

3/8/2021

Dear (P S O R & Family:

GENERAL NOTICE OF YOUR RIGHTS TO
GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR EMPLOYER.
THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.

This letter contains important information about your employee benefits plan(s). Please read the entire letter.

As the following notice explains, COBRA is an extension of certain group benefits should you or your covered dependents lose coverage at some point in the future. You are receiving this notice because you have recently become covered under one or more of the group health plans sponsored by your employer. University of New England has retained Group Dynamic, Inc. to provide assistance with their COBRA responsibilities. One of our tasks is to provide you with important information about your right to COBRA continuation of coverage under one or more of your employer's group health plans. This information is intended to educate you about your COBRA rights and obligations in the event that you or one of your dependents loses coverage under one or more the plans. For simplicity, the remainder of this notice will refer to the above plans collectively as the "Plan".

While no action or response is required unless you or your dependent(s) actually have a loss of coverage under the Plan, both you and your spouse (if applicable) should read the information carefully, and keep this notice with your records. If you experience a loss of coverage in the future, please refer to this overview for guidance about your rights and responsibilities.

This notice provides only a summary of your COBRA rights. For more information about your rights and obligations under the Plan and federal law, please contact the Plan Administrator (identified below) and/or refer to the Plan's Summary Plan Description. The Plan (as outlined below) offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly. The Plan Administrator is:

University of New England
ATTN: Benefits Manager
11 Hills Beach Road
Biddeford, ME 04005
(207) 602-2394

You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

About the COBRA Law:



If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.



If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

Your IMPORTANT Qualifying Event Notice Obligations: If your spouse or dependent child loses coverage under the Plan because of divorce, legal separation, or your child no longer meets the Plan's definition of "dependent", then you, your spouse or dependent child must notify University of New England of the loss. Written notice must be provided no later than 60 days after the event or the date coverage terminates, whichever is later. The notice can be filed by b`may b`may `bcir•f q elece, lemb mndie vÂcihe •àda'bV!d83°óô©Q f>CÆ,,ø.c ñ



If you have any questions about COBRA, please contact our COBRA Team at 1-800-626-3539, Monday-Friday, 8am-5pm ET.





NOTICE SUPPLEMENTING THE ENCLOSED COBRA ELECTION NOTICE

EXTENSION OF CERTAIN COBRA TIMEFRAMES DURING THE OUTBREAK PERIOD

Please read this notice very carefully to help you understand your rights and responsibilities during the temporary extension of certain COBRA times frames due to the COVID-19 outbreak. The following information supplements your enclosed COBRA election notice

The enclosed election notice identifies the standard COBRA timeframes for electing COBRA coverage, paying COBRA premiums, and providing certain notices; however, the Federal government has extended certain of these time frames for COBRA Qualified Beneficiaries as a result of the COVID-19 outbreak. The extension runs from March 1, 2020 through the 60th day following the announced end of the National Emergency period (the "Outbreak Period"). The end date of the National Emergency period has not yet been announced by President Trump.

The extensions apply to the following COBRA time frames:

1. The 60- day deadline to notify your group health plan administrator of a qualifying event;
2. The 60-day deadline for Qualified Beneficiaries to elect COBRA;
3. The 60-day deadline to notify the plan that a Qualified Beneficiary was determined by the Social Security Administration to be disabled; and
4. The 45-day deadline in which to make a first premium payment and 30-day deadline for subsequent premium payments.

Although you may elect COBRA coverage and pay your premiums in accordance with the enclosed notice, any portion of the above time frames (as indicated in the enclosed notice) that occurs during the Outbreak Period will be added to the end of the Outbreak Period. For example, if the entire 60-day election period identified in the enclosed notice occurs during the Outbreak Period, you may make your election at any time up to 60 days after the Outbreak Period. Likewise, if the entire initial or subsequent premium payment period occurs during the Outbreak Period, you may make your premium payments at any time up to 45 (initial) and 30 (subsequent) days after the end of the Outbreak Period.

NOTE: You **must** (i) **elect** COBRA for yourself and any members of your family who are also qualified beneficiaries; and (ii) **pay** your initial premium for coverage to begin. Once you **both elect coverage and pay the required premiums**, coverage will be retroactively reinstated to the date of your qualifying event (as identified in the attached notice). In addition, if you do not pay subsequent monthly premiums by the otherwise applicable due dates identified in the enclosed election notice, your coverage will be suspended until you have timely paid your COBRA premium(s). Once timely premium payment is received, coverage will be reinstated retroactively.

For additional information as to other group health plan deadlines that have been extended by the Federal government, please go [_____ #\"k\"](#)