

# COBRA Continuation of Coverage

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. Coverage ends at the end of the month following termination or loss of plan eligibility for medical, dental and vision. You have 60 days from the date of their COBRA Notice to elect COBRA by signing and returning the COBRA Election Agreement.

COBRA coverage is not effective until the first payment is made and each month's paid through date is reported to the carrier. You have 45 days from the date you sign the COBRA Election Agreement to make your first payment. Coverage is only in force when payment has been processed.

You and your dependents can elect separately. In addition, you may any combination or medical, dental or vision under COBRA.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact One Source Virtual at 1-844-462-2236.

## COBRA Monthly Rates

MEDICAL	AETNA HSA PPO	AETNA HMO LOW	KAISER HMO <sup>*†</sup>
Team Member Only	\$541.54	\$487.12	\$531.59
Team Member + Spouse	\$1,184.47	\$1,071.70	\$1,169.51
Team Member + Child(ren)	\$1,023.45	\$876.83	\$956.87
Family	\$1,773.82	\$1,589.62	\$1,647.95

DENTAL	DHMO	DPPO LOW	DPPO HIGH
Team Member Only	\$13.28	\$28.68	\$47.20
Team Member + Spouse	\$25.23	\$59.02	\$95.10
Team Member + Child(ren)	\$26.55	\$70.39	\$108.75
Family	\$37.83	\$100.62	\$160.66

VISION	LOW OPTION	HIGH OPTION
Team Member Only	\$6.67	\$11.06
Team Member + Spouse	\$13.30	\$22.14
Team Member + Child(ren)	\$14.24	\$23.68
Family	\$22.75	\$37.82