

Cobra FAQs

- 1) When will my Residents/Fellow health insurance terminate? Your insurance will terminate on your last day of employment unless your appointment ends mid- June then your benefits will terminate on June 30.
- 2) When will I receive information telling me how I can continue my benefits through Cobra? Within a few weeks after your health benefits have been terminate in the insurance database by your coordinate , TLC, our cobra vendor will send you a COBRA Enrollment Kit. The kit will contain a COBRA Enrollment Form with coverage information, rates, and information about your COBRA rights. If you wish to continue your medical, dental, and/or vision coverage complete the COBRA Enrollment Form and return it to TLC.
- 3) How long do I have to decide if I want to elect COBRA? Your enrollment form must be postmarked within 60 days from the later of the date your active benefits end or the date of the COBRA notification (your Last Day to Elect is on the COBRA Enrollment Form). After that date, you will no longer have the right to elect COBRA coverage.
- 4) When will my cobra coverage start? After your paperwork has been processed, your coverage will be reinstated back to the date your active coverage ended.
- 5) Why do I have to pay premiums back to when my UCSF insurance coverage ended? COBRA law requires that you pay the monthly premium retroactive to the date your active coverage ended, so that you do not have a gap in coverage. Payment of your retroactive amounts must be postmarked within 45 days of your COBRA election.
- 6) How can I get benefits and services during the interim between the end of my active coverage and the reinstatement of my COBRA coverage? Here are suggestions for obtaining needed services during this gap in coverage (remember that when you elect and pay for COBRA coverage, the gap will get filled in):
 - **Prescription Coverage:** If you need a prescription, you may have to pay for it yourself (do not go without medication you need). If the prescription is very expensive, the pharmacy may be able to provide a few days' worth to tide you over. After your benefits are reconnected, the pharmacy will usually make the copay adjustment over the counter for you, or you can submit it to your medical provider for reimbursement.
 - **Doctor's Visit:** You may have to pay for the visit and then submit it for reimbursement. The doctor's office may be willing to hold or resubmit the bill when your coverage is reactivated.
- 7) What coverage can I elect to continue under COBRA? You may continue the same coverage(s) you had as an active employee. For example, if you had HMO medical, PPO dental, and vision coverage, you may continue some or all of those insurance plans.
- 8) Who can I cover under COBRA? You and/or any of your eligible dependents who were covered at the time of your Qualifying Event may elect to continue COBRA coverage.
- 9) When may I change the type of coverage I have? You may change the type of coverage at Open Enrollment, just the same as an active employee. For example, you could change from the HMO medical to a PPO medical plan. You must notify TLC in writing within 30 days of any address change, as this may affect the type of coverage available to you.

10) If I elect COBRA, am I obligated to pay for the full COBRA period? No. You may drop COBRA coverage at any time (generally at the end of a month). You may also drop part of your coverage (i.e., dental or vision) or dependents at any time. However, you may not add coverage or dependents except at Open Enrollment or in case of a family status change (marriage, birth, adoption)

11) How long can my COBRA coverage last?

Maximum Period	Qualifying Event
18 Months	Termination of Employment, Reduction in Hours, or Retirement
29 Months	Total and Permanent Disability, as determined under the Social Security Act
36 Months (for Dependents only)	Divorce or Legal Separation, Death of Employee, Child Ceases to be Dependent (i.e., Over-Age), or Employee Becomes Entitled to Medicare

12) When does my COBRA coverage end? Coverage will end at the end of your COBRA coverage period. For most people, this is 18 months, or earlier if any of the following occur:

- The monthly premium is not paid within the 30-day grace period; or
- You become Medicare eligible; or
- You become eligible under another group health plan; or
- The plan terminates for all employees; or
- A disabled person is no longer disabled during the 11-month extension period.

If any of these events occur, you must notify TLC.

13) How much do I pay for COBRA coverage? You pay 102% of the active employee premium (both employer and employee portions) for the coverage you elect. The rate will be provided in your COBRA information package.

14) What is a Marketplace and how do I find more information about my state's Marketplace? The Marketplace is a tool where individuals can purchase health insurance coverage for them and their family. Each state is required to provide a Marketplace where its residents can purchase health plans. Some states built their own Marketplaces and some states partnered or fully relied on the Federal government to provide Marketplaces. Go to www.healthcare.gov for more information

15) What if I have not yet enrolled in COBRA - can I enroll in a Marketplace rather than enroll in COBRA? Yes, During the Marketplace enrollment periods, individuals are eligible to enroll and obtain health benefits in a state Marketplace. The open enrollment period is mid November to mid February. Healthcare coverage can take effect as early as January. We suggest you go to www.healthcare.gov for more enrollment information. Keep in mind, certain benefits such as dental and vision may not be available through the Marketplace.