

COBRA CONTINUATION COVERAGE

Under the federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your eligible dependents (“Qualified Beneficiaries”) have the right to make self-payments to extend coverage temporarily after coverage would otherwise end due to a “qualifying event.” This extension is called COBRA Continuation Coverage.

Qualified Beneficiaries include you, your spouse, and your dependent child(ren) who were covered by the Plan on the day before the qualifying event. Children born, adopted or placed for adoption during the period of COBRA Continuation Coverage have the same rights as a spouse or dependents who were covered by the Plan on the day of the event that triggered COBRA Continuation Coverage.

Evidence of good health is not required to obtain COBRA Continuation Coverage.

COBRA BENEFITS

You and/or your dependents may elect COBRA Continuation Coverage and make self-payments to continue to receive the same health care benefits you were eligible for on the day preceding the qualifying event that caused your loss of coverage.

Under COBRA Continuation Coverage, you and your dependents will have coverage for medical, prescription drug, dental, vision, and life insurance benefits.

PERIODS OF COVERAGE

18-Month COBRA Continuation Coverage

You and/or your dependents are entitled to elect COBRA Continuation Coverage and to make self-payments for the coverage for up to 18 months after coverage terminates because of one of the following qualifying events:

1. A reduction in your hours; or
2. Your loss of employment (which includes retirement), unless termination of employment is due to your gross misconduct.

29-Month COBRA Continuation Coverage for Disabled Individuals

A special extension of the initial 18-month continuation period is available for disabled individuals under COBRA Continuation Coverage.

If you or your covered dependents, who are Qualified Beneficiaries, are determined to be disabled by the Social Security Administration at any time during or before the first 60 days of an 18-month period of COBRA Continuation Coverage, the 18-month period will be extended to 29 months for all eligible family members if you notify the Fund Office of the disability in writing.

Your written notification to the Fund Office about the Social Security Administration’s determination must be provided within 60 days of the date of the determination and before the end of the initial 18-month period of COBRA Continuation Coverage.

If the Social Security Administration later determines that you are no longer disabled or that your dependent is no longer disabled, you or your dependent must notify the Fund Office in writing within 30 days of the date such notice is received from the Social Security Administration.

36-Month COBRA Continuation Coverage

If your family experiences another qualifying event while receiving COBRA Continuation Coverage during the first 18 months of coverage, your spouse and dependent children can receive up to 18 additional months of COBRA Continuation Coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan.

This extension is available to the spouse and any dependent children receiving COBRA Continuation Coverage if:

1. You die;
2. You become entitled to Medicare Benefits (eligible for and enrolled in coverage under Part A, Part B, or both);
3. You get divorced or legally separated; or
4. Your dependent child(ren) stops being eligible under the Plan as a dependent child.

The extension is available only if the event would have caused your spouse or dependent child(ren) to lose coverage under the Plan had the first qualifying event not occurred.

EMPLOYER NOTIFICATION RESPONSIBILITY

The Plan will offer COBRA Continuation Coverage to Qualified Beneficiaries only after the Fund Office has been notified that a qualifying event has occurred. Under the law, your employer is required to notify the Fund Office of your death, termination of employment or reduction in hours, or entitlement to Medicare within 60 days of its occurrence. However, because employers contributing to multiemployer funds may not be aware of these events, we urge you or a family member to notify the Fund Office of any and all qualifying events as soon as they occur.

EMPLOYEE NOTIFICATION RESPONSIBILITY

For other qualifying events (your divorce or legal separation from your spouse, or a dependent child's loss of dependent status), you must notify the Fund Office within 60 days of the later of the date on which the qualifying event occurred or the date coverage ends due to the qualifying event. In addition, a dependent should notify the Fund Office within 60 days of the date their coverage is lost due to the death of a retiree.

If you are providing notice of a Social Security Administration determination of disability, notice must be sent no later than 60 days after the date of the disability determination by the Social Security Administration. In addition, notice must be sent no later than the end of the first 18 months of continuation coverage.

If you are providing notice of a Social Security Administration determination that you or a dependent is no longer disabled, notice must be sent to the Fund Office no later than 30 days after the date of the determination by the Social Security Administration that you or your dependent is no longer disabled. Notice should be sent to:

4th District IBEW Health Fund
609 Third Avenue
Chesapeake, OH 45619

If you do not notify the Fund Office in a timely manner, you will lose your right to elect COBRA Continuation Coverage.

THE PLAN'S NOTIFICATION RESPONSIBILITY

Within 14 days from the date the Fund Office is notified of a qualifying event, a COBRA election notice and COBRA election form will be sent to you and/or any dependent(s) who loses coverage due to the qualifying event. The notice will inform you of your right to elect COBRA Continuation Coverage, the due dates for returning the election form and the amount of the self-payment, as well as other necessary information.

To protect your family's rights, you should keep the Fund Office informed of any change in your address or in the addresses of family members.

ELECTING COVERAGE

Once you receive a COBRA notice, you have 60 days to respond if you want to elect COBRA Continuation Coverage. You may elect COBRA on behalf of yourself and your family members or they can each elect their own COBRA Coverage. Parents may elect COBRA Coverage for their children.

You or your dependents must complete the election form and send it back to the Fund Office to elect COBRA Continuation Coverage. The following rules apply to the election of COBRA Continuation Coverage:

1. If you elect COBRA Continuation Coverage for yourself and your dependents, your election is binding on your dependents.
2. If you do not elect COBRA Continuation Coverage for your dependents when they are entitled to COBRA Continuation Coverage, your dependents (including your spouse and your dependent children) have the right to elect COBRA Continuation Coverage for themselves.
3. The person electing COBRA Continuation Coverage has 60 days after the election notice is sent or 60 days after coverage would terminate, whichever is later, to send back the completed form. An election of COBRA Continuation Coverage is considered to be made on the date the election form is mailed back to the Fund Office. A person also has the right to waive a previous election and make a new election within the 60-day period.
4. If the election form is not mailed back to the Fund Office within the allowable period, you and/or your dependents will be considered to have waived your right to COBRA Continuation Coverage.

If you elect COBRA Continuation Coverage, the Plan will provide medical, prescription drug, dental, vision, and Life Insurance benefits coverage that is identical to that provided to employees and their dependents.

SELF-PAYMENTS

Under the Plan, Qualified Beneficiaries who elect COBRA Continuation Coverage must pay for COBRA Continuation Coverage. The Fund Office will notify you of the cost of your COBRA Continuation Coverage when it notifies you of your right to coverage. The cost for COBRA Continuation Coverage is determined by the Board of Trustees on a yearly basis and will not exceed 102% of the cost to provide this coverage. The cost for extended disability coverage (from the 19th month through the 29th month) is an amount determined by the Trustees, not to exceed 150% of the cost to provide coverage.

The following rules apply to your self-payments for COBRA Continuation Coverage:

1. COBRA Continuation Coverage self-payments must be made monthly.
2. The amounts of the monthly self-payments are determined by the Trustees. The amounts are subject to change, but not more often than once a year, unless substantial changes are made in the benefits.
3. The initial payment must include the current month's premium plus any premium due for the months that have elapsed since the end of the last Benefit Quarter for which you or your dependents were eligible.
4. Subsequent payments are due monthly on the first day of the month. A thirty (30) day grace period is granted for payment of the amount due.
5. You and/or your dependents who are electing COBRA Continuation Coverage must make the initial self-payment for coverage but no later than 45 days after the postmark date of the signed election form that was mailed to the Fund Office.
6. The due date for each following monthly payment is the first day of the month for which payment is due. A payment will be considered on time if it is received within 30 days of the due date.
7. If you do not make a self-payment within the time allowed, COBRA Continuation Coverage for all family members for whom the payment is being made will end.

TERMINATION OF COVERAGE

COBRA Continuation Coverage will terminate on the earliest of the following dates:

1. The day of the last period for which you or your dependent(s) make a self-payment, if you or your dependent(s) fail to make any self-payment on time;
2. The day on which the Plan is discontinued by the Trustees;
3. The day you or your dependent(s) becomes entitled to Medicare coverage;
4. The day the Social Security Administration determines that you or your dependent(s) are no longer disabled, if applicable; or
5. The last day of the 18-, 29-, or 36-month period, whichever is applicable, after COBRA Continuation Coverage began.

If your COBRA Continuation Coverage ends before the end of the maximum COBRA Continuation Coverage period, the Fund Office will send you a written notice as soon as practical after the Fund Office determines that your COBRA Continuation Coverage will end.

NOTES:

1. Continued coverage begins after the expiration of previously earned eligibility. You cannot purchase double coverage for the same period of time.
2. You or your dependents are not permitted to continue COBRA if you and/or they become eligible for other group coverage on or after the date the COBRA coverage becomes effective.
3. In the event more than one continuation provision applies, the periods of continued coverage will run concurrently.
4. The continuation of eligibility through self-contribution will be counted to reduce the maximum eighteen (18) month continuation period described previously.
5. The continuation of eligibility at no cost for the surviving dependents of an active participant who dies while eligible for benefits will be counted to reduce the maximum thirty-six (36) month continuation period described above.
6. You, or your dependents, WILL NOT receive monthly reminder notices concerning payment of the required premium to keep coverage in effect. It is the responsibility of the covered individuals to pay the premium when due.
7. The COBRA premium amount due to purchase continued coverage WILL NOT be affected by contributions made to the Fund by your employer.
8. It is important all addresses for participants and dependents be kept up to date. In the event the Fund Office does not have a valid address on file, you may jeopardize your right, or a dependent's right, to elect continuation coverage.
9. This is not a complete description of your COBRA rights. For more information contact the Fund Office at **1-304-525-0331** or **1-888-466-9094**, or consult the Department of Labor's Web site at www.dol.gov/ebsa.

CERTIFICATE OF CREDITABLE COVERAGE

When your COBRA Continuation Coverage ends, you will be provided with a Certificate of Creditable Coverage. The certificate may help reduce or eliminate any pre-existing condition exclusion when you enroll in another health plan. A Certificate of Creditable Coverage indicates the period of time you and/or your dependents were covered under the Plan, including COBRA Continuation Coverage, and may be needed if you and/or your dependents become eligible for coverage under another group health plan or if you buy a health insurance policy within 63 days after your coverage under this Plan ends or your COBRA Continuation Coverage ends. This certificate will be provided to you shortly after the Plan is notified that coverage, including COBRA Continuation Coverage, has ended. You may also submit a written request to the Fund Office for this certificate within two years after the date your coverage under the Plan ended or the date your COBRA Continuation Coverage ended, whichever is later.