

DATE

RECEIPT ADDRESS

Subject: General COBRA Information for University of Nebraska

You are receiving this Notice as an employee and/or eligible dependent covered under one or more of the group health plans sponsored by the University of Nebraska (the "Plan(s)"). One of our tasks is to provide you with important information about your right to COBRA continuation of coverage under one or more of the group health plans. **Please note: you are NOT being offered Consolidated Omnibus Budget Reconciliation Act (COBRA) at this time.** The information in this Notice is intended to educate you about your COBRA rights and obligations in the event that you or one of your eligible dependents loses coverage under one or more of the Plans.

While no action or response is required unless you or your eligible dependent actually have a loss of coverage under one or more of the health Plan(s), both you and your eligible dependent 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.

Note: This Notice does not fully describe continuation coverage under COBRA or other rights under the Plan(s) and a more complete description can be found by contacting the COBRA Plan Administrator at the University of Nebraska Benefits Office, and/or referring to the applicable health plan summary located on the University of Nebraska benefits webpage. There is a more detailed description of your rights under COBRA and the coverage under the Plan(s) under which you have become covered in the applicable plan documents.

This Notice provides a brief overview of your rights and obligations under the current COBRA law. 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 which applies to most employers who sponsor group health insurance plans for their employees and eligible dependents. For COBRA purposes, a group health plan includes any major medical plan, dental plan, vision plan, health Flexible Spending Account (FSA), or any other employer sponsored group plan which provides medical care.

The law requires that employees and certain eligible dependents (including 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 and/or eligible dependents who loses coverage as a result of a qualifying event is called a "Qualified Beneficiary".

#### **COBRA Qualifying Events.**

Listed below are "qualifying events" which result in the right to continue coverage under COBRA. Please note that the maximum period of time coverage can be continued depends on the type of qualifying event.

#### **Eighteen (18) Month Maximum Continuation (experienced by a covered employee):**

- 1.) Termination of Employment (for reasons other than "gross misconduct")
- 2.) Reduction of Work Hours

If you experience one of the events listed above, you and any other impacted qualified beneficiary will be notified of the right to elect continuation coverage.

**Disability Extension to twenty-nine (29) months.** This extension will apply when any Qualified Beneficiary is determined by the Social Security Administration (SSA) to have been disabled at any time prior to the end of the first sixty (60) days of COBRA coverage resulting from a termination of employment or reduction of work hours, and continues to be disabled at the end of the initial 18-month period of coverage.

For the disability extension to apply, you must provide a copy of the SSA Determination of Disability letter within the 18-month COBRA period but no later than 60 days after the latest of: (1) the date of the SSA Determination of disability; (2) the date on which the qualifying event occurs; or (3) the date on which the qualified beneficiary loses coverage.



**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<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- x The month after your employment ends; or
- x