

## **CONTINUATION OF HEALTH/DENTAL INSURANCE**

Under the provisions of the Consolidated Omnibus Reconciliation Act (COBRA), you and your covered dependents may have the option of continuing your health and/or dental insurance coverage for a period of time by paying the required premiums. Here are the circumstances:

### **CONTINUATION FOR TERMINATED EMPLOYEE**

Coverage for you and/or your spouse and children be continued for up to 18 months if:

- Your employment with the Medical College ends for any reason (other than gross misconduct)
- You are no longer eligible for coverage because of reduction in your work commitment (.49 or less)

### **CONTINUATION FOR DEPENDENTS**

Coverage may be continued for up to 36 months:

- For your spouse and children if you die
- For your spouse and children if you divorce
- For your child when he/she is no longer considered an eligible dependent under the plan
- For your spouse and children when you become entitled to Medicare benefits

### **CONTINUATION FOR DISABLED INDIVIDUALS**

Coverage may be continued for up to 29 months for a disabled person who was disabled at the time of the loss of coverage or who becomes disabled within the first 60 days of COBRA coverage if qualified for Social Security disability. This COBRA coverage for disability also applies to qualified dependents. If the disabled person recovers before the 29 months has elapsed, coverage will cease once the initial 18 months has passed.

### **ELECTION INFORMATION**

If you elect to continue health insurance coverage, you must pay the full premium without any contribution from the Medical College. Your election must be made within 60 days after the enrollment forms are received or after coverage ends, whichever is later. You will have 45 days from the date of your election to pay premiums. COBRA coverage will begin upon receipt of payment. You will receive payment coupons, and payment must be made on the first of each month. It is your responsibility to notify the Medical College when dependents become ineligible for plan coverage in order to be eligible to elect COBRA coverage.

Your COBRA continuation coverage can be canceled if:

- You fail to pay the required premiums and keep them current

- You and your dependent become covered under any other group health and/or dental plan, unless the plan contains a pre-existing condition limitation
- You become eligible for Medicare benefits
- The Medical College group health and/or dental insurance plan is terminated

Coverage for your dependents can be canceled if:

- They become covered in another group health and/or dental insurance plan, unless the plan contains a pre-existing condition limitation
- Your spouse becomes covered under Medicare
- Premium payments are not made and kept current
- The Medical College group health and/or dental plan is terminated

If you wish to apply for COBRA, please complete the COBRA application and return it along with your premium payment to the Benefits Office, Human Resources Division, HS 1111, Medical College of Georgia, Augusta, Ga. 30912-8100.