

**CU GME HEALTH, DENTAL or VISION CARE COBRA CONTINUATION OF COVERAGE  
INFORMATION Effective - 7/1/2024**

**COBRA CONTINUATION COVERAGE PREMIUM RATES**

COBRA continuation coverage is available only for the coverage(s) in which you were enrolled immediately prior to termination of active coverage.

| Medical Plans         | Exclusive  | High Deductible | Extended   | Kaiser     |
|-----------------------|------------|-----------------|------------|------------|
|                       | COBRA Rate | COBRA Rate      | COBRA Rate | COBRA Rate |
| Employee Only         | \$819.57   | \$737.46        | \$935.85   | \$976.65   |
| Employee + Spouse     | \$1,692.18 | \$1,480.53      | \$1,962.48 | \$2,022.66 |
| Employee + Child(ren) | \$1,559.07 | \$1,432.08      | \$1,777.86 | \$1,837.53 |
| Family                | \$2,487.27 | \$2,232.27      | \$2,855.49 | \$2,956.47 |

| Dental Plans          | Essential  | Choice     |
|-----------------------|------------|------------|
|                       | COBRA Rate | COBRA Rate |
| Employee Only         | \$30.60    | \$54.06    |
| Employee + Spouse     | \$61.20    | \$108.12   |
| Employee + Child(ren) | \$65.79    | \$116.79   |
| Family                | \$95.88    | \$170.34   |

| Vision Plan           | Blue View  |
|-----------------------|------------|
|                       | COBRA Rate |
| Employee Only         | \$7.14     |
| Employee + Spouse     | \$12.50    |
| Employee + Child(ren) | \$13.52    |
| Family                | \$20.66    |

**COBRA CONTINUATION COVERAGE BASICS**

Continuation of coverage may be available for up to 18 months from when your active coverage terminates due to the end of your training. (More complete COBRA continuation coverage information and timeframes will be included in your notification from ASI COBRA.)

**You have 60 days after the date of termination of coverage or the date of the initial notification from ASI COBRA, whichever is later, to elect continuation coverage.** If you do not submit a completed Election Form within this timeframe, you lose your right to elect COBRA continuation coverage.

To activate your continuation coverage, return your completed Election Form and premium payment to:  
ASI COBRA  
PO Box 657  
Columbia, MO 65205-0657  
Make checks payable to: ASI COBRA.

Your first payment must cover the cost of your continuation coverage from the time your coverage under the Plan would have otherwise terminated. You are responsible for making certain that the amount of your first payment is correct.

To confirm the correct amount of your first payment or with any other questions concerning COBRA continuation of coverage, contact **ASI COBRA at 1-877-388-8331**.

If you return your Election Form and do not include payment, you have 45 days from the date your Election Form is postmarked to make the premium payment. If you do not make your first payment for continuation coverage, in full, no later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. After you make your first payment for continuation coverage you will be required to make monthly payments for each subsequent coverage period.

Claims submitted prior to receipt of Election Form and payment for continuation coverage will not be processed until your form and payment are received. It is possible claims may have to be resubmitted. Once continuation coverage is activated, it takes 2 business days to update your eligibility under the various benefit plans. This includes prescription coverage.

#### **CAUTIONS**

- **DO NOT SEND PAYMENT NOW!** Wait until you receive your COBRA notice from ASI COBRA. That notice includes your COBRA Continuation Coverage Election Form, which must accompany your initial premium payment. An initial payment received without the election form will be returned to you and delay reinstatement of your coverage.
- Pay attention to due dates for your continuation of coverage Election Form, the initial premium payment and subsequent premium payments. Your COBRA continuation coverage will be terminated and you will lose all rights to COBRA coverage under the plan if you do not adhere to the required timeframes. Do not risk your option to elect or maintain continuation of coverage.
- Be certain you know when your new/other health insurance will become effective before you allow your COBRA continuation coverage to terminate. Once you have passed the allowed timeframes for election and/or payment, you cannot come back to this coverage.
- Plan participants who elect the continuation coverage are subject to the same plan provisions as active members. This includes any changes to plan provisions while you are on continuation coverage. The most updated plan information and provider directories are posted on the website at <https://www.cu.edu/employee-services/benefits-wellness/gme-medical-interns-residents-and-subspecialty-fellows>. It is your responsibility to be aware of plan provisions and changes to them.
- Network care will be available throughout the front range of Colorado, but there will not be any out-of-network benefits (except for emergencies). Keep that in mind if you are leaving the front range of Colorado area and elect continuation of coverage.
- Regardless of your COBRA level of coverage, you must add new dependent(s) to coverage within 31 days of the qualifying event that allows the addition of a dependent. For example, even if you have the "Resident + Child(ren) or "Resident + Family" level of COBRA coverage, you must contact ASI COBRA

and officially add a newborn to the plan in order for your new child to have coverage. Documentation of dependent eligibility (e.g. birth certificate for newborn) must accompany all requests to add a dependent to coverage.

Continuation coverage may end before the end of the maximum period in certain circumstances like failure to pay premiums, fraud, or the individual becomes covered by another group health plan.

In addition to the CU Health Plans COBRA continuation of coverage, other health coverage alternatives may be available to you, including but not limited to an individual interim insurance plan, coverage through the Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)), or a special enrollment opportunity for another group health plan for which you are eligible (such as a plan sponsored by your spouse's employer), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Whichever coverage you select, choose with caution and understand the terms of the coverage you are purchasing.

NOTE: This document is informational only. If there are any discrepancies, applicable plan documents and any applicable federal and state laws will govern.

For additional information, including COBRA rates from the previous year, please contact [Debra.J.Johnson@cuanschuzt.edu](mailto:Debra.J.Johnson@cuanschuzt.edu).