



**TLC ADMINISTRATORS**  
3340 WALNUT AVENUE, SUITE 290  
FREMONT, CA 94538-2215

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Re: General COBRA Information for the UC SAN FRANCISCO, RESIDENTS & FELLOWS Health Plan

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You are receiving this notice because you have recently become covered under one or more of the group health plans sponsored by UC SAN FRANCISCO, RESIDENTS & FELLOWS. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. COBRA continuation coverage was created by a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). This information is intended to educate you about your COBRA rights and obligations in the event that you or one of your dependents should lose coverage under one or more of the plans. For simplicity, the remainder of this notice will refer to the group health plans sponsored by UC SAN FRANCISCO, RESIDENTS & FELLOWS collectively as the "Plan."

While no action or response is required, both you and your spouse should read the information carefully and keep it with your records. If you experience a loss of coverage in the future, please refer to this overview for guidance about your rights and responsibilities. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

#### **Plan Administrator**

UC SAN FRANCISCO, RESIDENTS & FELLOWS is the Plan Administrator. All notices and other communications regarding the Plan and regarding COBRA must be directed to:

UC SAN FRANCISCO, RESIDENTS & FELLOWS  
ATTENTION: HUMAN RESOURCES  
3333 CALIFORNIA STREET, SUITE 330  
SAN FRANCISCO, CA 94143

The Plan (as outlined below) offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly.

#### **About the COBRA Law**

COBRA refers to a federal law applicable to most employers who sponsor group health insurance plans for their employees and dependents. For COBRA purposes, a group health plan includes any major medical plan, dental plan, vision plan, health FSA, or any other employer-sponsored group plan that provides medical care.

The law requires that employees and certain dependents (spouse and dependent children) who lose coverage under a group health plan must be given the opportunity to continue coverage on a temporary basis. The maximum length of time coverage may be continued depends upon the reason coverage is lost. An employee, spouse and/or dependent child who loses coverage as a result of qualifying event becomes a "qualified beneficiary."

#### **COBRA Qualifying Events**

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

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

If you are the spouse of an employee covered by the Plan, you will become a qualified beneficiary if you lose group health coverage under the Plan for any of the following reasons:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes entitled to Medicare benefits (Part A, Part B or both); or
- (5) You become divorced or legally separated from your spouse.

In the case of a dependent child of an employee covered by the Plan, he or she will become a qualified beneficiary if he or she loses group health coverage under the Plan for any of the following reasons:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- (5) Parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the Plan as a "dependent child."

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 or the employee becoming entitled to Medicare benefits (Part A, Part B or both), the Plan Administrator must notify the Contract Administrator of the qualifying event within 30 days of the event.

### **COBRA Duration**

When the qualifying event is the end of employment (for reasons other than gross misconduct) or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### **Disability Extension to Twenty-Nine (29) Months**

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 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

You must make sure that the Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination, the date of the qualifying event or the date coverage was lost or would be lost under the Plan (whichever is later) and before the end of the 18-month period for COBRA continuation coverage. This notice should be sent to: COBRA Department, TLC Administrators at 3340 Walnut Avenue, Suite 290, Fremont, CA 94538.

#### **Second Qualifying Event Extension to Thirty-Six (36) Months**

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, for a maximum of 36 months. This extension may be available to the spouse or dependent child if the former employee dies, becomes entitled to Medicare benefits (Part A, Part B or both) or gets divorced or legally separated, 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. This extension may be available to the dependent child he or she stops being eligible under the Plan as a dependent child, but only if the event would have caused the dependent child to lose coverage under the Plan had the first qualifying event not occurred. In all of these cases, you must make sure that the Contract Administrator is

notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to: COBRA Department, TLC Administrators at 3340 Walnut Avenue, Suite 290, Fremont, CA 94538.

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 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse 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).

When the qualifying event is the death of the employee, the employee becoming entitled to Medicare benefits (Part A, Part B or both), your divorce or legal separation or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

### **Your IMPORTANT Qualifying Event Notice Obligations**

You, your spouse or dependent child must notify UC SAN FRANCISCO, RESIDENTS & FELLOWS if your spouse or dependent child loses coverage under the Plan because of divorce, legal separation, or your child no longer meets the Plan's definition of "dependent." Written notice must be provided no later than sixty (60) days after the event date or the date coverage would otherwise terminate, whichever is later. It can be mailed first class or faxed to UC SAN FRANCISCO, RESIDENTS & FELLOWS. You may be required to provide additional information to support the qualifying event (e.g. a divorce decree, etc).

If UC SAN FRANCISCO, RESIDENTS & FELLOWS is provided timely notice of the divorce, legal separation, or a child's loss of dependent status, we will notify the affected qualified beneficiaries of the right to elect continuation coverage.

If UC SAN FRANCISCO, RESIDENTS & FELLOWS is not provided notice of the divorce, legal separation, or a child's loss of dependent status during this sixty (60) day period, COBRA continuation will not be offered. If any claims are mistakenly paid for expenses incurred after the divorce, legal separation, or a child's loss of dependent status, then you, your spouse and dependent child will be required to reimburse the Plan for any claims so paid.

### **Other Notification Requirements**

In order to protect your family's rights, you should notify the Plan Administrator, UC SAN FRANCISCO, RESIDENTS & FELLOWS immediately when the name or address for your or any covered dependent changes. For your records, you should also keep a copy of any notices you send to the Plan Administrator.

### **For More Information**

If you have questions about your COBRA continuation coverage rights, please contact TLC Administrators or the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through the EBSA website at: [www.dol.gov/ebsa](http://www.dol.gov/ebsa)

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