

COBRA Frequently Asked Questions

Under the Federal Consolidated Omnibus Budget Reconciliation Act (COBRA), you have the opportunity to *continue* health benefits coverage through the City of New York group. You are responsible for paying the full premium for your plan and coverage

****NOTE: COBRA Rates are scheduled to change on a yearly basis effective every July. In order to confirm your rates, please reach out directly to your health insurance carrier, and/or visit the Office of Labor Relations website @ <https://www1.nyc.gov/site/olr/health/active/health-active-cobra.page>**

Below are some frequently asked questions about COBRA, as well as other health coverage options that may be available to you through the Health Insurance Marketplace.

How long do I have to enroll?

You have 60 days from the last day of coverage to select COBRA or to enroll with The Health Insurance Marketplace.

If I elect COBRA coverage when does it become effective?

COBRA is always effective the day after your active coverage ends.

Who pays for COBRA?

You are required to pay for COBRA. Payments may be made monthly on the first of the month. There is usually a 30 day grace period. The City will not "carve out" benefits provided through your Welfare Fund that are similar to those available in your plan's Optional Rider. If you decide to purchase the Optional Rider, you must pay for the entire Optional Rider offered by your chosen plan. If you decide to purchase any of your Welfare Fund benefits, you should contact the Welfare Fund to determine what benefits are available, and the associated cost.

Who do I call about discrepancies with my COBRA payments?

You should call your medical insurance carrier directly about questions pertaining to COBRA payments. The customer service number for your medical insurance carrier is located on the back of your insurance card.

How long does COBRA coverage last?

COBRA requires that continuation coverage extend from the date of the qualifying event through an 18 or 36 month period. The length of time depends on the type of qualifying event.

(The law also indicates that your continuation of coverage may be cut short if premium for continuation coverage is not paid in a timely fashion).

Can I extend the length of COBRA continuation coverage?

You may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify of a disability or qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice in the required time, it will affect your right to extend the period of continuation coverage. Speak to your insurance carrier for more information.

How do I stop COBRA coverage?

Reach out directly to your medical insurance carrier to inquire on the process of terminating COBRA.

Who is eligible?

Qualified Dependent – A qualified dependent is an individual covered by a group health plan on the day before a qualifying event occurred that caused him or her to lose coverage.

*****Qualified beneficiary must not be Medicare eligible**

- Covered employee, retired employee;
- the employee/ retiree's spouse or former spouse;
- the employee/retiree's domestic partner or former domestic partner;
- the employee/ retiree's dependent child/adopted child;

Qualifying Events - Qualifying events are events that cause an individual to lose his or her group health coverage. The type of qualifying event determines who the qualified beneficiaries are for that event and the period of time that a plan must offer continuation coverage. COBRA establishes only the minimum requirements for continuation coverage. The following are qualifying events for covered employees:

- Termination of the employee's employment for any reason other than gross misconduct,
- voluntarily leaving employment; or
- Reduction in the number of hours of employment;
- Covered employee becomes entitled to Medicare;
- Divorce or legal separation of the spouse from the covered employee; or
- Termination of domestic partnership from the covered employee;
- Death of the covered employee;
- If the adult child is currently covered under a parent's coverage through the New York City Health Benefits Program, the dependent may enroll within 60 days of the last day of the month in which they reach the age of 26. (The last day of the month the dependent is born) Coverage will be retroactive to the date that it would have terminated.

Where can I go for more information about COBRA?

The department of Health and Human Services administers the continuation coverage law as it applies to state and local government health plans. You can visit the following link for more information on COBRA: <http://www.ins.state.ny.us/cobra/cobraext36.htm>

What other options are available?

Health insurance options are available through **The Health Insurance Marketplace, or call 1-800-318-2596**

What is the Health Insurance Marketplace?

The Market place is where you can 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 out of pocket costs for deductibles, coinsurance, and copayments right away, and you're able to see what your premium, deductibles, and out-of-pocket-cost will be before you make a decision to enroll. Through the Market place you'll 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.