during open enrollment.

Signature of Enrollee:

Date:

Please mail form to: Delta Dental, P.O. Box 537011, Sacramento, CA 95853-7011
Email: isolvedCOBRA@delta.org

³ Additional documentation will be required for disabled status.



GROUP CONTINUATION COVERAGE
CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT
(COBRA) PERS-HBD-85 (Rev 05/19)

Health Account Management Division
P.O. BOX 942715, Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377) | TTY (877) 249-7442 FAX
(800) 959-6545 | www.calpers.ca.gov

INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE REVERSE SIDE. PLEASE TYPE

PART A: TYPE OF ACTION AND DATES

1. Type of Action	2. TYPE OF PERMITTING EVENT	3. EVENT DATE	4. COBRA ENROLLMENT PERIOD
NEW	EMPLOYMENT SEPARATION/TIME BASE REDUCTION		FROM
CHANGE	DIVORCE/LEGAL SEPARATION		01
CANCEL	CHILD CEASES TO BE A DEPENDENT DEATH OF AN EMPLOYEE/RETIREE DEPENDENT ELIGIBILITY VERIFICATION DEPENDENT CONTINUATION-ORIGINAL ENROLLEE ELIGIBLE FOR MEDICARE SSA CERTIFIED DISABILITY - 11 MONTH EXTENSION		TO

PART B: ENROLLEE INFORMATION

5. COBRA ENROLLEE (MAY BE DIFFERENT THAN SUBSCRIBER)	6. CalPERS SUBSCRIBER/MEMBER (EMPLOYEE)
CalPERS ID or SOCIAL SECURITY NUMBER	CalPERS ID or SOCIAL SECURITY NUMBER
NAME	SUBSCRIBER NAME
ADDRESS	MEDICAL GROUP OR CBU
CITY, STATE, ZIP	

PART D: DEPENDENT INFORMATION

PRIMARY PHONE NUMBER	MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION CODE	8. LIST OF ALL PERSONS (including self) TO BE ENROLLED:
DATE OF BIRTH	GENDER MALE FEMALE NON-BINARY		FIRST MI LAST CalPERS ID or SSN
			DATE OF BIRTH FAMILY RELATIONSHIP
			FIRST MI LAST CalPERS ID or SSN
			DATE OF BIRTH FAMILY RELATIONSHIP
			FIRST MI LAST CalPERS ID or SSN
			DATE OF BIRTH FAMILY RELATIONSHIP

PART C: CARRIER INFORMATION

7. NAME AND ADDRESS OF HEALTH PLAN
(SUBMIT PAYMENT DIRECTLY TO THE CARRIER)

PLAN CODE: _____ PREMIUM: \$ _____

PHONE: _____

PART E: ENROLLMENT CHANGES

9. NAME OF PRIOR HEALTH PLAN	11. TYPE OF PERMITTING EVENT	12. PERMITTING EVENT DATE	13. EFFECTIVE DATE OF CHANGE
10. PRIOR PLAN CODE			01

PART F: SIGNATURE OF ENROLLEE

14. I AGREE TO PAY THE PREMIUM FOR THE COVERAGE DIRECTLY TO THE CARRIER LISTED IN PART C. I UNDERSTAND THAT I AM REQUIRED TO SEND THE INITIAL PAYMENT PRIOR TO EFFECTIVE DATE OF ENROLLMENT AND AGREE TO MAKE FUTURE PAYMENTS IN A TIMELY MANNER AS REQUIRED BY THE CARRIER. I UNDERSTAND THAT FAILURE TO PAY THE PREMIUM WILL RESULT IN AUTOMATIC TERMINATION OF COVERAGE. I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE OF COBRA ENROLLEE (SEE ATTACHMENT FOR PRIVACY INFORMATION)

DATE SIGNED

PART G: AGENCY INFORMATION

15. AGENCY NAME _____	16. HEALTH BENEFITS OFFICER'S SIGNATURE _____
AGENCY CODE _____ UNIT CODE _____	DATE RECEIVED _____ PHONE _____

PRIVACY INFORMATION

Submission of the requested information is mandatory. The information is collected pursuant to the Government Code Sections (20000 et. seq) and will be used for administration of the Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another government agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Security and Privacy Officer, CalPERS, 400 Q Street, Sacramento, CA 95811.

INSTRUCTIONS FOR THE COMPLETION OF THE FORM HBD-85 (05/2019)

Part A

1. Type of Action

- a. Check " NEW " if this your new/initial enrollment
 - i. (**Note:** There cannot be a break in coverage between the end of CalPERS active health coverage and the beginning of COBRA enrollment)
 - b. Check " CHANGE " if you are adding or deleting dependents, or for a plan change
 - c. Check "Cancel" if you are canceling your COBRA enrollment
 - i. You can skip the rest of the sections in Part A
 - ii. Complete Part B (5 & 6), Part E (13)
2. Check applicable Type of Permitting Event
3. Provide original Event Date (permanent separation, divorce date, etc.)
4. Enter original COBRA Enrollment Period

Examples:

Permanent Separation date 4/15/19 (COBRA Enrollment Period: From 6/1/2019 to 11/30/2020)
Child attains age 26 on 6/15/19 (COBRA Enrollment Period: From 7/1/19 to 01/01/2021)

Part B

5. Provide all requested information
6. Identify the employee if the COBRA enrollee is a former dependent

Part C

7. Identify the carrier. New COBRA enrollees may choose any carrier within their residential or work ZIP code area. Carrier changes are also allowed during the Open Enrollment period or due to a move. The health plan carrier's name, address, and phone number can be found in the annual Health Benefit Summary available in all employing agencies. *COBRA premium payments is the responsibility of the COBRA enrollee and must be made directly to the carrier.*

Part D

8. List all dependents to be enrolled, including self (if applicable)

Action Code:

- i. Use "A" to indicate which dependent is being added (or newly enrolled)
- ii. Use "D" to indicate if a dependent is being deleted from an existing COBRA enrollment
- iii. An Action Code is not required when changing carriers

Important Note: The addition and deletion of dependents is regulated by time limits which are identical to those for active employees.

Part E

9. Name of Prior Health Plan (if changing carriers)
- 10-13. To be completed by the current or former agency's Health Benefits Officer

Part F

14. Signature of COBRA enrollee and date signed

Part G

15-16. To be completed by the current or former employing agency's Health Benefits Officer. CalPERS is the "employing agency" for former dependents of retirees.

IMPORTANT: It is the responsibility of the COBRA enrollee to report enrollment changes in a timely manner. Enrollment change requests must be submitted in accordance with existing regulations, laws, and the time limits applicable to the Public Employees' Medical and Hospital Care Act. All change requests are directed through the agency listed in Part G.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).



Health Care Reimbursement Account (HCRA) REQUEST FOR DIRECT PAY ENROLLMENT (COBRA AND LEAVE WITHOUT PAY)

Complete this form and return to the Campus Benefits Representative

Employee Name (First) (MI) (Last)		Social Security Number		Campus	
Address		City		State	
Zip		Signature →		Date	
<input type="checkbox"/> Separation from Employment Termination Date _____		Reason for Request (check one) <input type="checkbox"/> Leave Without Pay Effective Date _____ Expected Length _____ Is this a FMLA leave? Yes <input type="checkbox"/> No <input type="checkbox"/>		Monthly Contribution Amount \$ _____	
Complete this section if applicant is not the employee					
Name of Applicant		Relationship to Employee		Social Security Number	
Signature →		Date			
<p>Please note the following information:</p> <ol style="list-style-type: none"> Continuation payments are not made via the payroll system; therefore, there is no income tax savings associated with continuation of the HCRA Plan. You must have a balance in your account prior to separation or leave without pay to be eligible for continued participation. If request for continued participation is approved, you may participate until the end of the plan year. If you go on leave without pay and it extends beyond the end of the plan year, you will not be eligible to reenroll in the plan until you return to active status. Separated employees are not eligible to reenroll in subsequent years. Participation after termination or other COBRA qualifying events will be pursuant to COBRA qualification. Under COBRA, federal regulations specify that you and/or your dependent(s) have 60 days (the "Election Period") from the later of the date of continuation of coverage/COBRA notice, or the date of the loss of coverage to elect to continue participation, and 45 days from the date of election to submit the first contribution to ASI, the Third Party Administrator. Eligibility based on a leave of absence will be in accordance with the same timelines. You will receive a coupon booklet for payments, which confirms your continued participation. The first payment submitted to ASI must be sufficient to bring the payments current. You will be billed 102% of your monthly contribution for COBRA. All payments must be made directly to ASIFlex. Payments are due to ASI the 1st of the month. There is a 30-day grace period. If ASI does not receive payments by the 30th of each month, your participation will end on the last day of the preceding month. 					
<p>Campus Benefits Representative to mail this form to:</p> <p style="text-align: center;">ASIFlex P. O. Box 6044 - COLUMBIA, MO 65205-6044 Telephone Number: (800) 659-3035</p>					
CSU Use Only					
Account Balance (at time of Separation or Leave) \$		Actual Monthly Contribution (including 2% fee) \$		Action <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
Signature of Reviewer →		Title →		Date	

CalPERS 2022 Health Plans

CalPERS Health Plans				
Plan Code	Plan Name	2022 Monthly COBRA Premium		
		1 Party	2 Party	3 Party
181	Anthem Blue Cross Select HMO	\$865.04	\$1,730.08	\$2,249.11
180	Anthem Blue Cross Traditional HMO	\$1,222.03	\$2,444.06	\$3,177.28
172	Anthem Blue Cross EPO (Restricted to Del Norte County)	\$965.72	\$1,913.43	\$2,510.86
141	Blue Shield Access+	\$918.22	\$1,836.45	\$2,387.38
191	Blue Shield Access+ EPO (Restricted to Colusa, Mendocino & Sierra Counties)	\$918.22	\$1,836.45	\$2,387.38
471	Blue Shield TRIO	\$757.55	\$1,515.11	\$1,969.64
184	Health Net Salud Y Mas	\$496.24	\$992.48	\$1,290.23
185	Health Net SmartCare	\$1,027.27	\$2,054.55	\$2,670.91
056	Kaiser Permanente (CA)	\$820.76	\$1,641.53	\$2,133.98
varies	Kaiser Permanente Out-of-State	\$1,161.73	\$2,323.46	\$3,020.50
434	PERS Platinum (PERS Care and Pers Choice)	\$965.72	\$1,931.43	\$2,510.86
437	PERS Gold (PERS Select)	\$663.39	\$1,326.78	\$1,724.81
207	PORAC	\$765.00	\$1,447.98	\$1,965.54
189	Sharp (Restricted to San Diego County)	\$713.19	\$1,426.39	\$1,854.31
		\$834.39	\$1,668.78	\$2,169.42
187	United Healthcare Alliance HMO			
319	UnitedHealthcare Harmony HMO	\$752.10	\$1,504.19	\$1,955.45
176	Western Health Advantage (Restricted to Bay Area, Sacramento, and other Northern regions)	\$756.09	\$1,512.17	\$1,965.83

CSU 2022 Dental Plans

Delta Dental PPO - Indemnity Plan				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
Delta Basic	4918-2091	Public Safety (Unit 8)	Single Person	\$31.06
		Excluded (E99)	Two People	\$58.67
		CalPERS Annuitants CalSTRS Annuitants	Three or More	\$117.80
Delta Enhanced Level I	4918-3091	Teaching Associates (Unit 11)	Single Person	\$37.78
		English Language Program Instructors (Unit 13)	Two People	\$71.48
			Three or More	\$147.38
Delta Enhanced Level II	4918-4091	Executive (M98)	Single Person Two People Three or More	\$46.77 \$88.25 \$172.41
		Management Personnel Plan (M80)		
		Confidential (C99)		
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
		Teamsters (Unit 6)		
CMA Operating Engineers (Unit 10)				
FERP Annuitants				
Public Safety (Unit 8)				

DeltaCare USA (California residents only)				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
DeltaCare USA Basic	72034-0011	Public Safety (Unit 8)	Single Person Two People Three or More	\$19.23 \$31.70 \$46.89
		Excluded (E99)		
DeltaCare USA Enhanced	72034-0012	Teaching Associates (Unit 11)	Single Person Two People Three or More	\$25.54 \$42.16 \$62.34
		English Language Program Instructors (Unit 13)		
		CalPERS Annuitants		
		CalSTRS Annuitants		
		Executive (M98)		
		Management Personnel Plan (M80)		
		Confidential (C99)		
		Physicians (Unit 1)		
		CSUEU (Units 2, 5, 7, 9)		
		Faculty (Unit 3)		
		Academic Support (Unit 4)		
		Teamsters (Unit 6)		
		CMA Operating Engineers (Unit 10)		
		FERP Annuitants		

CSU 2022 Vision Plan – Actives and FERPs

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Actives		FERPs
	Basic (Group # 30059426)	Premier (Group # 30077022)	Premier (Group # 30077315)
	Monthly Premium	Monthly Premium	Monthly Premium
One Person	\$7.24	\$11.43	\$11.43
Two People	\$7.24	\$22.86	\$22.86
Three or More	\$7.24	\$36.81	\$36.81

CSU 2022 Voluntary Vision Plan – Retirees

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Retirees	
	Basic (Group # 30059425)	Premier (Group # 30078083)
	Monthly Premium	Monthly Premium
One Person	\$5.23	\$15.33
Two People	\$9.58	\$28.65
Three or More	\$10.28	\$30.74