

11/3/2022

Jane DOE & Family
123 State RI Drive
Cranston, RI 02920

Dear Jane DOE & Family:

On 1/1/2022, you experienced an event of a/an Termination which constitutes a qualifying event under the State of Rhode Island group health plan(s). As a result, your coverage, and that of your covered dependent(s), if any, will end on the date(s) set forth on the COBRA Continuation Election Form accompanying this letter. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) this entitles you and your covered dependent(s) if any, to elect to continue coverage (referred to as COBRA coverage) under the plan(s) enrolled as active member(s). COBRA coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't on COBRA. Each "qualified beneficiary" who elects COBRA will have the same rights under the Plan as other participants or beneficiaries covered under the component or components of the Plan elected by the qualified beneficiary, including open enrollment and special enrollment rights. (Certain newborns, newly adopted children, and alternate recipients under QMCSOs may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below. The first day of COBRA coverage and the maximum continuation period is determined by plan. Please refer to your COBRA Election Form enclosed to determine your first day of COBRA coverage and maximum continuation period ("Last Day of COBRA").

****If you are enrolling for yourself and only one additional dependent, you have the option of splitting out your benefits into two Individual plans for reduced premium purposes. If you would like to have two Individual plans, please notate this request on your COBRA election packet below or contact our COBRA department via email with written request to soricobra@workterra.com and your account will be set to reflect two individual plans, with two Member Accounts, and will require two separate premium payments.**

Please note, if you do decide to split your plans, the deductible for the new Dependent Subscriber plan will need to be met in full, as the amount paid towards the deductible while under your Active plan will only remain on the Main subscriber account and will not transfer to the new Dependent Subscriber account.

How to Elect COBRA Coverage

Under COBRA, you have a limited number of days to elect continuation coverage. Your election window is determined by the plan and is calculated from the date your coverage under the plan is lost because of the event described above or the date this notice of your election rights is sent to you, whichever is later. To elect COBRA coverage, you must complete and submit the enclosed election form to Workterra known as the Plan administrator, no later than the Election Period End date ("Last Day to Elect") listed on the enclosed COBRA Election Form. Failure to do so will result in loss of the right to elect COBRA coverage under the Plan. This same notice is being sent separately to your spouse, if any; however, only one of you needs to elect continuation coverage for your spouse and dependent child(ren), if any, who wish to continue coverage. Furthermore, because COBRA gives you the right to elect coverage independently, you, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

In addition to COBRA coverage, other health coverage options may be available to you, such as coverage through the Health Insurance Marketplace at www.healthcare.gov or 1-800-318-2596. You may also be eligible to enroll in coverage through Medicaid or another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

Payment of COBRA Coverage Premiums

The current amount of this premium and the due date for payment are explained in the enclosed COBRA Election Form. The premium may change in the future. We have used the information supplied by State of Rhode Island to calculate your maximum continuation period under the plan(s) you were insured prior to your qualifying event. If there is a discrepancy between our calculation and the underwriting insurance carrier, the insurance carrier always governs. Please contact your insurance carrier(s) to determine the exact end of your maximum continuation period. Please be sure to make your payment out to WORKTERRA.



Length of COBRA Coverage Period

If you and your spouse or dependent child(ren), if any, elect coverage, it can last for a maximum continuation period ("Last Day of COBRA") described in the enclosed COBRA Election Form beginning on the date of your qualifying event, or loss of coverage, whichever is later. The first day of COBRA coverage will be determined by the plan. If you elect COBRA, you may be able to extend the length of COBRA coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the Plan Administrator of a disability or a second qualifying event within a certain time period to extend the period of COBRA coverage. If you don't provide notice of a disability or second qualifying event within the required time period, you will lose your right to extend the period of COBRA coverage. The period of COBRA coverage under the Health FSA cannot be extended under any circumstances. The continuation period may be extended for the following reasons:

1. Death of employee, divorce, legal separation or change in dependent status

If these events occur during the original maximum continuation period of COBRA coverage, the period of coverage for your spouse and dependent child(ren), if any, may be extended. These events extend the original maximum continuation period of COBRA coverage only if they would have caused your spouse or dependent child(ren), if any, to lose coverage under the plan if the original qualifying event had not occurred. Note that to receive this extension, you and/or your spouse and dependent child(ren), must notify the State of Rhode Island Plan Administrator within 60 days of the occurrence of these events.

2. Medicare entitlement of employee

If you became entitled to Medicare BEFORE your qualifying event, COBRA laws allow you to remain eligible for up to 18 months of COBRA coverage. However, your spouse and dependent child(ren), if any, may receive extended COBRA coverage for up to the greater of either: (a) 36 months from the date of your Medicare entitlement; or (b) 18 months from the date of your qualifying event, or loss of coverage, whichever is later.

If you become entitled to Medicare AFTER your qualifying event but within the original maximum continuation period of your qualifying event, your spouse and dependent child(ren), if any, may receive an additional 18 months of COBRA coverage. Note that a person generally has become entitled to Medicare when he or she has applied for Social Security income payments or has filed an application for benefits under Part A or Part B of Medicare.

3. Disability determination

If any of the qualified beneficiaries is determined by the Social Security Administration to be disabled, the maximum COBRA coverage period that results from a covered employee's termination of employment or reduction of hours (generally 18 months, as described above) may be extended to a total of up to 29 months. The disability must have started at some time before the 61st day after the covered employee's termination of employment or reduction of hours and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above). Each qualified beneficiary who has elected COBRA coverage will be entitled to the disability extension if one of them qualifies.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- (1) the date of the Social Security Administration's disability determination;
- (2) the date of the covered employee's termination of employment or reduction of hours; and
- (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. If the notice is not provided to the Plan Administrator during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, then there will be no disability extension of COBRA coverage.

If the qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify the Plan Administrator of that fact within 30 days after the Social Security Administration's determination

4. Bankruptcy filing

If the employer files for bankruptcy reorganization and retiree health coverage is lost within one year before or after the bankruptcy filing, COBRA coverage could continue until the death of a retiree (or a surviving spouse of a deceased retiree) or for 36 months from the retiree's death (after the bankruptcy filing) in the case of the spouse and dependent child(ren).



Newborns and Adoptees

A child who is born to or placed for adoption with you during a period of COBRA coverage will be eligible to become covered under the plan. In accordance with the terms of the State of Rhode Island group health benefits plan and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the State of Rhode Island Plan Administrator of the birth or adoption.

Early Termination of COBRA Coverage

COBRA coverage may terminate early if:

- (1) The required premium payment is not paid when due.
- (2) After the date of your COBRA election, you and your spouse or dependent child(ren), if any, become covered under another group health plan.
- (3) After the date of your COBRA election, you, your spouse or dependent child(ren), if any, become entitled to Medicare benefits.
- (4) All of State of Rhode Island group health plans are terminated.
- (5) If coverage is extended an additional 11 months due to disability, a determination that the individual is no longer disabled.
- (6) COBRA coverage may also be terminated for any reason the plan would terminate coverage of a participant or beneficiary not receiving COBRA coverage (such as fraud).

Continuation coverage under COBRA is provided subject to your eligibility. The State of Rhode Island Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage. To be sure that you, your spouse and your dependent child(ren), if any, receive the necessary information concerning your rights, you should keep Workterra informed of any address changes.

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." If you terminate COBRA continuation early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period and may be without health coverage in the interim. When you've exhausted COBRA continuation and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period even if the Marketplace open enrollment has ended. If you sign up for Marketplace coverage instead of COBRA, you cannot switch to COBRA continuation coverage.

Please be advised of your right to obtain a copy of the Benefits Booklet for your group health plan by contacting the State of Rhode Island Office of Employee Benefits at (401) 574-8530. The Benefits Booklet contains a complete description of your benefits and can be found on the client website at www.employeebenefits.ri.gov.

This notice is a summary of your COBRA rights. For answers to specific questions, please contact our Customer Service Department at (888) 327-2770 during business hours. You may also email soricobra@workterra.com

Sincerely,

Workterra

COBRA CONTINUATION COVERAGE ELECTION FORM

State of Rhode Island



IMPORTANT: PLEASE RETAIN A COPY OF THIS COBRA ELECTION FORM FOR FUTURE REFERENCE. THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS UNDER COBRA.

To continue coverage, you must complete and submit this election form to Workterra no later than the Election Period End date ("Last Day To Elect") listed below. If this election form is not returned within the enrollment period described below for each plan, you will lose your right to elect coverage. After you have elected to continue coverage under COBRA, you must pay the Initial Premium, which includes the premiums for the period of coverage from your First Day of COBRA to the date of your election and any regularly scheduled monthly premiums that become due between your election date and the end of the Initial Premium Payment period. Your Initial Premium Period will end at the end of your Initial Grace Period which is listed below and which is measured as a number of days after the date of your election. To become "fully enrolled" under COBRA, you must "pay your account to current" no later than the end of your Initial Grace Period. You may certainly though "pay to current" and become fully enrolled under COBRA before the end of your Initial Grace Period. Paying to current is defined as paid to the month in which it currently is.

If you waive coverage under COBRA before the end of the enrollment period, you can change your mind and continue coverage by submitting your completed election form before the end of the enrollment period described below for each plan.

If you have questions about COBRA or need assistance to complete your election form, please contact our Customer Service Department at (888) 327-2770 during business hours.

Qualified Beneficiary(QB):

Jane DOE
123 State RI Drive
Cranston, RI 02920

Event Date: 1/1/2022
Event Type: Termination

Second Event: No

COBRA gives you the right to elect coverage independently. You, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

Premium Information:

Plan Name	Coverage Level	Pro-rated Premium	Monthly Premium
MEDICAL Anchor Plus Plan	QB Only		\$771.32
VISION Anchor	QB + Family	\$14.25	\$14.73
Total Premium:		\$14.25	\$786.05

Continuation Information:

Plan Name	First Day of COBRA	Last Day of COBRA	# Months of COBRA	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
MEDICAL Anchor Plus Plan	1/1/2023	6/30/2024	18	3/2/2023	45	30
VISION Anchor	1/2/2022	7/1/2023	18	1/2/2023	45	30

Election Options (Individuals Enrolled Prior to Qualifying Event):

Please indicate the COBRA continuation coverage you are electing by checking the applicable box(es).

Name	Relationship	Date of Birth
Jane DOE	QB	1/1/1984
Accept <input type="checkbox"/> Waive <input type="checkbox"/> MEDICAL Anchor Plus Plan		



Alternative Election Options:

Plan Name	Coverage Level	First Day of COBRA	Pro-rated Premium	Monthly Premium
MEDICAL Anchor Plus Plan	QB Only	1/1/2023	\$771.32	\$771.32
VISION Anchor	QB + Family	1/2/2022	\$14.25	\$14.73
	QB Only	1/2/2022	\$5.16	\$5.33

For your benefit, we are documenting up to your next 12 months of continuation premiums. Please be advised, this table is prepared based upon current information and current rates in effect and is subject to change based upon completed elections.

Projected Plan Premiums

Premium Due Date	Total Amount Owed
01/01/2022	\$14.25
02/01/2022	\$14.73
03/01/2022	\$14.73
04/01/2022	\$14.73
05/01/2022	\$14.73
06/01/2022	\$14.73
07/01/2022	\$14.73
08/01/2022	\$14.73
09/01/2022	\$14.73
10/01/2022	\$14.73
11/01/2022	\$14.73
12/01/2022	\$14.73

Completed **Election Form** and your **Initial** premium payment should be remitted directly to the address below. Payment must be in the form of a check or money order. DO NOT send cash.

WORKTERRA
P.O Box 745925
Los Angeles, CA 90074-5925

or email to SORICOBRA@workterra.com

[] I have read this form and the notice of my election rights. I understand my rights to elect continuation coverage and would like to take the action indicated above. I understand that if I elect continuation coverage, my continuation coverage will terminate under several circumstances according to COBRA regulations, including: non-payment of premium, the date I or a continued dependent become covered under another Group Health Plan or become entitled to Medicare after the COBRA election, or on the date which this Group Plan ends. I also understand that if I was determined to be disabled by the Social Security Administration within 60 days of my Qualifying Event, I may be eligible for extended continuation coverage and that any break in continued coverage of more than 63 days may cause loss of coverage portability.

I understand that future premiums are due the first of each month. I also understand that failure to pay the required premiums will result in termination of COBRA rights and coverage.

Signature _____ **Date** _____

Phone Number _____ **Email Address** _____

*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.



RHODE ISLAND STATE CONTINUATION COVERAGE



You may be eligible to continue coverage under Rhode Island state continuation of coverage laws beyond what is allowed under federal COBRA laws.

In the event of a final judgment of divorce, whether absolute or otherwise, where one party to the divorce was at the time of the entry of the judgment for divorce a member of an insured group health plan or HMO providing family coverage, the person who was the spouse of the party prior to the entry of judgment for divorce may remain eligible for continuation coverage under the plan or health maintenance organization without additional premium if the order is included in the judgment when entered. The eligibility shall continue as long as the original member is a participant in the plan or health maintenance organization and until either one of the following shall take place: (1) the remarriage of either party to the divorce, or (2) until a time as provided by the judgment for divorce. If the person who was the spouse of a member of a plan or health maintenance organization as set forth above becomes eligible to participate in a comparable plan or health maintenance organization through his or her own employment, the continuation of the original plan coverage shall cease. Any final decree continuing family health insurance shall require both the member and the spouse to notify the insurer promptly of any remarriage.