

COBRA Continuation Coverage Notice in Connection with Extended Election Periods

For GIC qualified beneficiaries currently enrolled in COBRA continuation coverage, due to a reduction in hours or involuntary termination (Assistance Eligible Individuals), as well as those who would currently be Assistance Eligible Individuals if they had elected and/or maintained COBRA continuation coverage

IMPORTANT INFORMATION: COBRA Continuation Coverage, other Health Coverage Alternatives, and Extended Election Periods under the American Rescue Plan Act of 2021 (ARP) for COBRA subsidized coverage effective April 1, 2021 through September 30, 2021.

Dear Former Employee and Eligible Dependents:

This notice has important information about your new rights related to continued health care coverage in your former GIC Health Plan (the Plan).

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for COBRA continuation coverage. Premium assistance is available to certain individuals who are eligible for COBRA continuation coverage due to a qualifying event that is a reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you do not need to pay any of the COBRA premium otherwise due to the plan for the months when you are eligible for premium assistance. This premium assistance is available from April 1, 2021 through September 30, 2021. If you choose to continue your COBRA continuation coverage beyond that date, you may have to pay the full COBRA premium amount due. However, when your premium assistance ends, you may qualify for a special enrollment period to enroll in coverage through the Health Insurance Marketplace¹ (see section on “other coverage options” below).

This notice applies to you only if you lost coverage when the former employee experienced a qualifying event that may have been a reduction in hours or an involuntary termination of employment and has not reached the maximum period for your COBRA continuation coverage or did not elect COBRA continuation coverage when it was first offered.

To help determine whether you can get the ARP premium assistance, you should read this notice and the attached documents carefully. In particular, review the “Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan of 2021” with details regarding eligibility, restrictions, and obligations and the “Request for Treatment as an Assistance Eligible Individual.”

If you believe you meet the criteria for the premium assistance, complete the “Request for Treatment as an Assistance Eligible Individual” (provided in the Summary of COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021 as an attachment to this notice) and return it with your completed Election Form, or separately, if you are currently enrolled in COBRA continuation coverage.

Please read the information in this notice very carefully before you make your decision. If you now choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

¹ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

If I did not have COBRA continuation coverage and now elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last?

If elected, COBRA continuation coverage will begin on April 1, 2021 and can last until the end of 18 month eligibility period. Note: Subsidized coverage will end September 30, 2021 regardless of your continuing eligibility for COBRA. If you continue to be eligible beyond September 30, 2021, you will be responsible to pay premiums beyond that date.

COBRA continuation coverage may end before the expiration of your 18 month eligibility period end date in certain circumstances, including for failure to pay premiums, for fraud, or if you become covered by another group health plan.

Can I now extend the length of COBRA continuation coverage?

If you now elect COBRA continuation coverage, you may be able to extend the length of COBRA continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the Group Insurance Commission of a disability or a second qualifying event within a certain time period to extend the period of COBRA continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of COBRA continuation coverage.

For more information about extending the length of COBRA continuation coverage visit <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>.

How much does COBRA continuation coverage now cost?

Important: You are only eligible for COBRA continuation coverage in the plan you had at the time of termination. COBRA continuation coverage will cost:

Health Plan	Individual Coverage	Family Coverage
UniCare State Indemnity Plan/Basic with CIC	\$1,223.97	\$2,718.08
UniCare State Indemnity Plan/Basic without CIC	1,162.37	2,577.84
UniCare State Indemnity Plan/PLUS	794.85	1,897.41
Tufts Health Plan Navigator	850.40	2,079.57
Fallon Health Select	877.18	2,135.12
Harvard Pilgrim Independence Plan	980.12	2,394.87
Health New England	640.69	1,529.18
Allways Health Partners Complete	780.59	2,038.66
UniCare State Indemnity Plan/Community Choice	603.60	1,500.10
Tufts Health Plan Spirit	649.22	1,567.26
Fallon Health Direct	648.01	1,638.21
Harvard Pilgrim Primary Choice Plan	709.43	1,811.25

COBRA rates effective 7/1/21

The ARP reduces the COBRA premium to zero for certain individuals. Premium assistance is available to certain individuals who are eligible for COBRA continuation coverage due to a qualifying event that is a

reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you need not pay any of the COBRA premium otherwise due to the plan. This premium assistance is available from April 1, 2021 through September 30, 2021. If you choose to continue your COBRA continuation coverage beyond that date, you will have to pay the full amount due. See the attached “Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan of 2021” for more details, restrictions, and obligations as well as the form to complete to establish eligibility.

If you qualify as an “Assistance Eligible Individual” this monthly premium cost will be zero from April 1, 2021 through September 30, 2021 and you do not have to send any payment with the election form.

The Plan will send you additional payment information after receiving the election form.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. There may be other coverage options for you and your family through the Health Insurance Marketplace[®], Medicare, or other group health plan coverage options (such as a spouse’s plan) through a special enrollment period. Additionally, you may apply for and, if eligible, enroll in Medicaid at any time. If you are not eligible for premium assistance under the ARP, some of these options may cost less than COBRA continuation coverage. If you are eligible for other group health plan coverage, such as through a new employer’s plan or a spouse’s plan (not including excepted benefits, a qualified small employer health reimbursement arrangement, or a health flexible spending arrangement), or if you are eligible for Medicare, you are not eligible for ARP premium assistance. However, if you have individual market health insurance coverage, like a plan through the Marketplace, or if you have Medicaid, you may be eligible for ARP premium assistance if you elect COBRA continuation coverage. Note, however, that you will not be eligible for a premium tax credit, or advance payments of the premium tax credit, for your Marketplace coverage for months that you are enrolled in COBRA continuation coverage and you may not be eligible for months during which you remain an employee but are eligible for COBRA continuation coverage with premium assistance because of a reduction of hours. If you’re eligible for Medicare, consider signing up during its special enrollment period to avoid a coverage gap when your COBRA coverage ends and a late enrollment penalty.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible. Also, keep in mind that if you elect COBRA continuation coverage with premium assistance, then you may qualify for a special enrollment period to enroll in Marketplace coverage when your premium assistance ends. You may use the special enrollment period to enroll in Marketplace coverage with a tax credit if you end your COBRA continuation coverage when your premium assistance ends and you are otherwise eligible.

When you lose job-based health coverage, it’s important that you choose carefully between COBRA continuation coverage and other coverage options, because once you’ve made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

For more information

This notice doesn't fully describe COBRA continuation coverage or other rights under the Plan. More information about COBRA continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, contact Group Insurance Commission at 617-727-2310 or through our Online Contact Form on the GIC's homepage. If you want a copy of your summary plan description visit <https://www.mass.gov/info-details/gic-non-medicare-health-insurance-products>.

For more information about your rights under COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's EBSA website at <https://www.dol.gov/agencies/ebsa>, go to www.askebsa.dol.gov, or call their toll-free number at 1-866-444-3272. 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 the GIC Informed of Address Changes

To protect your and your family's rights, still keep the GIC informed of any changes in your address and the addresses of family members. You should also still keep a copy of any notices you send to the GIC.

Group Insurance Commission - COBRA American Rescue Plan - Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us no later than July 1, 2021. If you fail to elect COBRA continuation coverage and the premium assistance by July 1, 2021 you will be ineligible for the premium assistance and the additional COBRA election period under the ARP.

Send this completed Election Form and ARP Premium Assistance Application to:
Group Insurance Commission
PO Box 556
Randolph, MA 02368

This Election Form and ARP Premium Assistance Application must be completed and returned by mail and must be post-marked no later than July 1, 2021.

If you don't submit a completed Election Form by the due date shown above, you may lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date.

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

I elect COBRA continuation coverage in the _____
Write in Name of Health Plan

Name of Applicant: _____

Home Address: _____

Social Security Number: _____

GIC Health Plan Coverage End Date (if known): _____

(Check one): I am the Insured Insured's Dependent (spouse, child)*

(If dependent) Name of Former State/Municipal Employee: _____

Insured's Social Security Number: _____

Applicant's signature:

Date

Print Address

Telephone number

You must include the ARP Premium Assistance application with this COBRA enrollment form. Failure to complete and return both applications may jeopardize your eligibility for this program. Your eligibility for the COBRA subsidy under the American Rescue Plan will be determined on receipt of your application.

This notice applies to you only if you lost coverage when the former employee experienced a qualifying event that may have been a reduction in hours or an involuntary termination of employment and has not reached the maximum period for your COBRA continuation coverage or did not elect COBRA continuation coverage when it was first offered.

Please see the chart below to determine your eligibility period for premium assistance:

Your GIC Health Plan Termination Date	Your Effective Date for COBRA AEI Premium Assistance	Your COBRA AEI Premium Assistance Ends	Your Eligibility for COBRA Coverage Ends
10/31/2019	4/1/2021	4/30/2021	4/30/2021
11/30/2019	4/1/2021	5/31/2021	5/31/2021
12/31/2019	4/1/2021	6/30/2021	6/30/2021
1/31/2020	4/1/2021	7/31/2021	7/31/2021
2/29/2020	4/1/2021	8/31/2021	8/31/2021
3/31/2020	4/1/2021	9/30/2021	9/30/2021
4/30/2020	4/1/2021	9/30/2021	10/31/2021
5/31/2020	4/1/2021	9/30/2021	11/30/2021
6/30/2020	4/1/2021	9/30/2021	12/31/2021
7/31/2020	4/1/2021	9/30/2021	1/31/2022
8/31/2020	4/1/2021	9/30/2021	2/28/2022
9/30/2020	4/1/2021	9/30/2021	3/31/2022
10/31/2020	4/1/2021	9/30/2021	4/30/2022
11/30/2020	4/1/2021	9/30/2021	5/31/2022
12/31/2020	4/1/2021	9/30/2021	6/30/2022
1/31/2021	4/1/2021	9/30/2021	7/31/2022
2/28/2021	4/1/2021	9/30/2021	8/31/2022
3/31/2021	4/1/2021	9/30/2021	9/30/2022
4/30/2021	5/1/2021	9/30/2021	10/31/2022
5/31/2021	6/1/2021	9/30/2021	11/30/2022