



# Alaska Division of Retirement and Benefits

## AlaskaCare Employee Health Plan

### Employee Health Coverage Continuation COBRA

You and/or your dependents will lose coverage if one of the situations in Section 1.9 of the Select Benefits Insurance booklet, *When Coverage Ends*, occurs. You and/or your dependents may continue coverage under the Select Benefits Plan by electing coverage under COBRA (short for the Consolidated Omnibus Budget Reconciliation Act of 1985), and paying the required premium, except if you lost coverage under the Select Benefits Plan because you did not timely pay the requirement premium.

#### Electing COBRA Coverage

If your employment terminates, you have a leave without pay, you are laid off, or you die, the claims administrator will notify you or your family of the right to COBRA continued coverage and provide you with the necessary forms and information within 44 days of the occurrence of the qualifying event. If you are divorced or your child loses coverage, you or your family must notify the Division within 60 days of the qualifying event and the claims administrator will notify you and your family of the right to COBRA continued coverage and provide you with the necessary forms and information within 14 days thereafter.

You have 60 days from the date of the qualifying event or the date you are notified of your right to continue coverage, whichever is later, to elect coverage.

#### Continued Coverage

The coverage that may be continued may be the same or less than the level of coverage that you or your dependents had at the time coverage terminated. For example, if you are covered by the Standard medical plan when your coverage terminates, you may elect to continue either Standard or Economy medical, but may not elect Premium medical. You may elect medical only or include dental and vision coverage with the medical. You may not elect dental or vision coverage without medical coverage. You may change your elections during the next open enrollment under the Select Benefits plan.

#### Continuation Period

If you lose coverage because you have begun leave without pay, been laid off, or terminate your employment (for other than gross misconduct), you may continue coverage for up to 18 months. If your dependents have more than one qualifying event, they may be eligible for an additional period of coverage but the combined periods cannot exceed 36 months.

If your dependents lose coverage due to divorce, your death or they no longer meet the eligibility criteria, they may continue coverage for up to 36 months.

If you or your dependents are disabled within 60 days of the initial qualifying event for continuation coverage due to termination of employment, lay off, or leave without pay, you may continue coverage for you and your dependents up to an additional 11 months. To elect this additional coverage, you must notify the Division of your status before the end of your 18-month coverage period and within 60 days of your Social Security disability determination. The premium may increase for the additional 11 months of coverage. Coverage may be terminated if Social Security determines you are no longer disabled. In this case, you must notify the Division within 30 days of the final Social Security determination.

#### Premiums

If you, your spouse, or dependents elect COBRA continuation coverage, the full premium cost of coverage must be paid each month. The claims administrator will bill you for the premium due. You have 45 days from the date you elect coverage to pay the initial required premium. Premiums are due retroactive to the date your coverage would have ended. Premiums are due monthly. The current premium rate is available from the Division or its Web site at [AlaskaCare.gov](http://AlaskaCare.gov).

#### When Continuation Ends

Your COBRA continuation coverage ends:

- When the required premium is not paid on time;
- When the person continuing coverage becomes covered under another group health plan unless that plan contains any exclusion or limitation which relates to a pre-existing condition of the person;
- When the person continuing coverage first becomes entitled to Medicare benefits;
- When the State ceases to maintain any group health plan; or
- If you are disabled under the Social Security Act and have continued coverage for 18 months AND you are determined to be no longer disabled by Social Security.

For more information contact the Division at (907) 465-4460 or email [doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov).

**Reminder: Your premiums can be deducted directly from your bank account. If you are interested in this option, please use the Automatic Funds Transfer Authorization form.**

#### Alaska Division of Retirement and Benefits

6th Floor, State Office Building | 333 Willoughby Ave. | P.O. Box 110203 | Juneau, AK 99811-0203

#### Member Service Center

Hours: Monday-Thursday 8:30 a.m. to 4 p.m. | Friday 8:30 a.m. to 3 p.m.

Toll-Free: (800) 821-2251 | In Juneau: (907) 465-4460 | Fax: (907) 465-4668 | TDD: (907) 465-2805

[doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov)

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*The information in this brochure is not intended to replace the Alaska Statutes, the Alaska Administrative Code, or the plan documents. Language contained in Alaska Statutes, the Alaska Administrative Code, and the plan documents governs the plans.*