

COBRA CONTINUATION INFORMATION

If you'd like to continue your GTFF insurance after your employment ends, you can elect coverage under the The Consolidated Omnibus Budget Reconciliation Act (COBRA). Here's how the federal government explains COBRA:

<http://www.dol.gov/ebsa/faqs/faq-consumer-cobra.html>

In brief, COBRA is the exact same insurance coverage you had as a GTFF. Same benefits, same deductibles, same doctors, same insurance card ID#. The only difference is you now pay 100% of the cost of the insurance.

By law, COBRA election information have to be mailed to your home address, but if you contact me I can tell you how to get the information emailed instead. We currently use a company called Zinter Benefit Specialists. If you have questions specific to COBRA, you may contact Christine at ZBS: czinter@z-benefits.com or call 503-729-5748

You'll have 60 days to decide if you want the coverage. If you do, return the election notice, along with your first months premium, and your coverage will pick up retroactively back to your loss date. You can stay on COBRA for 18 months. Note: if you have other insurance lined up within two months of your GTFF coverage ending, you can "float" for those two months, not sign up for COBRA, but rest assured you could sign up if you *needed* to.

You may "ala carte" the coverage if you have dependents (spouse, partner, child) on the plan. i.e., if you want only your child to have coverage you can enroll your child—you do not have to be enrolled in COBRA. In that case, you pay the individual only rate.

Fall term coverage ends December 15th:

Fall COBRA Notices will be received at the end of December/early January. Winter term coverage ends March 15th.

Winter COBRA Notices will be received at the end of March/early April. Spring term coverage ends June 15th.

Spring COBRA notices will be received at the end of June/early July.

Summer term coverage ends September 15th.

Summer COBRA Notices will be received at the end of September/early October.

2020-2021 COBRA RATES (***per month!***)

	Medical/vision Only	Medical/Vision/Dental
Individual Coverage	\$505.98	\$540.44
Individual + Partner	\$1,062.49	\$1,134.91
Individual + Child(ren)	\$895.53	\$956.60
Family Coverage	\$1,502.79	\$1,601.81