

Initial COBRA Notification

ATTENTION: New Employees of the State of Connecticut ****VERY IMPORTANT NOTICE****

It is important that all covered individuals take the time to read this notice carefully and be familiar with its contents.

Under federal and state law, the State of Connecticut is required to offer covered employees and covered family members the opportunity to elect a temporary continuation of health coverage at group rates, when coverage under the plan would otherwise end due to certain qualifying events. This notice is intended to inform you and your covered dependents, if any, in a summary fashion of your options and obligations under the continuation coverage provisions of the law.

Qualifying Events

For Covered Employee

If you are an employee of the State of Connecticut covered by a state-sponsored group health plan, you may have the right to elect this continuation coverage if you lose your group health coverage because of a termination of your employment or a reduction in your hours of employment.

For Covered Spouse

If you are the spouse of an employee of the State of Connecticut and are covered under his or her state-sponsored group health insurance plan, you may have the right to elect continuation coverage if you lose such group health plan for any of the following reasons:

1. A termination of your spouse's employment or a reduction of your spouse's hours of employment with the State of Connecticut;
2. The death of your spouse; or
3. Divorce or legal separation from your spouse

For Covered Dependent Children

If you are the dependent child of an employee covered by a state-sponsored group health plan, and are covered under the plan, you may have the right to elect continuation coverage if you lose such group health coverage for any of the following reasons:

1. A termination of the employee's employment or reduction in the employee's hours of employment with the State of Connecticut;
2. The death of the employee;
3. Parent's divorce or legal separation; or
4. You cease to be a "dependent child" under the group health plan.

If you are a child born or placed for adoption with a covered employee during the continuation coverage period, you may also elect continuation coverage.

Notification Requirements for Covered Employees, Spouses, and Dependents

Under the law, the covered employee, spouse, or other family member has the responsibility to inform the State of Connecticut of a divorce, legal separation, or a child losing dependent status under the state sponsored group health plan. This notification must be made within 60 days from the later of the date of the event or the date on which coverage would be lost because of the event. This notification must be made to your personnel or payroll office. Check the dependent eligibility rules of your plan carefully to determine when a child loses dependent status under the plan. If this notification is not completed in a timely manner rights to continuation coverage may be forfeited. Your agency has the responsibility to notify the COBRA Administrator of your termination of employment, reduction in hours, or death.

Election Period

Once your agency is notified that a qualifying event has occurred, it will in turn notify covered individuals (also known as qualified beneficiaries) of their right to elect continuation coverage. Each qualified beneficiary has an independent election right and will have 60 days from the later of the date coverage is lost under the group health plan or from the date of notification to elect continuation coverage. If a qualified beneficiary does not elect continuation coverage within this election period the right to elect continuation coverage will end.

If a qualified beneficiary elects continuation coverage and pays the applicable premium, the State of Connecticut is required to provide the qualified beneficiary with coverage that is identical to the coverage provided under the plan to similarly situated employees and/or covered dependents. If coverage is modified for similarly situated active employees, then continuation coverage may be similarly changed and/or modified.

Length of Continuation Coverage 30 Months

If the event causing the loss of coverage is termination of employment or a reduction in employment hours, then each qualified beneficiary will have the opportunity to continue coverage for 30 months from the date of the qualifying event.

- *Secondary Events* - If during the continuation period a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependent child ceases to be a dependent) coverage can be extended to 36 months from the date of the original qualifying date. If a second event occurs, it is the qualified beneficiary's responsibility to notify the COBRA Administrator. In no event, however, will continuation coverage last beyond three years from the date of the event that originally made the qualified beneficiary eligible for continuation coverage.

Length of Continuation Coverage 36 Months

If the original event causing the loss of coverage was the death of the employee, divorce, legal separation, or a dependent child losing such status under the state-sponsored group health plan, then each qualified beneficiary will have the opportunity to elect continuation coverage for 36 months from the date of the qualifying event.

Eligibility, Premiums, and Potential Conversion Rights: A qualified beneficiary does not have to show that he or she is insurable to elect continuation coverage. You must be covered under the plan at the time of the qualifying event to be able to elect continuation coverage. The State, through its COBRA Administrator, reserves the right to verify eligibility status and terminate continuation coverage retroactively if an individual is determined to be ineligible or if there has been a material misrepresentation of the facts. A qualified beneficiary will have to pay all of the applicable premium plus a 2% administration charge for continuation coverage. The premium may change in the future when the premium for the active employee plan is changed. There is a grace period of 30 days for the regularly scheduled monthly premiums. At the end of the continuation coverage period, a qualified beneficiary must be allowed to enroll in an individual conversion plan if one is available.

Notification of Address Change

To ensure that all covered individuals receive information properly and efficiently, it is important that you notify your personnel or payroll office of any address change as soon as possible. Failure on your part to do so may result in delayed notification or a loss of continuation coverage options.

Termination of Continuation Coverage

The law allows continuation coverage to end prior to the maximum continuation period for any of the following reasons:

1. The State of Connecticut ceases to provide any group health plan to any of its employees;
2. Any required premium for continuation coverage is not paid in a timely manner;
3. A qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary;
4. A qualified beneficiary who extended continuation coverage due to a disability is determined by Social Security to be no longer disabled.
5. A qualified beneficiary notifies the Anthem Blue Cross COBRA Continuation Unit (1-800-433-5436) to cancel continuation of coverage.

Current Cobra Rate information:

- [Employee Medical](#)
- [Employee Dental](#)

Any Questions

If any covered individual does not understand any part of this summary notice or has questions regarding the information or his or her obligations, please contact [Terry Stewart](#) at the Department of Human Resources by phone at (860) 486-0413.