

## **Important Information for University of California COBRA Beneficiaries**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse or domestic partner, or your dependents lose group medical, dental, vision, Health FSA, or your local Employee Assistance Program coverage because you:

- Terminate employment (for reasons other than gross misconduct);
- Reduce your work hours below the eligible status for these benefits or transfer to a position which is ineligible for these benefits;
- Die, divorce, or are legally separated;
- Have a child or other covered family member who ceases to be an eligible family member under UC's rules.

COBRA continuation coverage is identical to the UC-sponsored coverage you and/or your dependents had immediately prior to qualifying for COBRA coverage except you pay the full cost; there is no UC contribution. See the last page of this document for the COBRA rates. Note that these rates include the 2% COBRA administrative fee. (Employee Assistance Program rates not included -- WageWorks will provide these rates in your election materials).

You may continue coverage under COBRA for up to 18 months if you terminate employment or you lose eligibility for UC-sponsored health plans (due to transfer to an ineligible position or if your average hours worked fall below 17.5 hours per week). Your family members generally may continue coverage for up to 36 months if they lose coverage because: a) the family member loses eligibility (e.g., turns age 26) or b) you divorce, legally separate, get an annulment, end a domestic partnership, or die.

WageWorks handles COBRA administrative services for UC. If you lose coverage because of a qualifying event, WageWorks will send a COBRA election packet and handle your enrollment and monthly billing.

### **WageWorks Contact Information**

The WageWorks Participant Services department is available Monday through Friday, 5:00 AM to 5:00 PM (PT); you may call toll free 1 (877) 422-2767. Or, register and log in to your account at [mybenefits.wageworks.com](https://mybenefits.wageworks.com) 24 hours a day.

### **COBRA Election Notice**

WageWorks will mail you the COBRA Election Notice within four business days of your qualifying event, as long as the University has reported your event. For example, if you are terminated on March 15, your coverage will continue through March 31. Although the University reports termination events to WageWorks twice a month (on the 3<sup>rd</sup> and the 18<sup>th</sup>), your location's payroll processing deadlines can impact when your information is transmitted to WageWorks. Depending on when your termination is processed, your information could be reported to WageWorks on either the 3<sup>rd</sup> or the 18<sup>th</sup> of the month. WageWorks will mail the Election Notice within four days of receiving information from UC.

In those instances where you are required to notify the University of loss of coverage, when you notify UC can affect the timing. For example, if your child turns age 26, you have 60 days to notify UC if you wish to request COBRA by completing a UBEN109 form and submitting it to your department or payroll office. If your child turns age 26 on March 20, your child's coverage ends on March 31. If you do not notify UC of your request for COBRA until April 20 and UC notifies WageWorks on April 21, WageWorks will mail your Election Notice within four business days of April 21.

VSP handles COBRA administrative services for Retiree Vision. Call 866-240-8344 to speak with VSP Member Service Representative, Monday through Friday, 5:00 AM to 8:00 PM; Saturday, 7:00 AM to 8:00 PM; and Sunday, 7:00 AM to 7:00PM (PT).

### **Online Election**

Regardless of when WageWorks mails your Election Notice, once UC has reported your event to WageWorks, you can log in to the WageWorks website ([mybenefits.wageworks.com](http://mybenefits.wageworks.com)) at any time after your “qualifying event” (e.g., the day of the event which caused you to lose coverage) and see your Election Notice online. If your Election Notice has been issued, you can also elect and pay for COBRA online.

UC is not able to provide you with an advance copy of your Election Notice – you must wait to receive the information from WageWorks. If you lose your copy, you can view and print your Election Notice by logging in to your account ([mybenefits.wageworks.com](http://mybenefits.wageworks.com)). Although there is some disruption which is unavoidable in this transition from UC’s “active” coverage to your own COBRA account, please be assured that if you elect and pay for COBRA within the required timeframe, you will not be without coverage, although you may need to work with your doctor’s office and your plans to resolve claim issues once your coverage is in place. You have 60 days to elect COBRA after your Notice is mailed and coverage is always retroactive to your last day of coverage. You must pay COBRA premiums directly to WageWorks and WageWorks will then report your eligibility to the individual health plans. It is important to understand that under COBRA, you cannot be provided with coverage until your payment is received.

### **Monthly Invoice**

Generally, the monthly invoice is mailed by WageWorks to COBRA participants around the 15<sup>th</sup> of the previous month. WageWorks will not report you as eligible to the health plan until you pay. Once you pay WageWorks, there may be a delay in your health plan receiving your information as WageWorks sends eligibility lists to the health plans weekly.

### **What if I Need Health Care Services Right Away?**

If you need coverage from your health plan during the period between when you have paid and when your plan has received and processed its eligibility list, call WageWorks and ask for the participant services representative to process an urgent eligibility update for you. Do not call your health plan or the University as only WageWorks can confirm your payment and eligibility. WageWorks will coordinate directly with your health plan.

**2020 COBRA Rates**

UNIVERSITY OF CALIFORNIA

<u>MEDICAL PLAN</u>	<b>Non-Medicare</b>				<b>Medicare</b>			<b>Split-Medicare</b>				
	<u>U</u>	<u>UC</u>	<u>UA</u>	<u>UAC</u>	<u>M</u>	<u>MM</u>	<u>MMM</u>	<u>MA</u>	<u>MC</u>	<u>MAC</u>	<u>MMC</u>	
	Single	Adult + Child(ren)	Two Adults	Family	Single	Two Party	Family <sup>(1)</sup>	Two Adults	Adult + Child(ren)	Family <sup>(2)</sup>	Family <sup>(3)</sup>	
UC Blue & Gold HMO	792.16	1,425.89	1,663.54	2,297.26	N/A	N/A	N/A	1,085.38	847.73	1,719.11	1,061.74	
Kaiser Permanente - CA	626.71	1,128.08	1,316.10	1,817.47	272.49	544.99	817.48	961.88	773.86	1,463.25	1,046.36	
CORE Major Medical	223.24	401.83	468.80	647.39	N/A	N/A	N/A	692.62	625.65	871.21	1,072.70	
High Option Supplement to Medicare	N/A	N/A	N/A	N/A	572.42	1,144.85	1,717.27	N/A	N/A	N/A	N/A	
Health Savings Plan	513.02	923.44	1,077.34	1,487.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Medicare PPO	N/A	N/A	N/A	N/A	447.06	894.11	1,341.17	N/A	N/A	N/A	N/A	
UC Care	1,078.27	1,940.89	2,264.37	3,126.98	N/A	N/A	N/A	1,633.15	1,309.67	2,495.77	1,756.73	
Medicare PPO without Rx	N/A	N/A	N/A	N/A	196.86	393.72	590.58	N/A	N/A	N/A	N/A	
UC Medicare Choice	N/A	N/A	N/A	N/A	214.01	428.01	642.02	N/A	N/A	N/A	N/A	
	<b>COBRA Members</b>				<b>Retirees</b>							
	<u>U</u>	<u>UC</u>	<u>UA</u>	<u>UAC</u>	<u>U</u>	<u>UC</u>	<u>UA</u>	<u>UAC</u>				
Delta Dental PPO	\$44.63	\$80.33	\$93.71	\$129.41	\$44.63	\$80.33	\$93.71	\$129.41				
DeltaCare USA DHMO	\$17.53	\$31.55	\$36.81	\$50.83	\$17.53	\$31.55	\$36.81	\$50.83				
Vision Service Plan	\$12.35	\$12.35	\$12.35	\$12.35	\$13.10	\$24.98	\$24.76	\$30.59				

\* The CalCOBRA extension which allows qualified beneficiaries to extend their medical plan coverage for up to a maximum of 36 months from the date of the beginning of your COBRA continuation period will not be available if you are enrolled in UC Care, UC Health Savings Plan or Core.

\*\* VSP handles COBRA continuation for Retirees.

(1) MMM = All family members in Medicare

(2) MAC = Split Medicare family with at least one Non-Medicare Adult

(3) MMC=Split Medicare family with at least two Medicare Adults plus non-Medicare Child(ren)