

## **IMPORTANT NOTICE REGARDING MEDICAL & DENTAL PLAN CONTINUATION COVERAGE**

A federal law commonly referred to as "COBRA" requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called COBRA "continuation coverage"), at group rates and at full cost, in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of this law. **(If married, both you and your spouse should take the time to read this notice carefully.)**

**[Note: You may have other options available to you besides COBRA continuation coverage when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).]

**If you are an employee** of Boston College covered by one of its health plans, you have a right to choose COBRA continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part). Generally, you would be able to maintain your individual or family coverage **for up to 18 months**.

**If you are the spouse** of an employee covered by one of these plans, you have the right to choose continuation coverage for yourself if you lose group health coverage under the plan for any of the following four reasons:

- 1) The death of your spouse
- 2) A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment
- 3) Divorce or legal separation from your spouse
- 4) Your spouse becomes eligible for Medicare

**In the case of a dependent child** of an employee covered by a Boston College health plan, he or she has the right to continuation coverage if the group health coverage is lost for any of the following five reasons:

- 1) The death of a parent
- 2) The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment
- 3) Parents' divorce or legal separation
- 4) A parent becomes eligible for Medicare
- 5) The dependent ceases to be a "dependent child" under the plan

A spouse or dependent child whose coverage ends as a result of **termination or reduction in hours** may maintain coverage for a maximum of **18 months**; otherwise he/she may generally maintain continuation coverage **for up to 36 months**.

**Under the law, the employee or a family member has the responsibility to inform the Boston College Benefits Office of a divorce, a legal separation, or a child losing dependent status under one of the University's group health plans.** Boston College has notification responsibility in the event of an employee's death, termination of employment, reduction in hours, or Medicare eligibility. Upon notification that one of these events has happened, Boston College's COBRA Administrator, **VOYA Financial** will in turn notify you that you have the right to choose continuation coverage.

You and each qualified beneficiary will have 60 days from the later of the date you would lose coverage because of one of the events described above or the date of notification to inform **VOYA Financial** that you want continuation coverage.

*(continued)*

If you do not choose continuation coverage, your group health insurance coverage will end. If you choose continuation coverage, Boston College is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under that plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months.

**Social Security Disability Extension** The 18 months can be extended for an additional 11 months, to a maximum of 29 months, for all qualified beneficiaries if the Social Security Administration determines a qualified beneficiary was disabled on the date of the qualifying event or during the first 60 days of continuation coverage. It is the beneficiaries' responsibility to provide a copy of the disability determination to **Voya Financial** within 60 days after the date of determination and before the original 18 months expire. This extension applies separately to each qualified beneficiary. If the disabled qualified beneficiary chooses not to continue coverage, all other qualified beneficiaries are still eligible for the extension. If the disabled beneficiary elects the extension, the applicable premium rate that can be charged is 150% of the premium rate.

**Secondary Event Extension** Another extension of the 18 or 29 month continuation period can occur if, during the 18 or 29 month period, a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependent child ceasing to be a dependent). Then the original 18 or 29 months of continuation coverage can be extended to 36 months from the date of the original qualifying event. **Voya Financial** must be notified within 60 days of the second event and within the original 18 or 29 month timeline.

The law provides that your **continuation coverage may be cut short** for any of the following five reasons:

- 1) Boston College no longer provides group health coverage to any of its employees
- 2) **The premium for your continuation coverage is not paid on time**
- 3) You become an employee covered under another group health plan
- 4) You become eligible for Medicare
- 5) You were divorced from a covered employee and you subsequently remarry and are covered under your new spouse's group health plan

You do not have to show that you are insurable in order to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage. (The law also says that, at the end of the 18- month or 36-month continuation coverage period, you must be allowed to enroll in an individual conversion health plan, if one is provided under the group plan and you meet its eligibility requirements.)

This notice doesn't fully describe COBRA coverage or benefits under the Plan. More information is available from the Boston College Benefits Office. If you have questions about the information in this notice or your rights to coverage, please contact the **Benefits Office, 140 Commonwealth Avenue, Chestnut Hill, MA 02467; telephone (617) 552-3329.**

**[Note: Always remember to update any changes to your marital status or address directly with the Human Resources Service Center (617-552- 4772) 129 Lake Street or on-line in AGORA.]**

#### **If you have additional questions**

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, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).