

IMPORTANT INFORMATION REGARDING YOUR GTFF HEALTH INSURANCE COBRA Continuation Coverage and other Health Coverage Alternatives

GENERIC for the Plan Year Beginning September 16, 2026

This notice has important information about your rights related to continued health care coverage in the Graduate Teaching Fellows Federation Group Health Plan (the Plan), as well as other health coverage options that may be available to you, including coverage through Medicaid or the Health Insurance Marketplace®. To sign up for Marketplace coverage, visit www.HealthCare.gov or call 1-800-318-2596.

If you choose to elect COBRA continuation coverage, you should use the Election Form provided later in this notice (page 5).

How much does COBRA continuation coverage cost?

Your *monthly* COBRA continuation coverage will cost:

	<u>Medical/Vision Only</u>	<u>Medical/Vision/Dental</u>
Individual Coverage	\$849.83	\$895.09
Individual + Partner	\$1,784.16	\$1,879.26
Individual + Child(ren)	\$1,503.98	\$1,584.19
Family Coverage	\$2,524.12	\$2,654.16

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment, if necessary, will be provided to you after the Election Form is received by the Plan (see Page 6 for important information about paying premiums).

Robin Biederman is a Portland-based insurance agent who specializes in individual and family coverage and can help you walk through your **non-COBRA options**. Her website is www.availinsuranceoregon.com and you can schedule an appointment with her at <https://calendly.com/robin-biederman-health-insurance>.

Why am I getting this notice?

You're getting this notice because your coverage under the Plan will end on [end of term] due to your end of employment with the University of Oregon.

Federal law requires that group health plans give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event," such as a termination of employment, that results in a loss of coverage under an employer's plan.

What's COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't 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.

Who are the qualified beneficiaries?

Each person who was enrolled on the Plan under your name (e.g., yourself, legal spouse, children) can independently elect COBRA continuation coverage. **Note, Domestic Partners do not have the right to select COBRA continuation coverage independently.**

Are there other coverage options besides COBRA continuation coverage?

Yes. There may be other coverage options for you and your family through a Marketplace, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Additionally, you may apply for and, if eligible, enroll in Medicaid at any time. Some of these options may cost less than COBRA continuation coverage.

You should 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's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

If I elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last?

If elected, COBRA continuation coverage will begin on **[day after end of term]** and can last until **[18 months later]**.

COBRA continuation coverage may end before the date noted above in certain circumstances, including for failure to pay premiums, for fraud, or if you become covered under another group health plan or entitled to Medicare.

Can I extend the length of COBRA continuation coverage?

If you elect COBRA continuation coverage, you may be able to extend the length of COBRA continuation coverage if a qualified beneficiary is disabled or if a second qualifying event occurs. You must notify Zinter Benefit Specialists of a disability or a second qualifying event within a certain time period to extend the period of COBRA continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage, visit

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>.

What is the Health Insurance Marketplace®?

The Health Insurance Marketplace® offers “one-stop shopping” to find and compare private individual health insurance options. In the Marketplace, you could be eligible for a subsidy that lowers your monthly premiums and for cost-sharing reductions (that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your subsidized premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through a Marketplace, you can also learn if you may qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#).

Being offered COBRA continuation coverage won't limit your eligibility for Medicaid. It also won't limit your eligibility for Marketplace coverage or for a subsidy through a Marketplace, if you are a former employee of the employer offering the coverage. But you won't be eligible for a subsidy or a tax credit during any month that you're enrolled in COBRA continuation coverage. Therefore, if you want to use a special enrollment period to enroll in Marketplace coverage with a subsidy or a tax credit, you must end your COBRA continuation coverage before your Marketplace coverage starts.

When can I enroll in Marketplace coverage?

Marketplace-eligible consumers can enroll in Marketplace coverage if they qualify for a special enrollment period. For example, Marketplace-eligible consumers always have 60 days from the time they lose their job-based coverage to enroll in the Marketplace, or they can apply up to 60 days beforehand if they know they'll lose coverage ahead of time. **After 60 days, the special enrollment period will end and Marketplace-eligible consumers may not be able to enroll unless they qualify for another special enrollment period, so they should act right away if they want to enroll in Marketplace coverage.** In addition, during what is called an “open enrollment” period, Marketplace-eligible consumers can enroll from November 1 – December 15 in Marketplace coverage that starts on January 1. Finally, they may apply for and, if eligible, enroll in Medicaid coverage at any time.

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/coverage-outside-open-enrollment/special-enrollment-period/.

Note, you may apply for and, if eligible, enroll in Medicaid coverage at any time.

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 the annual Marketplace open enrollment period or during a special enrollment period. If you elect COBRA continuation coverage with premium assistance,

then you may qualify for a special enrollment period to enroll in Marketplace coverage when your premium assistance ends. You may use the special enrollment period to enroll in Marketplace coverage with a tax credit if you end your COBRA continuation coverage when your premium assistance ends and you are otherwise eligible. **But be careful: if you terminate your COBRA continuation coverage early without another event that qualifies you for special enrollment, you may have to wait to enroll in Marketplace coverage until the next available open enrollment period and could end up without any health coverage in the interim.**

Alternatively, once you've exhausted your COBRA continuation coverage and the coverage expires, you may be eligible for a special enrollment period to enroll in Marketplace coverage, if you are Marketplace-eligible, even if Marketplace open enrollment has ended and no other qualifying events apply. For more information on COBRA continuation coverage and the Marketplace, see www.HealthCare.gov/unemployed/cobra-coverage/.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage once your COBRA election period ends.

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're eligible, you might not have another opportunity to enroll in that other group health plan until that plan's next open enrollment or until the full 18-month COBRA election period has expired.

Can I enroll in Medicare instead of COBRA continuation coverage?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (as the primary payer) and COBRA continuation coverage 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>.

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 continuation coverage (or up to 150% of total plan premiums after 18 months if you choose to extend the COBRA continuation coverage period beyond 18 months due to the disability of a qualified beneficiary). Other options, like coverage on a spouse's plan, Medicaid or coverage through a Marketplace plan, may be less expensive at that point.
- **Provider Networks:** If you're 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 and whether you will have access to that network through any other option as you consider options for health coverage.
- **Drug Formularies:** If you're 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.
- **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 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. You may also want to consider whether you have met your deductible or maximum out-of-pocket limit under your COBRA continuation coverage.

For more information

This notice doesn't fully describe COBRA continuation coverage or other rights under the Plan. More information about COBRA continuation coverage and your rights under the Plan is available in your summary plan description or from your Plan Administrator.

If you have questions about the information in this notice or your rights to coverage, contact the Plan's COBRA Administrator at (503) 729-5748.

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 <https://www.dol.gov/agencies/ebsa>, contact them electronically at askebsa.dol.gov, 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 to your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

Important Information About Your COBRA Payments

First payment for COBRA continuation coverage

You must make your first payment for COBRA continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked or the date you e-mail it to the COBRA Administrator). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all COBRA continuation coverage rights under the Plan. You will not receive reminder notices about the premium due date after the first invoice is generated.

Periodic payments for continuation coverage

After you make your first payment for COBRA continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made monthly. **Under the Plan, each of these periodic payments for COBRA continuation coverage is due on the 16th day of the month for that coverage period.** If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The COBRA Administrator will send electronic invoices for payment on/around the first day of the month with payment due the 16th of every month.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get COBRA continuation coverage for each coverage period if payment for that coverage period is made before the end of the grace period. If you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to COBRA continuation coverage under the Plan. **You will not receive a reminder notice of late premiums due.** It is your responsibility to ensure your payments are made before the end of the grace period.

Form of payment

The Plan's COBRA Administrator can accept checks via USPS, or electronic ACH from bank accounts. Due to the increased cost of processing credit card charges, the Plan's COBRA Administrator can no longer accept credit card payments.

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, **you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan**, unless you are entitled to additional time under a federal policy or program. For example,

Send completed Election Form to: Zinter Benefit Specialists
13245 SW Village Glenn Drive
Tigard, OR 97223

This Election Form must be completed and returned by mail or scanned and e-mailed to CZinter@Z-benefits.com no later than [60 days after the end of term].

If you don't submit a completed Election Form by the due date shown above, you may lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind if you submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

I/We elect COBRA continuation in the GTFF Group Benefits Plan listed below effective _____:

☐ Medical/Vision Only

☐ Medical/Vision/Dental

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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- | | | | |
|----|------------------|--|--|
| a. | _____ self _____ | | |
| b. | _____ | | |
| c. | _____ | | |
| d. | _____ | | |

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number

Email address: _____

☐ By checking this box, I agree to receiving **all** future COBRA communications via e-mail. I may request a paper copy of any document at any time and opt out of electronic communications by notifying Zinter Benefit Specialists of my preferences.