Connecticut Continuation Coverage Election Notice

IMPORTANT INFORMATION:
Connecticut Continuation Coverage and other Health Coverage Alternatives

Date of Notice: _____ Dear: _____
(Name of Qualified Beneficiary(ies)

This notice has important information about your right to continue your health care coverage in the _____ (the Plan), as well as other health coverage options that may be available to you, including coverage through Connecticut's Health Insurance Marketplace, Access Health CT at www.accesshealthct.com or by calling 1-855-805-4325. You may be able to get coverage through the Health Insurance Marketplace that costs less than continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect continuation coverage, you should use the election form provided later in this notice.

Why am I getting this notice?

You're getting this notice because your coverage under the Plan will end on _____ due to:

- ☐ End of employment
- ☐ Death of employee
- ☐ Entitlement to Medicare
- ☐ Reduction in hours of employment
- ☐ Divorce or legal separation
- ☐ Loss of dependent child status

Federal and state law require that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

What's Continuation Coverage?

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Who are the qualified beneficiaries?

Each person ("qualified beneficiary") in the category(ies) checked below can elect continuation coverage:

- ☐ Employee or former employee
- ☐ Spouse or former spouse
- ☐ Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- ☐ Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

Each person in the category(ies) checked below is entitled to elect continuation coverage, which will continue group health care coverage under the Plan for up to the Maximum Period shown below.

Check One	Qualifying Event	Qualified Beneficiaries	Maximum Period of Continuation Coverage
☐	Layoff, reduction of hours, leave of absence or termination of employment (for reasons other than gross misconduct)	☐ Employee ☐ Spouse ☐ Dependent Child	30 months
☐	Employee enrollment in Medicare	☐ Spouse ☐ Dependent Child	36 months
☐	Divorce or legal separation	☐ Spouse ☐ Dependent Child	36 months
☐	Death of employee	☐ Spouse ☐ Dependent Child	36 months
☐	Loss of "dependent child" status under the plan	☐ Dependent Child	36 months
☐	**Conn. Gen. Statute 38a-512a(a)(1)(A): "Early retiree" – typically age 62 or older** Layoff, reduction of hours, leave of absence or termination of employment due to employee's eligibility for Social Security Income	☐ Employee ☐ Spouse ☐ Dependent Child	Employee's eligibility for benefits under Medicare (Age 65)

Are there other coverage options besides Continuation Coverage?

Yes. Instead of enrolling in continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period". Some of these options may cost less than continuation coverage.

You should compare your other coverage options with continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under continuation coverage because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

If I elect Continuation Coverage, when will my coverage begin and how long will the coverage last?

If elected, continuation coverage will begin on _____ and can last until _____.

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

Can I extend the length of Continuation Coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a second qualifying event occurs. You must notify your Continuation Coverage Administrator of a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a second qualifying event within 60 days, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit: http://www.dol.gov/ebsa/publications/cobraemployee.html.

How much does continuation coverage cost?

The cost for medical coverage under continuation coverage is shown below. You may elect any of following option(s) for continuation coverage:

Monthly Rate	**Plan 1**	**Plan 2**	**Plan 3**
Employee			
Employee + Spouse			
Employee + Child(ren)			
Family			
Employee + _____			

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Important information about paying your premium can be found at the end of this notice.

You may be able to get coverage through Connecticut's Health Insurance Marketplace, Access Health CT, that costs less than continuation coverage.

You can learn more about Connecticut's Marketplace, Access Health CT by visiting their website at www.accesshealthct.com or by calling their toll-free number at 1-855-805-4325 for further information.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP) through Connecticut's HUSKY Program. You can access Connecticut's Marketplace, Access Health CT, at www.accesshealthct.com or by calling their toll-free number at 1-855-805-4325.

Coverage through the Health Insurance Marketplace may cost less than continuation coverage. Being offered continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.accesshealthct.com or call their toll-free number at 1-855-805-4325.

If I sign up for Continuation Coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to Continuation Coverage?

If you sign up for continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period". But be careful though - if you terminate your continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of continuation coverage, you cannot switch to continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your continuation coverage.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- Premiums: Your previous plan can charge up to 102% of total plan premiums for continuation coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.

- Provider Networks: If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.

- Drug Formularies: If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

- Severance payments: If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your continuation coverage payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.

- Service Areas: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

- Other Cost-Sharing: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information

This notice doesn't 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 questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact your Continuation Coverage Administrator as shown below:

Continuation Coverage Administrator: _____

Address: _____

Telephone Number: _____

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272.

For more information about health insurance options available through Connecticut's Health Insurance Marketplace, Access Health CT, and to locate an assister in your area who you can talk to about the different options, contact Access Health CT as shown below.

You can learn more about Connecticut's Marketplace, Access Health CT by visiting their website at www.accesshealthct.com or by calling their toll-free number at 1-855-805-4325 for further information.

Keep Your Plan Informed of Address Changes

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

Continuation Coverage Election Form

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

Send completed Election Form to: Name: _____

Address: _____

_____

This Election Form must be completed and returned by mail, post-marked no later than _____.

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

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

I (We) elect continuation coverage in the _____ (the Plan) listed below:

Name	Date of Birth	Relationship to Employee	Social Security # or Other Identifier	Coverage Option Elected

_____ _____

Signature **Date**

_____ _____

Print Name **Relationship to individual(s) listed above**

Address: _____

_____

Telephone #: _____

Important Information About Payment

First payment for Continuation Coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact your Continuation Coverage Administrator to confirm the correct amount of your first payment.

Periodic payments for Continuation Coverage

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. 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 by the 1st of each 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.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. 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 may 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 don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to the Continuation Coverage Administrator listed below.

The Plan ☐ **will** send periodic notices of payments due for these coverage periods
☐ **will not** send periodic notices of payments due for these coverage periods

Continuation Coverage Administrator: _____

Address: _____

Telephone Number: _____