

## Separation of Service Retirement or Termination

### How do I continue insurance coverage after retirement or termination from employment?

Many of the insurance benefits offered through the school district allow you to continue coverage once you leave employment. Employees can continue coverage in one of the following ways:

#### COBRA (Consolidated Omnibus Budget Reconciliation Act)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Group health benefits include:

- **Health Insurance** offered through **TRS ActiveCare**
- **Dental Insurance** offered through **Delta Dental**
- **Vision Insurance** offered through **Davis Vision**
- **Flexible Spending Accounts** offered through **National Benefit Services**

#### Portability & Conversion Option

Employees may also continue other benefit plans that are not COBRA eligible through Portability or Conversion options. These plans include:

- **Term Life Insurance** offered through **OneAmerica**
- **Permanent Life Insurance** offered through **Texas Life**
- **Hospital Indemnity** offered through **Aflac**
- **Accident Insurance** offered through **Unum**
- **Cancer Insurance** offered through **American Public Life**
- **Critical Illness Insurance** offered through **Unum**
- **Telehealth Service** offered through **Access Medical**
- **Emergency Medical Transportation** offered through **MASA**
- **Identity Theft Protection** offered through **LifeLock**

#### Health Savings Account

Health Savings Accounts offered through **HSA Bank** are an individually owned savings account. For assistance with your account, please contact the Client Assistance Center at **800.357.6246**. You can also access your account online at [www.hsabank.com/member](http://www.hsabank.com/member) and perform all of your regular banking tasks.

**Important Information:** Coverage terminates the end of the month for which payroll deductions are made.

## COBRA Administration TRS ActiveCare Health Insurance

### Qualifying Events for COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) passed by the 99th Congress provides that when employees and covered dependents lose their eligibility for group medical insurance coverage because of any of the events listed below, they may elect to continue group medical plan participation. The continued coverage can remain in effect for a maximum period of either 18, 29, or 36 months depending on the reason the coverage was terminated.

Qualifying Events for 18-month Continuation	Qualifying Events for 29-month Continuation	Qualifying Events for 36-month Continuation
<ul style="list-style-type: none"> <li>Loss of eligibility due to reduction of employee work hours</li> <li>Voluntary employee termination including retirement (early or disability)</li> <li>Employee layoff for economic reasons</li> <li>Employee discharge, except for gross misconduct.</li> </ul>	<ul style="list-style-type: none"> <li>Loss of coverage by employee or dependent if determined by the Social Security Administration to be disabled during the first 60 days after the initial COBRA qualifying event date</li> </ul>	<ul style="list-style-type: none"> <li>Death of an employee</li> <li>Divorce or legal separation of an employee, so long as the spouse was previously enrolled as a covered participant</li> <li>Employee becomes eligible for Medicare, leaving dependents without group medical coverage</li> <li>Children who lose coverage due to plan provisions</li> </ul>

### COBRA Administration

Health Plan	Contacts for Applications and Inquiries
TRS-ActiveCare Plans	bswift (TRS-ActiveCre) 833.682.8972
Scott and White Health Plans	WageWorks, Inc 877.722.2667

### Total Monthly Costs

Following are the current total monthly premiums for active employees. Please refer to the Costs and Payments section to calculate your COBRA premiums.

Total Monthly Costs 2020-21 Plan Year Effective September 1, 2020 – August 31, 2021							
	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White Central & North TX	Blue Essentials South Texas	Blue Essentials West Texas
Employee Only	\$386.00	\$397.00	\$514.00	\$937.00	\$551.10	\$491.54	\$534.42
E + Spouse	\$1,089.00	\$1,120.00	\$1,264.00	\$2,222.00	\$1,382.06	\$1,182.52	\$1,287.58
E + Child(ren)	\$695.00	\$715.00	\$834.00	\$1,393.00	\$883.50	\$766.96	\$835.68
Family	\$1,301.00	\$1,338.00	\$1,588.00	\$2,627.00	\$1,478.56	\$1,258.52	\$1,370.12

# **COBRA Administration**

## **TRS ActiveCare Health Insurance**

### **Eligibility**

Employees and dependents covered by TRS-ActiveCare on the day before the qualifying event are eligible to continue coverage. Employees or dependents not previously enrolled cannot elect to begin coverage. Note: Employees may not make plan changes during a plan year unless there is a special enrollment event—even if changing from active to COBRA status.

### **Notification**

The COBRA notification process includes the following steps:

- The Benefits Administrator for the district will report a termination of coverage by entering the termination of coverage date into the enrollment system. The enrollment system transmits files to Bswift weekly on Friday.
- Bswift will process the change. If the qualified participant was enrolled in a TRS-ActiveCare Plan, the Qualifying Event Notice will be automatically mailed to the participant. If the qualified participant was enrolled with an HMO, the COBRA administrator for each HMO will be notified of the termination date and reason. Those COBRA administrators will mail the Qualifying Event Notice to HMO qualifying participants.
- The Qualifying Event Notice will include:
  - Explanation of Group Health Continuation under COBRA
  - COBRA election form with premium information, and

If the applicable COBRA administrator receives the COBRA election and initial premium payment within the time periods specified in the Qualifying Event Notice, the participant's coverage will be reinstated and they will receive a coupon book. If the COBRA Election Form and all premiums due are not received within the time periods specified in the Qualifying Event Notice, the qualifying participant will be notified they are unable to continue and their check will be returned.

- Timelines:
  - The district/entity has 30 days to notify their administrator of a qualifying event.
  - The administrator has 14 days to send the notice from the date they are notified.
  - The member has 60 days from (the later of) the date the administrator mails the notice or the date they lost their coverage to enroll.
  - The member has 45 days from the date they postmark their election to postmark their initial payment (all retro-active premiums due).
  - All payments after the initial payment are due on the first of each coverage month (payment for January is due January 1) but there is also a 30 day grace period, so a payment for January that was postmarked on January 31 would be considered timely.
- Two things to keep in mind:
  - COBRA timelines revolve around postmark (and to a lesser extent, email and fax) dates. A payment doesn't have to be received by January 31 to be considered timely for January; it has to be postmarked by January 31.
  - The grace period is 30 days from the first of the month, not one month. For example; a June payment postmarked on July 1st would be considered timely. The length of the grace period does not change based on the length of the month.

## **COBRA Administration**

### **TRS ActiveCare Health Insurance**

#### **Cost & Payments:**

Any eligible individual electing to continue TRS-ActiveCare coverage must pay the full premium rate for active employees plus a 2% administrative fee.\* The COBRA participant will receive coupons and will remit premiums directly to the COBRA administrator (bswift for the ActiveCare Primary, ActiveCare HD, ActiveCare Primary+ and ActiveCare 2 or the applicable HMO health plan). The COBRA administrator will send all notifications of premium changes, health care benefit changes and the COBRA coverage termination date to the participant.

Premium payments are due the first of each month. Premium payments must be postmarked within 30 days of the premium due date (grace period) or COBRA coverage will be terminated. If premium payments are not received by the 20th of the month, a reminder notice will be sent to the COBRA participant.

**Note:** If a member does not make a payment within the grace period, their coverage will be terminated as of the last month of full payment.

Benefits for COBRA participants will be the same as those for active employees. COBRA participants must elect the same plan they had at termination. COBRA participants will have the same rights as active employees at the next plan enrollment period.

The rate charged for COBRA coverage will be determined as follows:

- Any spouse, dependent child, or employee continuing coverage as an individual will be charged the rate for employee-only coverage
- An employee and spouse continuing coverage will be charged the rate for employee and spouse coverage
- Any adult continuing coverage with dependent children will be charged the rate for employee and children coverage
- If the entire family continues coverage, they will be charged the rate for employee and family coverage
- If more than one child continues coverage (without an adult), the coverage will be set up under the youngest child's identification number and they will be charged the rate for employee and child(ren) coverage

**\*Disability extension:** Qualified medical plan beneficiaries, who have been determined by the Social Security Administration to be disabled and are eligible for the 11-month disability extension of COBRA coverage, **will be charged up to 150%** of the applicable cost during the additional months of COBRA coverage (up to 11 months) based on Department of Labor (DOL) rules. Individuals with HMO coverage should consult their HMO's Evidence of Coverage for information regarding COBRA coverage.

## COBRA Administration Dental, Vision and Flexible Spending Accounts

### COBRA Administration

Provider	Contacts for Applications, Inquiries and Remittance
<b>CBG Services Corporation</b>	800.749.6458

### Dental

Provider	Contacts for Applications, Inquiries and Remittance
<b>Delta Dental</b>	800.521.2651

Monthly Premiums	Premium
Employee Only	\$32.04
E + Spouse	\$65.52
E + Child(ren)	\$76.14
Family	\$106.96

### Vision

Provider	Contacts for Applications, Inquiries and Remittance
<b>Davis Vision</b>	800.999.5431

Monthly Premiums	Premium
Employee Only	\$7.56
E + Spouse	\$13.59
Family	\$21.15

### Flexible Spending Accounts (FSAs)

Provider	Contacts for Applications, Inquiries and Remittance
<b>National Benefit Services</b>	800.507.3800

Current monthly premiums deducted from payroll.

### Premium Remittance:

Participants will need to remit COBRA premiums to the following address beginning the first day of the month COBRA coverage goes into effect. If payments are not received within 60 days of the due date, then the insurance company will terminate the participant's coverage. Participants will not receive a monthly billing and it is the responsibility of the participant to remit premiums in a timely manner.

<b>Premium Due Date:</b>	9/1	10/1	11/1	12/1	1/1	2/1
<b>Coverage Effective Date:</b>	September	October	November	December	January	February

<b>Premium Due Date:</b>	3/1	4/1	5/1	6/1	7/1	8/1
<b>Coverage Effective Date:</b>	March	April	May	June	July	August

**Employer Name:** \_\_\_\_\_

**COBRA Continuation Coverage Election Form**

**Employee Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I (We) elect COBRA continuation coverage in the following plans listed below:**

- Dental                                      Circle all that apply:      Employee | Spouse | Child(ren)
- Vision    Circle all that apply:      Employee | Spouse | Child(ren)
- Flexible Spending Account

**Dependent Information:**

Name	Relationship	SSN	DOB

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Mail Completed Form with first Month Premiums to:**

**CBG Services Corporation  
PO Box 827  
Waco, TX 76703**

**Make checks Payable to:**

**CBG Services Corporation**

## Remittance Coupons

Month 1      **COBRA Premium Remittance**      **Date:** \_\_\_\_\_  
*Remit Premiums to:* **CBG Services Corp**      **Amount Remitted:**  
                                 **PO Box 827**      \_\_\_\_\_  
                                 **Waco Texas**

Month 2      **COBRA Premium Remittance**      **Date:** \_\_\_\_\_  
*Remit Premiums to:* **CBG Services Corp**      **Amount Remitted:**  
                                 **PO Box 827**      \_\_\_\_\_  
                                 **Waco Texas**

Month 3      **COBRA Premium Remittance**      **Date:** \_\_\_\_\_  
*Remit Premiums to:* **CBG Services Corp**      **Amount Remitted:**  
                                 **PO Box 827**      \_\_\_\_\_  
                                 **Waco Texas**

Month 4      **COBRA Premium Remittance**      **Date:** \_\_\_\_\_  
*Remit Premiums to:* **CBG Services Corp**      **Amount Remitted:**  
                                 **PO Box 827**      \_\_\_\_\_  
                                 **Waco Texas**

Month 5      **COBRA Premium Remittance**      **Date:** \_\_\_\_\_  
*Remit Premiums to:* **CBG Services Corp**      **Amount Remitted:**  
                                 **PO Box 827**      \_\_\_\_\_  
                                 **Waco Texas**

Month 6      **COBRA Premium Remittance**      **Date:** \_\_\_\_\_  
*Remit Premiums to:* **CBG Services Corp**      **Amount Remitted:**  
                                 **PO Box 827**      \_\_\_\_\_  
                                 **Waco Texas**







## Portability & Conversion

Participants have 31 days from the date benefits terminate to elect portability and/or conversion for all eligible benefits.

### **Term Life Insurance** *offered through OneAmerica*

Download, Review and Complete the Conversion-Portability Form found on the **Employee Benefit Portal**. Once complete please return to **Unum** within 31 days of your date of termination.

Contact **OneAmerica** at **800.553.5318** or [www.employeebenefits.aul.com](http://www.employeebenefits.aul.com) for more information.

### **Permanent Life** *offered through Texas Life*

Contact **Texas Life** at **800.283.9233** to continue your current coverage through direct billing or bank draft.

### **Hospital Indemnity** *offered through Aflac*

Contact **Aflac** at **866.849.2974** to continue your current coverage through direct billing or bank draft.

### **Accident** *offered through Unum*

Contact **Unum** at **800.749.6458** to continue your current coverage through direct billing or bank draft.

### **Cancer Insurance** *offered through American Public Life*

The cancer insurance can be continued under the group portability coverage after you have been covered for 12 continuous months. Contact **American Public Life** at **800.256.8606** for more information.

### **Critical Illness** *offered through Unum*

Contact **Unum** at **800.749.6458** to continue your current coverage through direct billing or bank draft.

### **Telehealth** *offered through Access Medical*

Contact **Combined Benefits Group** at **800.749.6458** to convert your plan to an individual plan.

### **Emergency Medical Transportation** *offered through MASA*

Download, Review and Complete the Continuation Application found on the **Employee Benefit Portal**. Once complete please return to MASA Medical Transportation Solutions.

### **Identity Theft Protection** *offered through Norton LifeLock*

Contact **Norton LifeLock** at **800.607.9174** to continue your coverage. Make sure to mention Promo Code: **EMPBEN15**