

Connecticut Continuation Coverage Election Notice

Date of Notice: _____

Dear: _____
(Name of Qualified Beneficiary(ies))

This notice contains important information about your right to continue your health care coverage in the _____ (the Plan),
(Name of Group Health Plan)

as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace.

Please read the information contained in this notice very carefully.

To elect continuation coverage, follow the instructions on the following pages to complete the enclosed Election Form and submit it to us.

If you do not elect continuation coverage, your coverage under the Plan will end on _____ due to:

- | | |
|----------------------------------|-----------------------------|
| End of employment | Entitlement to Medicare |
| Involuntary | Voluntary |
| Reduction in hours of employment | Divorce or legal separation |
| Loss of dependent child status | Death of employee |

Each person in the category(ies) checked below is entitled to elect continuation coverage, which will continue group health care coverage under the Plan for up to the Maximum Period shown below.

Check One	Qualifying Event	Qualified Beneficiaries	Maximum Period of Continuation Coverage
<input type="checkbox"/>	Layoff, reduction of hours, leave of absence or termination of employment (for reasons other than gross misconduct)	Employee Spouse Dependent Child	30 months
<input type="checkbox"/>	Employee enrollment in Medicare	Spouse Dependent Child	36 months
<input type="checkbox"/>	Divorce or legal separation	Spouse Dependent Child	36 months
<input type="checkbox"/>	Death of employee	Spouse Dependent Child	36 months
<input type="checkbox"/>	Loss of "dependent child" status under the plan	Dependent Child	36 months
<input type="checkbox"/>	<u>Pursuant to CT Public Act 03-77:</u> Layoff, reduction of hours, leave of absence or termination of employment (for reasons other than gross misconduct) due to employee's eligibility for Social Security Income (typically age 62 or older)	Employee Spouse Dependent Child	Employee's eligibility for benefits under Medicare (Age 65)

If elected, continuation coverage will begin on _____ and can last until _____.

You may elect any of the following options for medical coverage under Connecticut Continuation coverage:

Medical - \$ _____ per month

Employee

Employee + Spouse

Employee + 1

Employee + Child(ren)

Family

You do not have to send any payment with the Election Form. Important additional information about payment for continuation coverage is included in the pages following the Election Form.

You may be able to get coverage through the Health Insurance Marketplace that costs less than continuation coverage. You can learn more about the Marketplace below.

If you have any questions about this notice or your rights to continuation coverage, you should contact

Name of Continuation Coverage Administrator: _____

Address: _____

Telephone #: _____

Continuation Coverage Election Form

Instructions: To elect continuation coverage, complete this Election Form and return it to us. You have 60 days after the date of this notice to decide whether you want to elect continuation coverage.

Send completed Election Form to: Name: _____

Address: _____

This Election Form must be completed and returned by mail. If mailed, it must be post-marked no later than _____ (60 days from the date of the Election Notice).

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect continuation coverage. If you reject continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting continuation coverage, your continuation coverage will begin on the date that you furnish the completed Election Form.

Read the important information about your rights included in the pages after the Election Form.

I (We) elect continuation coverage in the _____ (the Plan) as indicated below:
Name of Plan

Name	Date of Birth	Relationship to Employee	Social Security # or Other Identifier	Coverage Option Elected

 Signature Date

 Print Name Relationship to individual(s) listed above

Address: _____

Telephone #: _____

Important Information about Your Continuation Coverage Rights

What is continuation coverage?

State law requires that most group health insurance coverage (including this coverage) give employees and their families the opportunity to continue their coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee (or retired employee) covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

How long will continuation coverage last?

In the case of a loss of coverage due to layoff, reduction of hours, leave of absence or termination of employment (for reasons other than gross misconduct), coverage generally may be continued for up to a total of 30 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months.

When the qualifying event is the layoff, reduction of hours, leave of absence or termination of employment (for reasons other than gross misconduct), and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, Connecticut continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Pursuant to Connecticut Public Act 03-77, when the qualifying event is the layoff, reduction of hours, leave of absence or termination of employment (for reasons other than gross misconduct) due to an employee’s eligibility for Social Security income, continuation of coverage for such employee and such employee’s covered dependents lasts until the employee becomes entitled to Medicare benefits. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary (note: there are limitations on plans’ imposing a preexisting condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary first becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a second qualifying event occurs. You must notify the Plan Administrator of a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a second qualifying event may affect the right to extend the period of continuation coverage.

Second Qualifying Event

An extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the initial period of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or legal separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

When and how must payment for continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment with the Election Form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for

continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct. You may contact the Plan Administrator or the issuer to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due on the first day of the month for that coverage period. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break.

The Plan **will or will not** send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage under the Plan may be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.

You may contact the Plan Administrator or the issuer to confirm the correct amount of your first payment.

Your first payment and all periodic payments for continuation coverage should be sent to:

What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you’ll also learn if you qualify for free or low-cost coverage from Medicaid or the Children’s Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than continuation coverage. Being offered continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to continuation coverage?

If you sign up for continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful though - if you terminate your continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of continuation coverage, you cannot switch to continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your continuation coverage.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for continuation coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another

plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your continuation payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information

This notice does not fully describe continuation coverage or other rights with respect to your coverage. More information about continuation coverage or other rights under the Plan is available in your group health insurance certificate or from the Plan Administrator.

If you have any questions concerning the information in this notice or your rights to coverage you should contact:

Continuation Coverage Administrator: _____

Address: _____

Telephone Number: _____

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or visit the EBSA website at www.dol.gov/ebsa. For more information about your rights under state law, contact the Connecticut Insurance Department, Division of Consumer Affairs at 1-800-203-3447.

For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep the Plan Administrator and the issuer informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or the issuer.