OKLAHOMA
Employees Group
Insurance Division

Employees Group Insurance Division
ELIGIBILITY FOR CONTINUATION OF COVERAGE

PLEASE COMPLETE AND RETURN IF ELECTING COBRA

As a retiree, vested or non-vested member, you are eligible to retain your health, dental, vision and/or life insurance with no time limitations as long as your premiums are paid each month. If you elect to continue your coverage as a retiree, vested or non-vested member, please complete the required Application For Retiree/Vested/Non-Vested/Defer Insurance Coverage form.

As a COBRA participant, you are eligible to retain health, dental and/or vision for a maximum time period of 18 months. Once you have reached the maximum 18-month limit, there is no insurance coverage available through the Office of Management and Enterprise Services Employees Group Insurance Division.

By signing this form, you acknowledge that you have read the above and understand the options regarding your continuation of insurance coverage as a COBRA participant. You cannot transfer coverage once your election is made.

_____
Member name

_____
Signature Date

_____
Social Security Number

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COBRA QUALIFYING EVENT NOTICE

At the time of a COBRA Qualifying Event, the insurance coordinator must complete and send this form to EGID. If the employee is eligible to vest/retire, you must explain the difference between the vesting/retirement and COBRA options so they can make an informed choice.

Employer information

Employer name	Agency or group number

Insurance coordinator name	Insurance coordinator phone	Date

Employee information

Name (First MI Last)	SSN

Mailing address	City	State	ZIP code

Is this employee eligible to vest/retire?

☐ Yes ☐ No

Reason for COBRA qualifying event

☐ Termination – date: Last day of insurance coverage:

Was the employee involuntarily terminated? ☐ Yes ☐ No

Was the employee terminated for gross misconduct? ☐ Yes ☐ No

Was employee called to military duty (USERRA) ☐ Yes ☐ No

☐ Reduction of work hours – date:

☐ Death – date:

☐ No longer an eligible dependent as of date:

Reason dependent is not eligible **(required)**:

Dependent information

Name	**Current mailing address**

Email, fax or mail this form to EGID, Attn: Member Accounts

Email: egidmail@ohca.ok.gov

Fax: 405-717-8939

Mail: EGID
P.O. Box 11137
OKLAHOMA CITY, OK 73136-9998

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COBRA CONTINUATION HEALTH COVERAGE AND OTHER HEALTH ALTERNATIVES

Important information: Please read carefully and retain for future reference.

What is continuation coverage?

Federal law requires that most group health plans, including those offered through EGID, give employees and their families the opportunity to continue their health 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 former employee, covered under the health plan, the covered employee's spouse, and the covered employee's dependent children.

COBRA continuation coverage is the same coverage the plans offered through EGID provide to other participants or beneficiaries who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights through EGID as other covered participants or beneficiaries, including the option to enroll in or add coverage during Option Period.

How long will continuation coverage last?

In the case of a loss of coverage due to the end of employment or reduction in hours of employment, coverage generally can be continued for up to a total of 18 months. In cases of loss of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits, or a dependent child ceasing to be a dependent under the terms of EGID, coverage can 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 up to 36 months after the date of Medicare entitlement. The COBRA Continuation Coverage Notice lists the maximum period of continuation coverage available to the qualified beneficiaries.

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

- The required premium is not paid in full on time.
- A qualified beneficiary becomes covered under another group health plan.
- A qualified beneficiary becomes entitled to Medicare Part A and/or Part B.
- The employer ceases to provide any group health plan for its employees.

Continuation coverage can also be terminated for any reason EGID would terminate regular coverage, such as fraud.

How can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, an extension of the maximum period of coverage may be available if you are disabled or a second qualifying event occurs. You must notify EGID 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 your right to extend the period of continuation coverage.

Disability
An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. A copy of the SSA determination must be sent to EGID within 60 days of the SSA determination and before the end of the first 18 months of continuation coverage. 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, the qualified beneficiary must notify EGID of that fact within 30 days after the SSA determination.

Second qualifying event
An 18-month extension of coverage is available to a spouse and dependent children who elect continuation coverage when 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 can include the death of the covered employee, divorce or legal separation from the covered employee, or a dependent child's ceasing to be eligible for coverage as a dependent. These events can be a second qualifying event only if they would

have caused the qualified beneficiary to lose coverage through EGID if the first qualifying event had not occurred. The qualified beneficiary must notify EGID in writing within 30 days after a second qualifying event occurs if they want to extend continuation coverage.

How can I 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 right to elect individual continuation coverage. For example, the employee's spouse can elect continuation coverage even if the employee does not. Continuation coverage can be elected for only one, several, or all dependent children who are qualified beneficiaries. A parent can elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of a qualified beneficiary.

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary is required to pay the entire cost of continuation coverage. The amount a qualified beneficiary is required to pay cannot exceed 102% or, in the case of an extension of continuation coverage due to a disability, 150% 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 the COBRA Continuation Coverage Notice. You may be able to get coverage through the health insurance marketplace that costs less than COBRA continuation coverage. You can learn more about the marketplace below.

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 includes cost-sharing reductions (amounts that lower out-of-pocket costs for deductibles, coinsurance and copays) right away, and can see what premium, deductibles and out-of-pocket costs will be before deciding to enroll. Through the marketplace, you will also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). Access the marketplace for your state at HealthCare.gov or call the marketplace call center at 800-318-2596. TTY users call 855-889-4325. Coverage through the health insurance marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage will not limit 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 because losing your job-based health coverage is a special enrollment period. After 60 days, the special enrollment period ends 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 HealthCare.gov.

If I elect COBRA continuation coverage, can I switch to coverage in the marketplace? What if I choose marketplace coverage and want to switch back to COBRA continuation coverage?

If you elect COBRA continuation coverage, you can switch to a marketplace plan during a marketplace open enrollment period. You can also terminate your COBRA continuation coverage early and switch to a marketplace plan through a special enrollment period if you have another qualifying event such as marriage or birth of a child. If you terminate your COBRA continuation coverage early without another qualifying event, you will 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 have exhausted your COBRA continuation coverage and the coverage expires, you are eligible to enroll in marketplace coverage through a special enrollment period even if marketplace open enrollment has ended. If you elect marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of either:

- The month after your employment ends.
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information, visit https://www.medicare.gov/medicare-and-you.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan, such as your spouse's plan, if you request enrollment within 30 days of the loss of coverage. If you or your dependent chooses to elect COBRA continuation coverage rather than enrolling in another group health plan for which you are eligible, you will have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA 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 COBRA coverage. Other options such as coverage on your spouse's plan or through the marketplace may be less expensive.
- Provider networks: If you are currently receiving 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 different network.
- Drug formularies: If you are currently taking medication, a change in your health coverage may affect your costs for medications. In some cases, your medication may not be covered by another plan. You may want to verify if your current medications are listed in drug formularies for other health coverage.
- Severance package: If you lost your job and receive a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA premiums for a period of time. In this scenario, you may want to contact the U.S. Department of Labor toll-free at 866-444-3272 to discuss your options.
- Service areas: Some plans limit their benefits to specific service or coverage areas, so you may not be able to use your benefits if you move to another area of the country. 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 copays, 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 much higher deductibles and copays.

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 within 45 days after the date of your election. This is the date the COBRA Continuation Coverage Election Form is postmarked, if mailed. If you do not make your first payment for continuation coverage in full within 45 days after the date of your election, you will lose all continuation coverage rights through EGID. **You are responsible for making sure that the amount of your first payment is correct.** To confirm the correct

amount of your first payment, contact member services by mail at EGID, P.O Box 11137, Oklahoma City, OK 73136-9998; or call 405-717-8780 or toll-free 800-752-9475. TTY users call 711.

Periodic payments for continuation coverage
After you make your first payment for coverage, you are required to make periodic payments for each subsequent coverage period. The amount due for each coverage period for each qualified beneficiary is shown in the COBRA Continuation Coverage 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 20th of each month for that month of coverage. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage through EGID will continue for that coverage period without any break. EGID will send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments
Although periodic payments are due on the dates stated above, EGID gives a grace period of 30 days after the first day of the coverage period to make each periodic payment. Your continuation coverage is provided for each coverage period as long as payment is made before the end of the grace period for that payment. However, if you make 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 through EGID may be suspended as of the first day of the coverage period and then retroactively reinstated back to the first day of the coverage period when the periodic payment is received. This means 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 may lose all rights to continuation coverage through EGID.

Your first payment and all periodic payments for continuation coverage should be sent to:

EGID
Member Accounts
P.O. Box 11137
Oklahoma City, OK 73136-9998

For more information

This notice does not fully describe continuation coverage or other rights through EGID. More information about continuation coverage and your rights through EGID is available in your plan handbook or from EGID.

If you have any questions concerning the information in this notice or your rights to coverage, or if you want a copy of your summary plan description, you should contact EGID by mail at P.O. Box 11137, Oklahoma City, OK 73136-9998; or call 405-717-8780 or toll-free 800-752-9475. TTY users call 711.

For more information about your rights under the Employee Retirement Income Security Act, 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 website at DOL.gov/ebsa or call toll-free 866-444-3272. For more information about health insurance options available through the health insurance marketplace and to locate someone in your area who you can talk to about the different options, visit HealthCare.gov.

Keep your plan informed of address changes

In order to protect your and your family's rights, keep EGID 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 EGID.

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COBRA CONTINUATION COVERAGE ELECTION FORM

To elect COBRA continuation coverage, complete this election form and return it to your insurance coordinator. Under federal law, you have at least 60 days after the date of this notice (_____) to decide whether you want to elect COBRA continuation coverage through EGID. If you do not mail or fax a completed election form by the due date shown below, 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 if you furnish a completed election form before the due date. Read and retain the important information about your rights. **Postmark/fax due date:**

Applicant information

Name (First MI Last)		SSN
Date of birth (DOB)	☐ Male ☐ Female	☐ Married ☐ Single
Mailing address (☐ New)	City State ZIP code	
Phone	Alt phone	Email

Coverage elections – Select the coverages you want to continue.

☐ Health ☐ Dental ☐ Vision ☐ Flexible spending account (FSA)

Primary care physician (HMO): | Primary care dentist (Prepaid):

Dependents to be covered (if applicable)

Name	SSN	Relation	Sex	DOB	Coverage elections
					☐ Health ☐ Dental ☐ Vision
					☐ Health ☐ Dental ☐ Vision
					☐ Health ☐ Dental ☐ Vision

Questions

1. Are you or any dependents to be covered on this plan covered by any other group insurance?
☐ Yes ☐ No

If yes, name of plan: Effective date:

Person(s) covered:

2. Are you or any dependents to be covered on this plan entitled to Medicare?
☐ Yes ☐ No

If yes, person(s) covered and effective date:

3. Were you terminated for gross misconduct?
☐ Yes ☐ No

Signature

I understand that my eligibility will be determined based on the information stated on this form. I must notify EGID if any changes occur which affect my eligibility. I understand that new dependents may be enrolled under limited circumstances. I understand all premiums from my active coverage must be paid in full to be eligible for COBRA continuation coverage.

I understand that all premiums due from the effective date of COBRA must be postmarked within 45 days following the date of signing this election form. Coverage will not be set up until premiums are received. To expedite coverage, you may submit premiums with this application.

Signature: **Date:**

Mail or fax to EGID, Attn: Member Accounts

Mail: EGID, P.O. Box 11137, Oklahoma City, OK 73136-9998 | **Fax:** 405-717-8939

FOR OFFICE USE ONLY

Health plan:	Dental plan:	Vision plan:	Total premium:
Effective date:	Time limit:	Eligibility end:	1st payment due:

Monthly Premiums for COBRA Participants
Plan Year Jan. 1-Dec. 31, 2027

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HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
CommunityCare HMO	$ 764.35	$ 1,030.55	$ 540.58	$ 917.39
GlobalHealth HMO	$ 1,282.28	$ 1,892.75	$ 732.26	$ 1,195.81
HealthChoice High and High Alternative	$ 835.03	$ 979.00	$ 420.04	$ 712.76
HealthChoice Basic and Basic Alternative	$ 684.95	$ 803.82	$ 353.23	$ 597.50
HealthChoice High Deductible Health Plan (HDHP)	$ 600.60	$ 705.33	$ 309.81	$ 524.10

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	$ 40.07	$ 40.07	$ 32.44	$ 82.82
BCBSOK – BlueCare Dental Low Plan	$ 25.42	$ 25.42	$ 21.95	$ 53.73
Cigna Prepaid (GAOV9)	$ 14.22	$ 10.26	$ 7.47	$ 14.50
Delta Dental PPO	$ 42.13	$ 42.13	$ 36.64	$ 92.64
Delta Dental PPO – Choice	$ 18.97	$ 42.96	$ 43.29	$ 105.04
HealthChoice Dental	$ 52.63	$ 52.63	$ 42.55	$ 109.12
MetLife High Classic MAC	$ 58.61	$ 58.61	$ 50.22	$ 124.50
MetLife Low Classic MAC	$ 30.74	$ 30.74	$ 26.38	$ 64.97
Sun Life Preferred Active PPO	$ 41.29	$ 41.07	$ 30.84	$ 82.84

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	$ 10.61	$ 9.47	$ 9.38	$ 11.73
Superior Vision	$ 7.55	$ 7.49	$ 7.10	$ 14.59
Unity Vision (formerly VCD of OK)	$ 15.79	$ 11.18	$ 11.18	$ 24.97
VSP (Vision Service Plan)	$ 8.79	$ 5.77	$ 5.69	$ 12.46

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.