

This notice has important information about your right to continue your OSU/A&M group benefits, as well as other health coverage options that may be available to you, including coverage through Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs 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 enclosed.

Federal legislation, known as COBRA, provides that employer-sponsored group health, dental, vision, and uninsured medical reimbursement plans (flexible benefits) offer employees and their currently covered family members the opportunity to temporarily continue their coverage in certain instances where coverage would otherwise end.

If you decide to continue your health, dental and/or vision insurance(s), or your dependents, please complete the enclosed COBRA Continuation Election enrollment form. You have **60 days** from the date coverage ends or **60 days** from the receipt of this letter to send the completed **COBRA Election** forms to the address indicated on the enclosure. The effective date of your COBRA coverage will be the first day of the following month that your coverage at OSU/A&M ended.

There may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Medicare, 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 continuation coverage. You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best 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.

When you lose job-based health 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.

You also have the option to convert your Basic Life Insurance coverage to an individual policy. Lincoln Financial will contact you directly regarding your options to continue your Basic and/or Supplemental Life insurance plans.

If you had a Health Flexible Spending Account (FSA) and did not incur enough qualified expenses to claim your account balance, you may want to continue contributing to your account with “after tax” dollars until you incur enough expenses to recover your balance. Contact your respective OSU/A&M Institution (see below) for more information.

If you have any questions regarding your benefits under COBRA, please contact the appropriate agency:

Health, Dental & Vision: OSU/A&M Benefits (405)744-5449

Optional benefits: such as Life, FSA, LTD, Cancer, Long Term Care, etc please contact your respective HR Office:	OSU: 405-744-5449	Langston: 405-744-5449	OPSU: 580-349-1574
	Connors: 918-463-6206	NEO: 405-744-5449	

Thank you,

OSU/A&M Benefits

Oklahoma State University/A&M Group Health Plan
Notice of Right to Elect COBRA Continuation Coverage

On April 7, 1986, a federal law known as COBRA was enacted requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of benefits (called COBRA Continuation Coverage) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to provide a summary of rights and obligations under the continuation of coverage provisions of the law. Both employee and spouse should take the time to read this notice.

The OSU/A&M Group consists of Oklahoma State University, Connors State College, Langston University, Northeastern Oklahoma A&M College and Oklahoma Panhandle State University.

Employees of the OSU/A&M Group - Employees covered by the OSU/A&M group health plan, have the right to choose COBRA Continuation Coverage if the employee loses coverage because of a reduction in hours of employment or the termination of employment for reasons other than gross misconduct.

Spouses of the Employee - Spouses of an employee covered by the OSU/A&M group health plan have the right to choose COBRA Continuation Coverage if they lose group health coverage under the OSU/A&M group health plan for any of the following reasons: 1)A termination of the employee's employment for reasons other than gross misconduct or reduction in their hours of employment with the OSU A&M group health plan; 2)Divorce or legal separation from the employee; 3)The employee becomes entitled to Medicare or 4)*Death of a covered employee.

*In the event of death of a covered employee, the covered surviving spouse and or dependents also have an option of non-COBRA continuation of coverage options under the OSU/A&M group health plan that could provide less premium cost and a greater number of months of continuous coverage.

Dependent Children of the Employees- A dependent of an employee covered by the OSU/A&M group health plan has the right to COBRA Continuation Coverage if group health coverage under the OSU/A&M group health plan is lost for any of the following qualifying events: 1)A termination of the employee's employment for reasons other than gross misconduct or reduction in the employee's hours of employment with the OSU/A&M group health plan; 2)The employee's divorce or legal separation; 3)The employee becomes entitled to Medicare; 4)The dependent child ceases to be a "dependent child" under any of the COBRA qualified group plans or 5)*Death of a covered employee.

* In the event of death of a covered employee, the covered surviving spouse and or dependents also have an option of non-COBRA continuation of coverage options under the OSU/A&M group health plan that could provide less premium cost and a greater number of months of continuous coverage.

Responsibility For Notification - The employee or a family member has the responsibility to inform the local Human Resources/Payroll office in writing of a divorce, legal separation, or a child losing dependent status under the OSU/A&M group health plan within thirty (30) days of the date of the event. For purposes of notification, OSU/A&M will monitor the triggering events of an employee's death, termination, reduction in hours of employment or Medicare entitlement. Similar rights may apply to certain retirees, spouses, and dependent children if your employer commences a bankruptcy proceeding and these individuals lose coverage. When the Office of Human Resources has been notified of a COBRA qualifying event, all appropriate individuals will be formally notified in writing of their right to choose COBRA Continuation Coverage. COBRA qualified individuals will have sixty (60) days from the date the notice is sent to elect COBRA Continuation Coverage. If COBRA Continuation Coverage is not elected within the sixty (60) day election period, all COBRA qualified coverage will end.

Up To 36 Months of Coverage Available If Elected - If COBRA Continuation Coverage is elected, the OSU/A&M group health plan is required to provide coverage which, at the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The law requires that qualified individuals be given the opportunity to maintain qualified health coverage for thirty-six (36) months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation of coverage period for health, is eighteen (18) months. The initial eighteen (18) month coverage period may be extended for affected individuals to a total of thirty-six (36) months if other qualifying events occur during the initial eighteen (18) month coverage period. Qualifying events that could extend coverage would be a death, divorce, legal separation, or Medicare entitlement. In no event will COBRA Continuation Coverage extend beyond thirty-six (36) months from the date of the original COBRA qualifying event. The eighteen (18) months of extended coverage may be increased to twenty-nine (29) months if an individual eligible for COBRA coverage becomes disabled (as defined by the Social Security Administration) during the first sixty (60) days of COBRA Continuation Coverage. This eleven (11) month extension is available to all individuals who qualify for COBRA because of a termination of employment or reduction in hours of employment. To benefit from this extension, the qualified individual must notify the Office of Human Resources before the end of the original eighteen (18) month period within sixty (60) days of the qualifying event. The affected individual must also notify the Office of Human Resources within thirty (30) days of any final determination declaring that the individual is no longer disabled.

Adopted or Placed Child Can Be Covered - A child who is born to or placed for adoption with a covered individual during a period of COBRA coverage will be eligible for COBRA Continuation Coverage. These qualified individuals can be provided coverage if the Office of Human Resources is notified within thirty-one (31) days of the qualifying event.

COBRA Coverage May Be Terminated Early - COBRA Continuation Coverage may be terminated for any of the following six reasons: 1) The OSU/A&M group health plan no longer provides the plan benefit to any of its employees; 2) The premium for COBRA Continuation Coverage is not paid on time; 3) The covered individual becomes covered under another group health plan that does not contain any exclusion or limitation of any pre-existing condition the participant may have; 4) The covered individual becomes entitled to Medicare after electing COBRA coverage; 5) The individual is covered under COBRA's disability criteria but is no longer classified as disabled; 6) The covered individual files a fraudulent claim.

COBRA Payment Required -Under the law, a COBRA qualified individual may have to pay all or part of the premium of the continuation of coverage, up to 102% of the cost to the plan for similarly situated individuals who have not experienced a COBRA qualifying event. The initial premium payment must be made within 45 days after the date of the COBRA election. The payment generally must cover the period from coverage loss date through the month in which the initial payment is made. There is a grace period of 30 days for payment of the regularly scheduled premium. COBRA premiums for the OSU/A&M group health plan will be billed by the OSU Bursars' Office and are due by the 15th of the month.

Questions about COBRA –Questions can be answered by contacting the participants Human Resources office. Change of marital status and address changes should also be reported to Human Resources. OSU Benefits can be reached at 405-744-5449.

Other coverage options besides COBRA Continuation Coverage – 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, 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 continuation coverage. You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best 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. When you lose job-based health 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.

What is the Health Insurance Marketplace? -The Marketplace offers "one-stop shopping" to find and compare private health insurance options. 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. 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 health 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 health 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 under any circumstances.

Can I enroll in another group health plan? -You may be eligible to enroll in coverage under another group health 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 health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

What factors should I consider when choosing coverage options? -When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. 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 health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health 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 health coverage.
- **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 may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health 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 health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.
- **Medicare Eligibility:** If you're eligible for Medicare or Medicaid, your Cobra coverage may not provide the same benefits as while you were employed and on your active group health plan. Please read your plan guidelines as it pertains to COBRA coverage and Medicare or other governmental benefits.

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 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 OSU/A&M Benefits at 405.744.5449 or osu-benefits@okstate.edu.

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, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at 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.

MONTHLY PREMIUMS FOR COBRA MEMBERS PLAN YEAR

JAN 1, 2019 THROUGH DEC 31, 2019

HEALTH PLANS	MEMBER	MEMBER & SPOUSE	MEMBER & CHILDREN	MEMBER & FAMILY
BLUEOPTIONS	\$508.74	\$1,068.35	\$915.74	\$1,627.96
BLUEEDGE HDHP	\$428.08	\$899.84	\$770.98	\$1,372.33
DENTAL PLANS				
CIGNA LOW	\$35.19	\$70.34	\$95.94	\$129.44
CIGNA HIGH	\$40.82	\$81.60	\$111.28	\$150.16
VISION PLANS				
EYEMED VISION	\$6.93	\$11.56	\$11.40	\$21.59

If you want to elect COBRA, please complete the following OSU/A&M COBRA Coverage Election Form.

If you qualify for an extension under COBRA, you may request premium information from our office.

If you decide to cancel your coverage, please send written notification to OSU Benefits, 106J Whitehurst, Stillwater, OK 74078, or fax to 405-744-8345, or email osu-benefits@okstate.edu.

OSU/A&M COBRA COVERAGE ELECTION FORM

COBRA APPLICANT INFORMATION – Please Print

Campus Wide ID: _____ Social Security #: _____ - _____ - _____ Gender: M F

COBRA APPLICANT: _____ Married Single Divorced Widowed Common Law

Mailing Address: _____

Home Telephone: _____ Date of Birth: _____

HEALTH PLAN – BlueCross BlueShield (must continue with same plan) ENROLL DECLINE

BlueOptions BlueEdge High Deductible

DENTAL PLAN – Cigna Dental (must continue with same plan) ENROLL DECLINE

Low Plan High Plan

VISION PLAN - EyeMed ENROLL DECLINE

EyeMed

DEPENDENT INFORMATION

SPOUSE: Name: _____ SSN: _____ **KEEP** **DROP**
 Health
Date of Birth: _____ Gender: M F Dental
 Vision

CHILD: Name: _____ SSN: _____ **KEEP** **DROP**
 Health
Date of Birth: _____ Gender: M F Dental
 Vision

CHILD: Name: _____ SSN: _____ **KEEP** **DROP**
 Health
Date of Birth: _____ Gender: M F Dental
 Vision

I understand that my eligibility will be determined upon the information stated on this form. I must notify OSU Benefits if any changes occur which affect my eligibility. I understand that new dependents may be enrolled under limited circumstances.

I understand that all premiums due from the effective date of COBRA must be post-marked within 45 days following the date of signing this election form.

IMPORTANT INSTRUCTIONS: To elect COBRA continuation coverage, complete this Election Form and return it to OSU Benefits. Under federal law you have at least 60 days after the date of this notice, to decide whether you want to elect COBRA continuation coverage under the Plan. If you do not submit a completed Election Form, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. Read and retain the important documents about your rights included with Election Form.

Applicant Signature: _____ **Date:** _____

For questions regarding COBRA, please call 405-744-5449

Forward completed form to: Oklahoma State University, Attn: Benefits, 106J Whitehurst, Stillwater, OK 74078 or Fax: 405-744-8345