

## COBRA / WI CONTINUATION QUICK REFERENCE\*\*

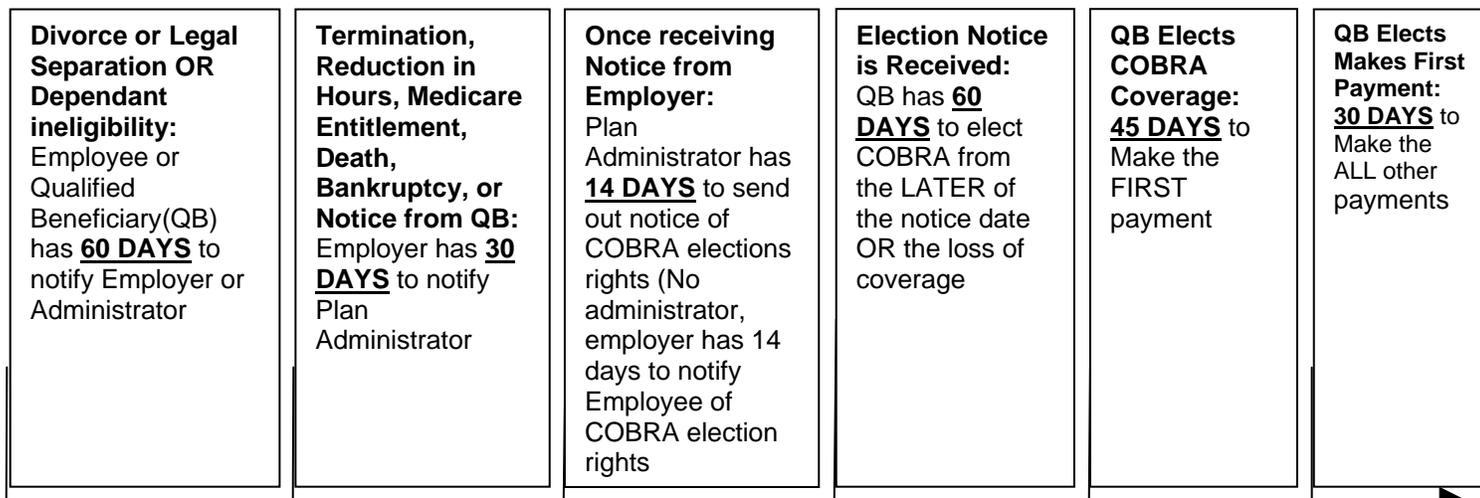
Coverage:	COBRA – (20+ Employees)	Wisconsin Continuation
<b>Terminated employees and their dependents.</b>	18 months	18 months
<b>Disabled employees</b>	29 months	18 months
<b>Terminated employees entitled to Medicare</b>	COBRA coverage can be terminated early when a qualified beneficiary first becomes, after the date of the election, entitled (actually covered) under Medicare. Otherwise, if a qualifying event occurs after the employee is entitled to Medicare, the employee gets COBRA.	18 months and eligible for conversion to an individual policy.
<b>Spouses / dependents due to:</b>	36 months	18 Months
Death of employee		
Divorce of employee	36 months	18 Months
Separation from Employee – While legal separation is a listed triggering event, under the terms of most group health plans, legal separation will not cause a loss of plan coverage. Legal Separation is a qualifying event only if it causes the loss of coverage under the plan.	36 months if it results in the loss of coverage under the plan. <b>WPS risk certificates do not provide for a loss of coverage due to separation, only divorce. If an employee drops coverage for a spouse or dependent due to separation, there is no qualifying event until the actual date of the divorce.</b>	Not Available because group coverage cannot be terminated due to legal separation.
Annulment from employee	Generally not available. Annulment is not listed as a qualifying event and state law might have an impact, especially if annulment is treated like divorce in a particular state, the courts. Not offering COBRA due to annulment is advised <b>only after</b> seeking the advice of legal counsel.	18 Months*
Employee becomes entitled to <b>Medicare FIRST</b> , loses group <b>health</b> coverage due <b>termination of employment (i.e. retirement) and elects COBRA</b>	Up to 36 Months beginning the DAY of Medicare eligibility	18 Months  * Employee MUST elect Wisconsin Continuation and maintain coverage in order for Spouse to elect and continue coverage
Employee loses <b>GROUP COVERAGE FIRST</b> , due to <b>termination of employment (i.e., retirement), elects COBRA and then</b> becomes entitled to Medicare	<b>COBRA coverage can be terminated for employee, spouse and dependent continue without interruption for 18 months following COBRA election</b>	18 months  * Employee MUST elect Wisconsin Continuation and maintain coverage in order for Spouse to elect and continue coverage
<b>Dependent</b> Reaches Maximum Age	36 Months	Not Available
Dependents of terminated employees are eligible for COBRA and continuation coverage.	<b>18 months</b>	18 Months  * <b>Employee MUST elect Wisconsin Continuation and maintain coverage in order for Spouse to elect and continue coverage</b>
<b>Premium</b> Employees – 1 <sup>st</sup> 18 months Disabled employees – Months 19-29 Dependents	102% Maximum  150% Maximum 102% Maximum	100% Maximum  N / A 100% Maximum

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**COBRA / WI CONTINUATION QUICK REFERENCE\*\* (CONTINUED)**

<b>Coverage:</b>	<b>COBRA – (20+ Employees)</b>	<b>Wisconsin Continuation</b>
<b>Coverage may terminate early if:</b> Employer ceases to offer any plan to employees	<b>Yes</b>	<b>Yes</b>
Person fails to pay premium	<b>Yes</b> <b>45 day initial payment grace period</b> <b>30 day grace period after that</b>	<b>Yes</b> <b>NO grace period</b>
Person covered under another group plan	<b>Yes, if coverage is similar</b>	<b>Yes, if coverage is similar</b>
Person becomes eligible for another group plan	<b>No, person must actually be covered not just eligible for coverage under a similar group health plan</b>	<b>Yes, if coverage is similar</b>
Person establishes residence outside the state	<b>No</b>	<b>Yes</b>
In a divorce situation, employee no longer is a member of group or loses coverage	<b>No, under COBRA each qualified beneficiary has independent election rights. Once elected, COBRA coverage will remain in effect for the dependant for 36 months regardless of whether or not the employee loses coverage at a later date.</b>	<b>Yes</b>
Person becomes eligible (enrolled in) Medicare after they have elected COBRA or Wisconsin Continuation	<b>Yes</b>	<b>Eligible for conversion to an individual policy.</b>
<b>When Eligible</b>	Must be covered under the plan at least one day before coverage ends	Must be covered under the plan for at least for 3 consecutive months
<b>Type of Coverage Continued</b>	Any type of health benefit available to active employees and their dependants	Hospital / Medical only
<b>Notification Requirements</b>	Within 14 days of person's eligibility, employer must advise person of right to continue. If the employer has a separate COBRA administrator, the employer has 30 days to notify the administrator, the administrator has 14 days to notify the person of their right to elect COBRA, for a total period of up to 44 days.	Within 5 days of a person's eligibility

**COBRA Timeline**



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