

COBRA Continuation Coverage Election Notice for Vision/Dental Insurance

IMPORTANT INFORMATION: COBRA Continuation Coverage and other Vision or Dental Coverage Alternatives

This notice has important information about your right to continue your GIC Vision/Dental coverage (the Plan), as well as other dental and/or vision coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. In Massachusetts, please view available coverage options at [MA Health Connector \(mahealthconnector.org\)](http://MAHealthConnector.org). You may be able to get coverage through the Health Insurance Marketplace or at the MA Health Connector that cost less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice. **You must complete the enclosed Election Form and return it to the GIC by no later than 60 days after the date of this notice. If you do not submit a completed election form by this deadline, you will lose your right to elect COBRA coverage.**

Why am I getting this notice?

You're receiving this notice because your coverage under the Plan either has or will end due to one of the following qualifying life events:

1. End of employment
2. Reduction of employment hours
3. Death of employee/retiree
4. Divorce or legal separation
5. Loss of dependent child status Federal law requires that most group health plans (including this vision/dental Plan) give employees and their families the opportunity to continue their vision/dental coverage through COBRA continuation coverage when there's a qualifying event that would result in a loss of coverage under an employer's plan.

What's COBRA continuation coverage?

COBRA continuation coverage allows you to continue having the same coverage Plan that you had prior to the event that made you eligible for COBRA. 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 and who is eligible for COBRA continuation coverage?

Each eligible person, known as a "qualified beneficiary" has an independent right to elect COBRA continuation coverage.

Qualified beneficiaries may include

(1) the employee or former employee;

(2) spouse or former spouse; (3) dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage; and (4) child(ren) who lose dependent child status. See below for specific situations of eligibility:

If you are an employee of the Commonwealth of Massachusetts and covered by the GIC's Dental/Vision insurance program, you are eligible to elect COBRA continuation coverage if:

- You lost your coverage due to reduced employment hours; or
- Your employment ends for reasons other than gross misconduct

If you are an employee's spouse covered by the GIC's Dental/Vision insurance program, you are eligible to elect COBRA continuation coverage if you lose coverage because:

- Your spouse dies; or
- Your spouse's employment with the Commonwealth of Massachusetts ends for reasons other than gross misconduct or coverage is lost due to reduced employment hours; or
- You and your spouse divorce or legally separate.

If you are a dependent child(ren) of an employee covered by the GIC's Dental/Vision insurance, you are eligible to elect COBRA continuation coverage if you lose coverage because:

- The employee-parent dies; or
- The employee-parent's employment with the Commonwealth of Massachusetts ends for reasons other than gross misconduct or coverage is lost due to reduced employment hours; or
- Your parents' divorce or legally separate; or
- You lose your dependent child status under GIC eligibility rules or other applicable law.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Medicare, or other group vision/dental plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." These options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and make the best decision 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. Another example might be that moving to a new coverage option may have lower premiums and/or out of pocket costs than COBRA continuation coverage.

When you lose job-based vision/dental 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.

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

COBRA continuation coverage must begin on the day immediately after your group Dental/Vision coverage ends. If your group coverage ends due to employment termination or reduction in employment hours, COBRA continuation coverage may last for up to 18 months. If it ends due to any other qualifying event listed above, you may maintain COBRA continuation coverage for up to 36 months.

Continuation coverage may end early in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group vision/dental plan.

Can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the GIC of a disability or a second qualifying event within 60 days to preserve any right to extend the period of continuation coverage for which you may be eligible (see the “Your Responsibilities” section, below, for more details on notification timing). If you don’t provide notice of a disability or second qualifying event within the 60 days, you will lose your right to extend continuation coverage.

It is your responsibility to know what life events provide for COBRA coverage extensions and when the 60 day notice period begins and ends. If you miss notifying the GIC, you will lose your right to extend 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>.

How much does COBRA continuation coverage cost?

COBRA continuation coverage costs are provided in the Monthly COBRA Rates chart, found below in this notice.

Other coverage options may cost less. If you choose to elect continuation coverage, do not send any payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace below.

What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options, and sometimes also offers vision and/or dental insurance plans. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what

your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at www.HealthCare.gov. The Massachusetts specific Marketplace is the MA Health Connector (mahealthconnector.org).

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based vision/dental coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

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.

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 a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period and could end up without any vision or dental coverage in the interim.

Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

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

Can I enroll in another group vision or dental plan?

You may be eligible to enroll in coverage under another group vision and/or dental 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 vision or dental plan for which you’re eligible, you’ll have another opportunity to enroll in the other group vision and/or dental plan within 30 days of losing your COBRA continuation coverage or during that other group vision and/or dental plan’s open enrollment window.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends? ****Please note that this section is not applicable to traditional vision or dental insurance, but is required to be in this notice.** It may still be important information for you and you should still read it.**

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 period¹ 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 don’t enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>. These rules are different for people with End Stage Renal Disease (ESRD).

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA 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 dental and/or vision coverage, you may want to think about the following factors that may or may not be relevant to dental and/or vision coverage options:

- **Premiums:** COBRA coverage costs 102% of total plan premiums (if your COBRA is extended, you may be charged 150% of total plan premiums). Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your dental and/or vision coverage may affect your access to a particular dental or vision care provider. You may want to check to see if your current dental and/or vision care providers participate in a network as you consider options for dental and/or vision coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your dental and/or vision 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 coverage options.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **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 should examine plan service or coverage areas or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for dental and/or vision coverage, you probably 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 dental and/or vision coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments. Additionally, any payments made toward your previous plan's deductible(s) will not count if you enroll in a new plan instead of COBRA coverage.

How and when do I pay for COBRA continuation coverage?

If you elect COBRA continuation coverage, you must make your first payment within 45 days after the date you elect it (this is measured by the postmark date, if it is mailed). If you do not make this first payment in full within that 45 window, you will lose all COBRA continuation coverage rights. Do not submit payment with your application. You will be billed for your COBRA payments once you complete and return the application.

Your first payment must cover the cost of COBRA coverage from the time your employer-sponsored plan coverage ends through the time you make the first payment. Services cannot be

covered until the GIC receives and processes the first payment. You are responsible for ensuring that the amount of your first payment is enough to cover this entire period. After you make your payment, you will be required to pay for COBRA coverage for every subsequent month of coverage. These periodic payments are due usually around the 15th of each month. The GIC will send monthly bills, specifying the due date for payment. **You are responsible for paying the coverage even if you do not receive a monthly statement.** Payments should be sent to the GIC's address on the bill, made through the member portal (mygiclink.my.site.com), or may be paid through our online payment system (mass.gov/info-details/gic-member-payments).

After the first payment, you will have a 30-day grace period beyond the due date on each monthly bill. **If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to COBRA continuation coverage.**

For more information

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

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the GIC at P.O. Box 556, Randolph, MA 02368 or call the Public Information Unit at 617-727-2310.

For more information about your rights, 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 <http://www.dol.gov/ebsa> 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 in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

Your responsibilities

- You must inform the GIC of any address changes to preserve your COBRA rights.
- You must elect COBRA within 60 days from the date you would lose coverage due to the life events described in this notice. If you do not elect COBRA continuation coverage within 60 days, your group Dental/Vision insurance will end and you will lose all rights to COBRA coverage.
- You must make the first payment for COBRA continuation coverage within 45 days after you elect COBRA. The first payment must be for the full amount of premiums starting the day after your employ-sponsored coverage ends, through when you send in your first payment. Failure to pay the full amount within the 45 days will result in a loss of COBRA coverage rights.

- You must pay the subsequent monthly costs for COBRA continuation coverage in full by the end of the 30-day grace period after the due date on every bill. If you do not make the payment within the 30-day grace period, COBRA continuation coverage will end after the last paid coverage period.
- You must inform the GIC within 60 days of the later of either (1) the date of any of the following or (2) the date on which coverage would be lost because of any of the following events:
 - Insured former employee dies;
 - Insured former employee becomes legally separated or divorced;
 - Insured former employee or their former spouse remarries;
 - A covered child ceases to be a dependent under GIC eligibility rules;
 - The Social Security Administration determines that the former employee or covered family member is disabled; or
 - The Social Security Administration determines that the former employee or covered family member is no longer disabled.

| GIC Dental/Vision Plan Monthly COBRA Rates | | |
|--|------------|----------|
| Effective July 1, 2024 | Individual | Family |
| Dental/Vision Indemnity (Classic) | \$45.16 | \$139.57 |
| Dental/Vision PPO (Value) | \$33.38 | \$103.06 |



DENTAL / VISION COBRA APPLICATION

Name of Applicant: _____

Preferred Email: _____

Home Address: _____

Preferred Phone: _____ Social Security Number: _____

Date of Coverage Termination (if known): _____

(Check one): I am the ___ Insured ___ Insured's Dependent* (spouse, child)

(If dependent) Name of Insured: _____

Insured's Social Security Number: _____

Applicant Signature _____ Date: _____

*All dependents **must** complete information below in order to process application

IF YOU ARE A DEPENDENT APPLYING FOR COVERAGE, PLEASE CHECK ALL THAT APPLY:

___ I am a former spouse of a state/municipal insured who:

___ died on _____

___ remarried on _____

___ left state/municipal service on _____

___ I remarried on _____

___ I am a surviving spouse of a deceased state/municipal insured, and remarried on _____

___ I am a dependent of a state/municipal insured and:

___ my parent (the state/municipal insured) died on _____

___ my parent (the state/muni insured) left state/muni service on _____ (if known)

___ my parents legally separated or became divorced on _____

___ I am age 19 to 26 and am not a dependent child as defined under federal healthcare reform

___ I am age 26 and my GIC coverage ended on _____

___ I am a ___ spouse or ___ dependent of a state/municipal insured and the Social Security Administration determined that I am ___ disabled or ___ no longer disabled as of _____

Mail completed form to: GIC, P.O. Box 556, Randolph, MA 02368. Do not send any payments to this address.