



UW-Shared Services, Service Operations
888 298-0141 | serviceoperations@uwss.wisconsin.edu
660 W. Washington Avenue, Suite 201 Madison, WI 53703
uwss.wisconsin.edu

[DATE]

Employee ID: 00000000

Institution: UW Madison

Employee Name

Address

City, St, ZIP Country

**IMPORTANT INFORMATION:
COBRA Continuation Coverage and other Health Coverage Alternatives**

Dear: Employee

This notice has important information about your right to continue benefits that you were enrolled in as an employee or covered dependent, which are listed on page two of this document. Read the information in this notice very carefully before you make your decision.

Federal law requires that most insurance benefit plans give employees and their families the opportunity to continue their coverage through COBRA when there is a "qualifying event" that would result in a loss of coverage under an employer's plan.

You are receiving this notice because your coverage, listed on page two, will end due to:

[Dynamic Text for Reasons]

[Example] Loss of dependent child status (36 Months Max Continuation Coverage)

[Dynamic Text for Retirement Reasons]

If your termination reason is Retirement or Retirement in Lieu of Layoff, and you were enrolled in State Group Health (SGH) and/or State Group Life (SGL), these will continue through the Department of Employee Trust Funds (ETF). Please refer to the retirement information that has been provided by ETF. If you have any questions regarding your retirement benefits, please contact ETF Employee Services at 1-877-533-5020 for more information.

[Dynamic Text for Death Reasons]

Note: If you are the surviving spouse and were enrolled in State Group Health Insurance, coverage will continue automatically and can continue for your lifetime, provided the total monthly premium is paid. Dependent child(ren), if covered, may continue coverage as long as they are eligible and the monthly premium is paid. Coverage will continue unless you request coverage to end by contacting the Department of Employee Trust Funds (ETF). The option to continue State Group Health Insurance coverage automatically is a benefit provided to surviving dependents and is not through COBRA (maximum coverage for 36 months). Refer to the information you will/or have received from ETF. If you have any questions about your benefits, contact ETF Employee Services at (877) 533-5020 for more information.

You and your covered dependents may also continue Dental Insurance and Vision Insurance. For surviving spouses coverage may continue for your lifetime and dependent child(ren) for as long as they are eligible, provided the monthly premium is paid. Contact UW-Shared Services, Service Operations at (888) 298-0141 for continuation forms.

If you are a current employee and are now in a Wisconsin Retirement System (WRS) eligible position but have a waiting period for State Group Health Insurance employer contributions, you may elect COBRA until you become eligible for employer contributions. If you are immediately eligible for employer contributions in your new position, WRS eligible or graduate assistant, then you do not need to elect COBRA.

Health/Dental/Vision Plans
[PLAN 1 EXAMPLE]:
State Group Health: Physicians Plus w/Dental, Single Coverage, Coverage Ended [End of Coverage].

[Insert Additional Plans here]

You may also be able to get coverage through the Health Insurance Marketplace at www.HealthCare.gov or call (800) 318-2596.

You have 60 days from coverage end date or from the date of this notification, whichever is later, to submit COBRA continuation forms for Health/Dental/Vision and FSA Medical Plan.

FSA Medical Plans
You were elected into a FSA Medical plan with an annual contribution of [\$ Contribution Election Amount], with a remaining balance of [\$ Remaining Balance] required to complete plan year and allow you to submit receipts dated through the end of the calendar year. Payroll activity that occurs after this letter may affect this balance. If you choose to not pay the remaining balance on your election, submitted receipts must be dated prior to the end of the month of your last payroll deduction. If you are uncertain of this date please check your earnings statement or contact your payroll department.

Life Plans
[PLAN 1 EXAMPLE]:University Insurance Assoc: UIA 12 Months (\$6,100).
Coverage will continue until the end of the plan year for which you have paid.

Accident Insurance: Accident - Family, Total Premium \$12.32.
Coverage Ends April 30, 2021.

Additional information regarding Accident Insurance, including the form to continue coverage, will be mailed directly to you from the plan administrator.

[Insert Additional Plans here]

For more information regarding life insurance conversion, please visit <https://www.wisconsin.edu/ohrwd/benefits/life>.

You have 31 days from coverage end date to convert or continue Life Insurance Plans.

If you choose to continue your coverage under COBRA, contact UW-Shared Services, Service Operations at serviceoperations@uwss.wisconsin.edu or (888) 298-0141 (7:45-4:30 p.m. Monday-Friday) to obtain continuation forms for submission to the insurance companies.

If you have any questions or if you believe you are receiving this notification in error, please contact your Institution Human Resources Office, which can be found on the following website: <https://www.wisconsin.edu/ohrwd/hr/contact>

Thank you,

UW-Shared Services, Service Operations
serviceoperations@uwss.wisconsin.edu

enc: Additional COBRA Information

What is COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who are not getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

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.

When you lose job-based health coverage, it is important that you choose carefully between COBRA continuation coverage and other coverage options, because once you have made your choice, it can be difficult or impossible to switch to another coverage option.

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 will 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 COBRA continuation coverage. Being offered COBRA continuation coverage will not 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 COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA 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 COBRA continuation coverage early without another qualifying event, you will 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 have exhausted your COBRA continuation coverage and the coverage expires, you will 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 COBRA continuation coverage, you cannot switch to COBRA 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 COBRA continuation coverage instead of enrolling in another group health plan for which you are eligible, you will have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA 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 COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you are 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 are 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 COBRA 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 under the Plan. More information is available in the *It's Your Choice: Reference Guide*. If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the Department of Employee Trust Funds toll-free at 1-877-533-5020.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa 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 Your Plan Informed of Address Changes

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. Keep a copy of any notices you send to the Plan Administrator.