CITY HEALTH CARE PLAN
COBRA CONTINUATION COVERAGE

The City of New Orleans Health Care Plan offers employees and their families the opportunity for a temporary extension of health coverage, called COBRA, at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to summarize your rights and obligations as it relates to COBRA coverage.

As an employee, spouse, domestic partner, or dependent of an employee of the City of New Orleans covered by the City Health Care Plan, you have the right to elect COBRA if you lose your group health coverage as a result of a reduction in the employees hours of employment or if you quit or are terminated for reasons other than gross misconduct of your part.

If you are the spouse or domestic partner of any employee covered by the City of New Orleans Healthcare Plan, you have the right to choose COBRA for yourself and eligible dependents if you lose group healthcare coverage under the plan as a result of the following qualifying events:

The following are qualifying events for a covered **employee** who loses coverage.

(1) Termination of your spouse's or domestic partner's Employment (for reasons other than gross misconduct);

(2) A reduction in the covered employee's hours of employment;

The following are qualifying events for a spouse and dependent child of a covered employee if they caused the spouse or dependent child to lose coverage.

(1) Termination of the covered employee's employment for any reason other than "gross misconduct";

(2) Reduction in hours worked by the covered employee;

(3) Covered employee become entitled to Medicare;

(4) Divorce or legal separation of the spouse from the covered employee; or

(5) Death of the covered employee.

In addition to the above, the following is a qualifying event for a dependent child of a covered employee if it causes the child to lose coverage;

(1) Loss of "dependent child" status under the plan rules. Under the Affordable Care Act, plans that offer coverage to children on their parents' plan must make coverage available until the adult child reaches the age of 26.

You have 60 days from the date you receive initial notification of ineligibility or the date your coverage would otherwise terminate, whichever is later, to elect COBRA.

If you do not choose COBRA, your group health insurance coverage will terminate in accordance with the City Health Care Plan contract.

When group health coverage is lost because of termination of employment or reduction in hours, the continuation period is customarily 18 months. The period of coverage for a spouse, domestic partner and/or dependent child(ren) may be extended for an additional 18 months, if the death of the employee, divorce, legal separation or change in dependent status occurs during the original 18 month period of coverage. This results in a total of 36 months of coverage from the date of the original eligibility. In order to receive this extension, the employee, spouse, domestic partner or dependent child must notify the City Insurance Section within 60 days of the occurrence of one of these events.

The maximum continuation period may vary for dependents of an employee who is Medicare entitled and loses coverage because of termination of employment or a reduction in hours. The period is the longer of 36 months from the date Medicare entitlement. Persons who are disabled under the Social Security Act at the time of COBRA enrollment or who become disabled during the first 60 days of COBRA coverage and are not covered by Medicare may extend COBRA benefits to 29 months provided they notify the Insurance Section before the end of the initial 18 months of COBRA and within 60 days of the disability determination. In all other cases, the continuation period is for 36 months.

COBRA may be terminated for the following reasons:

(1) The City no longer provides group health coverage to any of its employees;

(2) The premium for your continuation coverage is not paid when due;

(3) A qualified beneficiary begins coverage under another health plan after electing continuation coverage;

(4) A qualified beneficiary becomes entitled to Medicare benefits after electing continuation coverage; or

(5) A qualified beneficiary engages in conduct that would justify the plan in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

COBRA may also be terminated, with the exception of spouses or domestic partners of deceased employees and their eligible minor dependents for the following reasons:

(1) You become an employee covered under another group health plan, provided such plan does not contain any exclusion or limitation with respect to a pre-existing condition or the exclusion or limitation does not apply to you;

(2) You become eligible for Medicare;

(3) You were divorced from a covered employee and subsequently remarry and are covered under your new spouse's group health plan, provided such plan does not contain any exclusion or limitation does not apply to you.

(4) Your domestic partnership was terminated, and you subsequently register a new domestic partnership with the Clerk of Council and are covered under your new domestic partner's group health plan, provided such plan does not contain any exclusion or limitation with respect to a pre-existing condition or the exclusion or limitation does not apply to you.

If an employee elects continuation coverage, the employee may enroll newborn or adopted children or a spouse or domestic partner in COBRA continuation coverage within 60 days of birth, placement for

adoption, or marriage/registering of domestic partnership respectively without the application of any pre-existing condition limitations. Family members may also be added during open enrollment periods but are subject to pre-existing condition limitations.

Eligible employees who wish to add dependents/spouse/domestic partner coverage must complete a Change of Status Form and prove that the individual is legally their dependent/spouse/domestic partner by providing the following documentation as applicable:

1. Original of the dependent's birth certificate, social security card, Adoption Placement/Adoption Court Order or legal guardianship, written documents, certificate showing involuntary loss of coverage, and dependent children over 26 years of age. Disabled Dependent Child Written Physician's statement and a copy of Social Security Administration Award letter for Disability.

2. Employees who are married should provide a copy of the marriage license, and the eligible children's birth certificates and social security cards.

3. Domestic Partners and any eligible children of a domestic partnership must register with the Clerk of Council. The employee must submit a copy of the domestic partnership, and a copy of the eligible children's birth certificates and social security cards.

You do not have to show that you are insurable to choose continuation coverage. However, you must pay the total premium, including the portion formerly paid by the City, to receive continuation coverage. Attached is an election form and continuation coverage premium chart, excluding the 29 months special extension period premiums.

Active employees **only**, may have their COBRA premiums deducted from their paychecks. The COBRA premium for eligible children may be pre-taxed.

The election form should be completed and returned to the Benefits Administration Division, Chief Administrative Office, Room 9E06, City Hall, New Orleans, LA 70112.

If you have any questions about continuation coverage, please contact the Benefits division at 504-658-8615.

COBRA CONTINUATION COVERAGE
EFFECTIVE JANUARY 1, 2021

PARTICIPANTS – BASE PLAN	MONTHLY PREMIUMS
Employee Only	$593.05
Employee & Spouse/Domestic Partner	$1,245.43
Employee & Child(ren)	$1,097.16
Employee & Family	$1,719.87
Child(ren) Only	$504.11
Spouse/Domestic Partner Only	$624.21
Spouse/Domestic Partner & Child(ren) Only	$652.37

RETIREE UNDER 65	MONTHLY PREMIUMS
Retiree & Spouse/Domestic Partner	$1,680.50
Spouse/Domestic Partner Only	$896.13
Child(ren) Only	$620.88
Spouse/Domestic Partner & Child(ren) Only	$1,484.06

PARTICIPANTS - BUY-UP PLAN	MONTHLY PREMIUMS
Employee Only	$604.91
Employee & Spouse/Domestic Partner	$1,270.34
Employee & Child(ren)	$1,119.10
Employee & Family	$1,754.27
Child(ren) Only	$514.19
Spouse/Domestic Partner Only	$636.69
Spouse/Domestic Partner & Child(ren) Only	$665.42

RETIREE UNDER 65	MONTHLY PREMIUMS
Retiree & Spouse/Domestic Partner	$1,714.11
Spouse/Domestic Partner Only	$914.05
Child(ren) Only	$633.30
Spouse/Domestic Partner & Child(ren) Only	$1,513.74

REVISED 10/1/2020

ELECTION FORM
COBRA CONTINUATION COVERAGE
CITY HEALTHCARE PLAN
(Please Print)

EMPLOYEE/RETIREE
NAME_____ SOCIAL SECURITY #_____

ADDRESS_____ PHONE NUMBER ( ) _____

CITY _____ STATE_____ ZIP CODE_____

Do you want continuation coverage with the City Healthcare Plan? Yes No

If YES, please check the type of coverage desired: **___BASE PLAN** **___BUY-UP PLAN**

- ☐ Employee Only
- ☐ Employee & Spouse/Domestic Partner
- ☐ Employee & Child(ren)
- ☐ Employee & Family
- ☐ Spouse/Domestic/Partner Only
- ☐ Child(ren) Only
- ☐ Spouse/Domestic Partner & Child(ren) Only

If dependent continuation coverage has been elected, list dependent(s) to be covered:

DEPENDENT NAME	GENDER	DATE OF BIRTH	SOCIAL SECURITY #

Department: _____

If you are an active employee, do you want COBRA premiums deducted from your paycheck? YES NO

THE INITIAL PREMIUM IS DUE NO LATER THAN 30 DAYS AFTER ELECTION, SUBSEQUENT PREMIUMS ARE DUE THE FIRST OF THE MONTH. THE PREMIUM IS DELINQUENT AFTER THAT DATE. FAILURE TO PAY PREMIUMS TIMELY WILL RESULT IN CANCELLATION OF COVERAGE WITH NO FURTHER NOTICE.

Signature: _____ Date_____

Make all checks payable to: **City of New Orleans**

Return this form to: CHIEF ADMINISTRATIVE OFFICE, BENEFITS ADMINISTRATION DIVISION, ROOM 9E06, NEW ORLEANS, LA 70112.

ACKNOWLEDGEMENT OF COBRA INFORMATION

This will acknowledge that I, _____, Social
(print employee's name)

Security Number _____, received COBRA information on

_____.
(Date of Receipt)

_____
Signature