

**Policy Title: Insurance Group Coverage Continuation (COBRA) Policy No: 401.06**

Employees covered by the Group Medical or Dental Plan have the right to choose continued coverage if they lose their group health or dental coverage because of a reduction in hours of employment or the termination of employment (for reasons other than gross misconduct on their part).

The spouse of an employee covered by the Group Medical or Dental Plan has the right to choose continuation coverage for themselves if they lose group medical or dental coverage under the Group Medical or Dental Plan for **any** of the following four reasons:

1. The death of the insured employee;
2. A termination of the spouse's employment (for reasons other than gross misconduct) or reduction in the spouse's hours of employment;
3. Divorce or legal separation from the spouse; or
4. The spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by the Group Medical or Dental Plan, he or she has the right to continuation coverage if group medical or dental coverage under the Group Medical or Dental Plan is lost for **any** of the following reasons:

1. The death of a parent;
2. The termination of a parent's employment (for reasons other than gross misconduct) or reduction in parent's hours of employment with the Employer;
3. Parents' divorce or legal separation;
4. A parent becomes entitled to Medicare; or
5. The dependent ceases to be a "dependent child" under the Group Medical or Dental Plan.

The employee or a family member has the responsibility to inform the Plan Administrator of a divorce, legal separation, or a child losing dependent status under the Group Medical or Dental Plan. The notice must be provided within thirty (30) days unless the loss of coverage is due to divorce, legal separation, or a child's loss of dependent eligibility, in which case notice must be provided within sixty (60) days.

The Medical and Dental Plan Providers will provide all necessary COBRA notices and forms to COBRA qualified beneficiaries in a timely manner. If a qualified beneficiary's completed notice and election form and application are received within the beneficiary's

sixty (60) day COBRA election period, the Plan Provider will enroll the beneficiary as a COBRA participant.

The Plan Provider will bill the participant directly for the cost of COBRA continuation coverage until the participant ceases to be eligible, is terminated for non-payment of premiums when due, voluntarily terminates coverage, or the Plan Provider is terminated, whichever occurs first.

This policy is merely a summary of a federal law. In the event of any inconsistency between this policy and federal law, federal law will control. This policy is not intended to inform employees about any details of the District's medical and dental plans. Employees should refer to the Medical and Dental Summary Plan Descriptions, or request copies of the plan or of the plan's governing documents, for details.

**Policy Cross Reference:**

**Legal Reference:**

Public Law 99-272, Title X      Continuation Health Plan Coverage

**Policy History:**

Adopted:	11/10/1986
Reviewed:	02/13/2006
Amended:	03/13/2006