The Commonwealth of Massachusetts
Group Insurance Commission

Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

Phone (617) 727-2310
TTY 711

GROUP *DENTAL* CONTINUATION COVERAGE UNDER COBRA ELECTION NOTICE AND APPLICATION

You are receiving this notice because the Group Insurance Commission (GIC) has been informed that your current GIC coverage is ending due either to (1) death of retiree; (2) divorce or legal separation; or (3) loss of dependent child

This notice contains important information about your right to temporarily continue your Dental/ Vision care coverage in the Group Insurance Commission's (GIC's) Dental plan through a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). If you elect to continue your coverage, COBRA coverage will begin on the first day of the month immediately after your current GIC coverage ends.

You must complete the enclosed Election Form and return it to the GIC by no later than 60 days after the date of this notice. Please send this form to the Public Information Unit at the GIC at P.O. Box 556, Randolph, MA 02368. If you do not submit a completed election form by this deadline, you will lose your right to elect COBRA coverage.

WHAT IS COBRA COVERAGE? COBRA is a federal law under which certain former employees, retirees, spouses, former spouses and dependent children have the right to temporarily continue their existing group Dental coverage if group coverage otherwise would end due to certain life events, called "Qualifying Event". If you elect COBRAcoverage, you are entitled to the same coverage being provided under the GIC's plan to similarly situated employees or dependents. The GIC administers COBRA coverage.

This notice explains your COBRA rights and what you need to do to protect your right to receive it. If you have questions about COBRA continuation coverage, contact the GIC's Public Information Unit at 617-727-2310 or write to the unit at Group Insurance Commission, P.O. Box 556, Randolph, MA 02368. You may also contact the U.S. Department of Labor's Employee Benefits Security Administration's website at **www.dol.gov/ebsa** for more general information about COBRA.

WHO IS ELIGIBLE FOR COBRA CONTINUATION COVERAGE? Each individual entitled to COBRA continuation coverage (known as a "Qualified Beneficiary") has an *independent right* to elect the coverage, regardless whether or not other eligible family members elect it. Qualified Beneficiaries may elect to continue their group coverage that otherwise would end due to the following life events:

- **If you are the spouse of an employee covered by the GIC's Dental insurance program,** you have the right to choose COBRA continuation coverage for yourself if you lose GIC Dental coverage for any ofthe following reasons (known as "qualifying events"):
    - Your spouse dies;
    - Your spouse's employment with the Commonwealth ends for any reason other than gross misconduct or his/her hours of employment are reduced; or
    - You and your spouse divorce or legally separate.
- **If you have dependent children of an employee covered by the GIC's Dental insurance program,**each child has the right to elect COBRA continuation coverage if he or she loses GIC Dental coverage for any of the following reasons (known as "qualifying events"):
    - The retiree-parent dies;
    - The parents divorce or legally separate; or
    - The dependent ceases to be a dependent child under GIC eligibility rules.

HOW LONG DOES COBRA CONTINUATION COVERAGE LAST? By law, COBRA continuation coverage must begin on the day immediately after your group Dental coverage otherwise would end. If your group coverage ends dueto employment termination or reduction in employment hours, COBRA continuation coverage may last for up to 18 months. If it ends due to any other Qualifying Events listed above, you may maintain COBRA continuation coverage for up to 36 months.

If you have COBRA continuation coverage due to employment termination or reduction in hours, your family members' COBRA continuation coverage may be extended beyond the initial 18-month period up to a *total* of 36 months (as measured from the initial qualifying event) if a second qualifying event – the insured's death or divorce - occurs during the 18 months of COBRA continuation coverage. **You must notify the GIC in writing within 60 days of the second qualifying event and before the 18-month COBRA period ends in order to extend the coverage**. Your COBRA continuation coverage may be extended to a total of 29 months (as measured from the initial qualifying event) if any qualified beneficiary in your family receiving COBRA continuation coverage is disabled during the first 60 days of your 18-month COBRA continuation coverage. You must provide the GIC with a copy of the Social Security Administration's disability determination within 60 days of your receiving it and before your initial 18 month COBRA period ends in order to extend the coverage. For more information on 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.

COBRA continuation coverage will end before the maximum coverage period ends if any of the following occurs:

- The COBRA cost is not paid ***in full*** when due (see section on paying for COBRA);
- You or another qualified beneficiary become covered under another group Dental plan that does not impose any pre-existing condition exclusion for the qualified beneficiary's pre-existing covered condition covered by COBRA benefits;
- You are no longer disabled as determined by the Social Security Administration (if your COBRA continuation coverage was extended to 29 months due to disability);
- The Commonwealth of Massachusetts no longer provides group Dental coverage to any of its employees; or
- Any reason for which the GIC terminates a non-COBRA enrollee's coverage (such as fraud).

The GIC will notify you in writing if your COBRA continuation coverage is to be terminated before the maximum coverage period ends. The GIC reserves the right to terminate your COBRA continuation coverage retroactively if you are subsequently found to have been ineligible for coverage.

HOW AND WHEN DO I ELECT COBRA CONTINUATION COVERAGE? Qualified beneficiaries must elect COBRA continuation coverage within 60 days of the date their group coverage otherwise would end. A qualified beneficiary may change a prior rejection of COBRA election any time until that date. **If you do not elect COBRA continuation coverage within the 60–day election period, you will lose all rights to COBRA continuation coverage**.

HOW MUCH DOES COBRA CONTINUATION COVERAGE COST? Under COBRA, you must pay 102% of the applicable cost of your COBRA continuation coverage. If your COBRA continuation coverage is extended to 29 months due to disability, your cost will increase to 150% of the applicable full cost rate for the additional 11 months of coverage. COBRA costs will change periodically. This year's COBRA costs are included in this notice.

HOW AND WHEN DO I PAY FOR COBRA CONTINUATION COVERAGE? If you elect COBRA continuation coverage, you must make your first payment within 45 days after the date you elect it. **If you do not make your first payment for COBRA continuation coverage within the 45-day period, you will lose all COBRA continuation coverage rights under the plan. You may choose to submit the first payment with your application. If not, you will be billed.**

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law, including the right to request special enrollment in another dental plan for which you are otherwise eligible (such as a spouse's plan), even if the plan generally does not, accept late enrollees, if you request enrollment within 30 days after your GIC coverage ends. 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. **Your special enrollment period will end 60 days from the loss of GIC insurance coverage and you may be unable to enroll in other plans; therefore you should take action right away.**

Your first payment must cover the cost of COBRA continuation coverage from the time your coverage would have ended up to the time you make the first payment. **Services cannot be covered until the GIC receives and processes this first payment, and you are responsible for making sure that the amount of your first payment is enough to cover this entire period**. After you make your first payment, you will be required to pay for COBRA continuation coverage for each subsequent month of coverage. These periodic payments are due usually around the 15th of each month. The GIC will send monthly bills, specifying the due date for payment and the address to which payment is to be sent for COBRA continuation coverage, but **you are responsible for paying for the coverage even if you do not receive a monthly statement**. Payments should be sent to the GIC's address on the bill.

After the first payment, you will have a 30-day grace period beyond the due date on each monthly bill in which to make your monthly payment. Your COBRA 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. **If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to COBRA continuation coverage.**

YOUR COBRA CONTINUATION COVERAGE RESPONSIBILITIES

- **You must inform the GIC of any address changes to preserve your COBRA rights.**

- **You must elect COBRA within 60 days from the date you would lose group coverage due to one of the Qualifying Events described above**. If you do not elect COBRA continuation coverage within the 60-day limit, your group Dental insurance coverage will end and you will lose all rights to COBRA continuation coverage.

- **You must make the first payment for COBRA continuation coverage within 45 days after you elect COBRA.** If you do not make your first payment for the entire COBRA costs due within that 45-day period, you will lose all COBRA continuation coverage rights.

- **You must pay the subsequent monthly cost for COBRA continuation coverage in full by the end of the 30-day grace period after the due date on the bill**. If you do not make payment in full by the end of the 30-day grace period after the due date on the bill, your COBRA continuation coverage will end with the last paid for coverage period.

- **You must inform the GIC within 60 days of the later of either (1) the date of any of the following, or (2) the date on which coverage would be lost because of any of the following events:**

- **The retiree dies;**
- **o The retiree becomes legally separated or divorced;**
- **o The retiree or retiree's former spouse remarries;**
- **o A covered child ceases to be a dependent under GIC eligibility rules;**
- **o The Social Security Administration determines that the retiree or covered family**
- **member is disabled; or**
- **o The Social Security Administration determines that the retiree or covered family**
- **member is no longer disabled**

This notice does not fully describe COBRA or your GIC plan. More information is available in the plan handbook or from the plan's administrator.

If you do not inform the GIC of these events within the 60-day time period specified above, you will lose all rights to COBRA continuation coverage. To notify the GIC of any of the above events, send a completed Enrollment/Change Form (mass.gov/gic/forms) or letter to the Public Information Unit at the Group Insurance Commission, P.O. Box 556, Randolph, MA 02368. For questions about this notice please call the Public Information Unit at 617-727-2310..

GIC Retiree Dental Plan Monthly COBRA Rates		
Effective July 1, 2021	Individual	Family
Retiree Dental	$28.88	$69.56

You will be billed for your COBRA payments once you complete and return your application. Do not include payment with your application.

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RETIREE DENTAL COBRA APPLICATION

Name of Applicant: _____

Home Address: _____

Social Security Number: _____

Date of Coverage Termination (if known):_____ (*Check one*): I

am the ____Insured ____Insured's Dependent (spouse, child)*

(***If dependent***) Name of Insured: _____

Insured's Social Security Number: _____

Applicant Signature_____Date: _____

*all dependents **must** complete information below in order to process application

IF YOU ARE A DEPENDENT APPLYING FOR COVERAGE, PLEASE CHECK ALL THAT APPLY

___I am a former spouse of a state/municipal insured who
- ___ died on_____
- ___ remarried on_____
- ___ left state/municipal service on_____
- ___ I remarried on_____

___ I am a surviving spouse of a deceased state/municipal insured, and remarried on_____

___ I am a dependent of a state/municipal insured and
- ___ my parent (the state/municipal insured) died on_____
- ___ my parent (the state/muni insured) left state/muni service on _____(*if known*)
- ___ my parents legally separated or became divorced on_____
- ___ I am age 19 to 26 and am not a dependent child as defined under federal healthcare reform
- ___ I am age 26 or over and am not a full-time student

___I am a_____spouse or_____dependent of a state/municipal insured and the Social Security Administration determined that I am
___ disabled or_____no longer disabled as of_____

Mail completed form to: GIC, P.O. Box 556, Randolph, MA 02368 Attn: COBRA Unit