09/20/2025

PO Box 1028 | Allen Park, MI 48101

COBRA Event Letter

Questions? Contact us at 800-532-3327

Keep your Plan informed of address changes

To protect your family's rights, please notify the Plan Administrator of any address changes. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Addressee

Jane Doe
123 State RI Drive
PROVIDENCE RI 02904

Jane Doe and Spouse/Qualified Dependents (if any),

This notice contains important information about your ability to continue your health plan coverage(s) that were in place on the day of your recent qualifying event. Please review the notice in its entirety to learn more.

Please note: To access your COBRA account at any time, please go to floreshr.WealthCareCobra.com.

The federal COBRA law requires that most employer group health plans allow continuation of health coverage under certain circumstances, which are explained in this notice. You are receiving this notice because you have experienced a "qualifying event" that has triggered your right to group health plan continuation coverage through COBRA. You have experienced an event that caused you to lose employer health plan coverage through State of Rhode Island. It is important that you read this notice carefully as it explains the rights, rules and responsibilities under COBRA. Please review the information in this notice thoroughly before you decide whether to elect COBRA. This is your formal notification containing:

- Your right to continue the employer health plan coverage
- Timing and eligibility requirements
- Specific responsibilities that you must be aware of in order to retain your rights under COBRA
- Details on other health insurance options that may be available to you, such as the Health Insurance Marketplace

FloresHR is the COBRA administrator retained by State of Rhode Island sponsoring your group health insurance coverage under the State of Rhode Island Employee Benefit Plans (referred to as "The Plan" through the document). As such, certain administrative tasks required by law are transferred to FloresHR; these include notification, payment and enrollment processing responsibilities.

- What is COBRA continuation coverage? -

COBRA continuation coverage is the same coverage that the Plan gives to other "similarly situated" participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

- Who are the qualified beneficiaries? -

Each person (qualified beneficiary) in the categories below can elect COBRA continuation coverage if they are losing group health plan coverage as a result of a COBRA qualifying event:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage

- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

- What's next? -

First, you need to elect to continue your benefits. Then, a payment is required to finalize the enrollment. COBRA enrollment requires both an affirmative election and payment for the continuation coverage. You should elect to continue your group health benefits online at floreshr.WealthCareCobra.com. As an alternative, you can mail the election form included in this notice to the address provided. (NOTE: Electing by mail will delay the enrollment process. Access to your benefits won't occur until the election form is received and processed, along with your payment). You can also pay online at the time of election or any other time before the 45 -day initial payment deadline. A month must be paid in full before FloresHR will notify your insurance carrier(s) to start the process of retroactively reinstating your health coverage. You will not have access to care until the enrollment process is completed, including notifying the group health plan(s).

Your prior health coverage with State of Rhode Island was canceled as of the Loss of Coverage Date of the benefit and the date your COBRA would begin the day after the Loss of Coverage Date, seen in the table below. Your COBRA may continue until the COBRA End Date. You must timely elect and pay for COBRA before your coverage will be retroactively reinstated by the Plan. The timely election and payment are critical to avoid an interruption in coverage. Even if your COBRA is being subsidized by your previous employer, you must complete the election process.

Benefit	Loss of Coverage Date	COBRA Start Date	Final COBRA End Date
Medical	09/18/2025	09/19/2025	03/18/2027

Coverage reinstatement does take time. You can contact your group health plan directly to confirm if reinstatement has been completed; contact details are on your health insurance ID card. A group health plan generally does not notify FloresHR when reinstatement is complete. If group health plan enrollment has not occurred within 10 business days from the payment receipt date, please contact FloresHR at 800-532-3327.

For upcoming appointments, notify your doctor's office that you are in the process of electing COBRA. Visit and payment arrangements are handled by your doctor, not the group health plan or FloresHR. You may also need to reschedule your appointment. You may be able to keep your appointment and settle directly with the provider. The provider may require that you pay the full cost of the care at the time of your appointment and request reimbursement later, or they may allow you to pay your cost-share as expected under your group health plan. For prescription drug coverage, your pharmacy will likely require you to pay out of pocket for the prescription. However, confirm with your pharmacy whether they will refund you directly once your coverage is reinstated. All of these are possible temporary disruptions during the COBRA enrollment process.

While waiting for COBRA coverage to go into effect, you may have to pay out of pocket for covered expenses and submit reimbursement claims to the group health plan(s). As COBRA is continuation of prior coverage, you will continue the same plan year deductible and cost sharing imposed by the health plan, per your employer health plan documents.

- Do you want to enroll on COBRA Continuation? -

If you decide to enroll in COBRA coverage, there are two ways to make your COBRA election.

You can elect COBRA and choose a payment option online through floreshr.WealthCareCobra.com. Or you can elect COBRA by completing the paper COBRA Election Form included in this mailing. The form must be returned by mail to the address provided on the final page of this notice.

Review the pre-populated information carefully before completing your election. If any information is incorrect or missing, please update the form with the correct information and/or notify FloresHR at 800-532-3327. Examples of information to double check include: ID or last-four of SSN, mailing address, missing or incorrect health plan enrollment information, or missing or incorrect dependent information.

You have 60 days to make your COBRA election. If you do not make your election within this window of time,

your opportunity to enroll in COBRA continuation coverage expires, without an opportunity to reinstate it. You must complete the election online or return your COBRA Election Form to FloresHR within 60 days from the later of:

- The earliest Loss of Coverage Date, 09/18/2025; or
- The date on which the COBRA Election Notice (this packet) is sent to you. Please review the date on page one.

The “Last Day to Elect” is indicated at floreshr.WealthCareCobra.com and included on the COBRA Election Form. If you do not complete your election within the 60-day window, you forfeit your right to continue any COBRA coverage that you are eligible for pursuant to that qualifying event. After you elect, you then have 45 days from the election date to pay all current and retroactive costs. Your coverage will be retroactively reinstated once the cost(s) are paid in full. If you do not make timely payment, you will retroactively lose all continuation rights under the plan. You are responsible for making sure you send the correct amount. Thereafter, monthly costs must be paid within 30 days of the due date.

Your COBRA election choice(s) are indicated at floreshr.WealthCareCobra.com and included on the COBRA Election Form. Each qualified beneficiary listed on the account has an independent right to elect COBRA. In other words, there is no requirement that each person elect the same level of coverage or elect any coverage at all. For example, if you had coverage for yourself, your spouse, and children before, each individual may elect different levels of COBRA coverage. You could elect no coverage, your spouse could elect medical, dental, and vision coverage, and your children could elect medical only, etc.

In general, you may only elect coverage under the health plan(s) in which you were enrolled immediately prior to your qualifying event. There are two exceptions to this rule. First, you may change plans during the regular annual open enrollment period. Second, you may change plans if you are covered under a regional plan and move out of the service area.

An employee or spouse who is a qualified beneficiary can elect COBRA on behalf of all qualified beneficiaries for termination of employment and reduction in work hours events. If the election is for an adult child who has lost coverage on the plan due to age, a parent can elect on behalf of the child or children. For divorce events, only the ex-spouse (not the employee) may authorize the election.

If you were enrolled in a health FSA prior to your COBRA qualifying event, you may elect to continue your health FSA coverage through the end of the plan year and make after-tax deposits, only if your FSA is underspent – meaning the deposits made before the loss of active coverage are more than the claims paid. However, if your FSA is overspent, you will not be offered COBRA continuation coverage for that benefit.

- No need for COBRA continuation coverage? -

If you decide to decline COBRA continuation coverage, there is no need to take action. Your COBRA rights will simply expire after the formal election period runs out.

- How do I begin COBRA continuation coverage? -

Your COBRA continuation coverage will begin the day after your employer-provided coverage ended, as indicated by the “COBRA Start Date” on the COBRA Election Form. As such, COBRA is generally continuous with no interruption in coverage. If you make your COBRA election later in your election period (for example, after a month), your COBRA continuation coverage will be effective retroactively with no interruption in coverage. As such, you must pay premiums retroactively within the 45-day period, even if you have not incurred any health plan claims during this time.

COBRA applies only to group health plans as defined by the law (typically medical, dental, vision, health flexible spending accounts (HFSA), health reimbursement accounts (HRA), and employee assistance programs (EAP)). Other coverages provided by your employee benefit plan (such as life and disability coverage) are not included in these continuation rights. There may be an opportunity to continue or to convert other benefits into an individual policy – you should contact the Plan Administrator or insurance carrier for more information.

Your continued health coverage will be the same as the health coverage provided for similarly situated active employees that have not had a qualifying event. Any future rate changes affecting the benefit plans for current employees and/or dependents will affect your continued coverage as well. Continuation is only available for coverages that you or your dependents were enrolled in at the time of the qualifying event.

- Do I have to keep COBRA for the full period allowed? -

No. There is no obligation to continue COBRA for the maximum duration period of continuation coverage available to you. You may drop your COBRA continuation coverage at the end of any prospective month. Coverage end dates cannot be pro-rated and coverage can only be canceled at the start of a monthly payment period. In certain limited circumstances, coverage may be added during open enrollment for individuals who are still active qualified beneficiaries for other coverage; however, this is subject to the group health plan rules. Please discuss this with your Plan Administrator.

In most circumstances, you can cancel some (or all) of your coverage at any time during the continuation period. For example, you can initially elect both medical and dental coverage, then drop medical after a single month of coverage but continue dental for the duration of the COBRA period. However, there are certain situations when two or more plans are bundled. When plans are bundled, you are unable to drop just one of the plans. Coverage cancellation requests can be submitted to either the FloresHR or State of Rhode Island.

- How long do I have COBRA Continuation? -

The potential duration of COBRA varies depending on the type of COBRA qualifying event that has occurred. Generally, the duration is either 18 months or 36 months, as outlined below. Under no circumstances can COBRA continuation coverage extend beyond the maximum period allowed (36 months).

If you are the employee or the qualified beneficiary/dependent of an employee, you may elect up to 18 months of continued health coverage if you lose coverage due to the employee's:

- Termination of employment (whether voluntary or involuntary, except if termination is due to gross misconduct)
- Reduction in work hours (to less than the minimum required to be eligible under the plan)

Under USERRA and COBRA rules, a military reservist who is called to active duty may choose COBRA continuation for up to 24 months. This arrangement should be discussed in detail with your employer.

If you are an employee's spouse or dependent child, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- Divorce or legal separation (informal separation is not a COBRA qualifying event)
- Death of the employee
- Medicare entitlement of the employee (if this results in a loss of coverage from the plan).

In addition, if you (the employee) become entitled to Medicare and, within 18 months, experience a termination of employment or reduction in work hours resulting in a loss of coverage, your covered dependents may elect to continue coverage for the period ending 36 months after the date you became entitled to Medicare. For example, if you (the employee) become entitled to Medicare on April 1st, then you retire on August 31st and you and your spouse experience a COBRA qualifying event, your spouse is eligible for 31 months of COBRA (36 months from April 1st) and you are eligible for 18 months of COBRA beginning September 1st. Being "entitled" to Medicare means being both eligible for, and enrolled in, Medicare.

If you are a dependent child, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- No longer satisfying the dependent eligibility requirements (typically due to attaining the maximum age for dependents – 26 under federal regulations)

If you are a formal retiree and at that same time your employer commences a bankruptcy proceeding, you and your dependents that lose a substantial portion of coverage within one year before or after the bankruptcy

filing are also entitled to continuation coverage. Coverage may be continued for the lifetime of a retiree, or the lifetime of a surviving spouse of a retiree who was deceased at the time of the filing. If the retiree is living at the time of the filing, dependents are entitled to up to 36 months of coverage from the date of the retiree's death.

There are three special circumstances that allow COBRA coverage to be extended beyond an initial 18-month period. If you or your dependents have a secondary qualifying event during the initial 18 months of COBRA, your dependents may continue their coverage for up to 36 months total from the date of the initial qualifying event. Secondary qualifying events include:

- Dependent child ceases to be an eligible dependent under the plan
- Divorce or legal separation
- Death of the employee

For a dependent to be eligible for an extension of the initial COBRA period, notification of the secondary COBRA qualifying event must be sent to FloresHR within 60 days of the actual secondary qualifying event date.

How does COBRA handle a Social Security Insurance Disability Determination situation?

If you or any family member have been determined to have been disabled by Social Security on or before the date of the original qualifying event (termination of employment or reduction of work hours) or within the first 60 days of COBRA continuation coverage, all qualified beneficiaries may extend COBRA coverage for up to 29 months total, from the date of the original qualifying event. Non-disabled family members on COBRA coverage may also be eligible for this extension based on the family member's SSI qualifying disability. Written notice of the Social Security disability determination must be sent to FloresHR before the end of the initial 18 month COBRA period AND within 60 days starting from the later of the date on which Social Security Administration issued the disability determination letter, or the date coverage was lost following the original COBRA qualifying event date.

- What about terminating my COBRA Continuation? -

COBRA coverage can, in some cases, be terminated before the maximum coverage period expires. Coverage will terminate on the earliest of the following dates:

- Payment for your cost for coverage is not made on time, on or before the Last Day to Pay at 11:59pm Pacific Time.
- After electing COBRA coverage, you become covered under another group health plan.
- After electing COBRA coverage, you first become entitled to Medicare (except Medicare entitlement for end stage renal disease).
- Your coverage is terminated for cause, such as a fraudulent claim, on the same basis that coverage can be terminated for active employees.
- If you have extended COBRA coverage for up to 29 months due to disability and Social Security has made a final determination that you or your dependent is no longer disabled. (You must notify FloresHR in writing within 30 days of this Social Security determination).
- You are enrolled under the USERRA/COBRA rules and return to work from active military duty.

Partial coverage cancellations (termination of some but not all qualified beneficiaries and/or some but not all health insurance plans) can be made by contacting FloresHR.

We also recommend you contact FloresHR if you want to make a full/directed termination of all COBRA coverage. In your request, please include the COBRA primary participants name, the benefit plan or dependents that you are cancelling, and the effective date of the change.

- How do I pay for COBRA continuation coverage? -

Your monthly cost equals the full insurance premium or other cost of coverage for the coverage plus a 2% administration fee, which is outlined in the federal COBRA regulations. If you extend your coverage because of a Social Security disability, the cost of coverage during the 19th through the 29th month extension may be up

to 150% of the full cost. Monthly rate information for the health plan(s) you are eligible to elect through COBRA is provided on the COBRA Election Form and on your COBRA Consumer Portal account.

Payments can be made by check, money order, or one-time electronic payment by debit or credit card. One-time electronic payments will be limited to a maximum of one month's cost per transaction. A $25.00 convenience fee will be included with each one-time transaction.

Ensure your electronic or automatic payment is processed before your last day to pay for that month's COBRA coverage.

If you decide to pay your COBRA premiums by check (personal check, business check, cashier check, bill pay) or money order, please make your check payable to FloresHR and send the payment to the address listed below. To ensure accurate posting of your payment, please include your Participant ID: 00000-000 in the memo line of your check or money order.

FloresHR
Dept 10069
PO Box 981044
Boston MA 02298

- How is the Last Day to Pay for each month determined? -

Each month, your Last Day to Pay is the later of the following:

- 45 days from the date of your COBRA election (either the date you elect online, or the postmark date on the mailed envelope) If you mail your payment, it must be postmarked within the 45-day grace period, noted by the Last Day to Pay on the coupon.
- 30 days from the due date for ongoing monthly premium payments. If you mail your payment, it must be postmarked within the 30-day grace period, noted by the Last Day to Pay on the coupon.

The COBRA regulations provide a required 30-day grace period for paying or postmarking your premium. Coverage will be canceled if your full payment is not paid or postmarked within the payment grace period. Payments received after the end of the payment grace period which do not include a postmarked mailing date will not be accepted. Once COBRA coverage is terminated, there is no option for reinstatement. If a check submitted for payment or an electronic payment transaction is rejected by your bank, your COBRA coverage is subject to termination unless a replacement payment is provided to FloresHR within the original grace period. The payment grace period will not be extended. If an electronic payment transaction is rejected for any reason, you are responsible for ensuring you remit a replacement payment by either mailing a check or money order, or setting up a one-time electronic payment, within the payment grace period. Otherwise, coverage will be canceled with no option for reinstatement.

You alone are responsible for ensuring that COBRA costs are paid within the grace period and you must notify FloresHR immediately about any rejected transactions. FloresHR will not reach out to you to resolve a payment issue. You can log into floreshr.WealthCareCobra.com online to confirm that your payment has been posted to your account.

If your payment falls short of the full amount due for a month, you will be required to make up the shortfall in order to continue coverage. If the shortage is considered significant, you will be required to make up the premium payment within the normal grace period. You will not be notified of the shortfall. If the premium shortage is considered insignificant (10% or $50, whichever is less), you will be sent a notice explaining the insignificant shortfall and the steps to remediate the situation. In either case, if full payment is not made within the time guidelines, coverage will be cancelled retroactively back to the last fully paid month and any partial payment made for a subsequent month will be refunded to you.

- How do I keep track of what I paid and what is due? -

Your full payment history, including payments made, payment due dates, payment amount, and balance for the remainder of your COBRA period (or the current Plan Year) can be accessed at floreshr.WealthCareCobra.com. Your Plan Year rates may change annually, at the same time the rate

changes for actively employed Plan participants. This period is referred to as Open Enrollment or Annual Enrollment. Changes in the employer group health rates will be reflected in the floreshr.WealthCareCobra.com. You will be notified in writing if your monthly cost is changing so that you can adjust your COBRA payment amount.

The grace period is 30 days after the due date. NOT the last day of the month. For example, a payment for February is due on February 1st, and the grace period ends March 3rd (except during a leap year). Conversely, the payment for July is due on July 1 and the grace period ends July 31.

- COBRA, Medicare Entitlement and Secondary Payer (MSP) Rules -

If you become enrolled in another employer group health plan or become entitled to Medicare Part A or Part B after you elect COBRA, these events are disqualifying events for COBRA coverage:

- If you enroll in a new employer plan or your spouse's employer plan, you are no longer eligible to continue COBRA coverage.
- If you first become entitled to (enrolled in) Medicare Part A or Part B, you are no longer eligible to continue COBRA, except if your Medicare entitlement is due to End Stage Renal Disease.

Please read this carefully. There is no differentiation between Medicare entitlement and enrollment when it comes to COBRA continuation. COBRA continuation will generally be the secondary payer of claim when you are eligible to enroll in Medicare. Insurance companies treat COBRA as the secondary payer of claims even if you are not actually enrolled in Medicare. You alone are responsible for checking with your health plan to determine which plan is the primary and secondary payer during your COBRA period.

You should also know that electing COBRA does not extend the period during which you may enroll in Medicare. In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If your enrollment in Medicare Part A or B is effective on or before the date of your COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

- Adding a Dependent to your COBRA Continuation -

If similarly situated employees of the employer group health plan can add dependents at open enrollment, so can COBRA Qualified Beneficiaries. You may still add a family member under your COBRA continuation. That family member will not have any direct Qualified Beneficiary rights, unless they are a newborn or newly adopted. For example, the family member is not able to remain enrolled on COBRA without a Qualified Beneficiary enrolled on COBRA.

If you acquire a new dependent (due to marriage, birth, or adoption), you may elect to add your new dependent to COBRA. You or your family member must notify both FloresHR and State of Rhode Island in writing within 30 days of the marriage, birth or adoption, in order to enroll the dependent on COBRA.

If your spouse or dependent children lose other group health coverage as specified under HIPAA, you may be able to add your spouse or dependent child to your COBRA coverage. You are responsible for notifying the Plan Administrator and FloresHR in writing within 30 days of the date of loss of coverage of the other group health plan coverage, in order to enroll your dependent on COBRA. If you do not provide the required notification within 30 days, you will lose your right to add your dependents under the HIPAA Special enrollment rules.

- Other Options Instead of COBRA -

There are three primary options to consider as alternatives to COBRA coverage. You may be able to enroll in coverage through:

- A spouse's or domestic partner's health plan
- Individual health insurance directly through an insurance company
- Individual health insurance through the Marketplace/Exchange

If you are married or in a domestic partnership, coverage may be available through your spouse or domestic partner if they are employed and have group health coverage. If a child is under age 26, coverage may be available through your spouse's plan if they are employed and have group health coverage. You have a right to enroll in a spouse's group health plan coverage since you lost your group health plan coverage. You must exercise this option with your spouse or domestic partner's employer within 30 days of your loss of your prior employer.

Individual health insurance can be purchased directly through an insurance company. You may apply for individual insurance (in lieu of electing COBRA), but you must do so within a "special enrollment period." Your "special enrollment" period is 60 days from the date you lose your employer group health coverage. After 60 days, your special enrollment period will end, and you will not be able to enroll in an individual plan until the individual plan's designated open enrollment period.

Individual health insurance can be purchased online through a Marketplace/Exchange in lieu of electing COBRA or after your COBRA coverage expires. If you apply for individual insurance in lieu of electing COBRA, you must do so within a "special enrollment period." Your "special enrollment period" is 60 days from the date you lose your employer health plan coverage. You may apply for insurance or enrollment in individual insurance through the Marketplace at any time during that 60-day window. After 60 days, your special enrollment period will end, and you may not be able to enroll until the Marketplace open enrollment period.

If you elect COBRA, you can switch to a Marketplace plan during a Marketplace open enrollment period. If your COBRA coverage period expires or if the employer no longer offers any health plan coverage, you may be able to enroll in the Marketplace through the special enrollment period outside of open enrollment. Please contact your state Marketplace directly to discuss your individual situation and the need for coverage.

Importantly, if your COBRA coverage is voluntarily terminated, such as failure to make a timely premium payment or by your request prior to the end of the maximum coverage period, you will not be able to enroll in a Marketplace plan until the next annual open enrollment. If you sign up for Marketplace coverage instead of electing COBRA coverage, you cannot switch to COBRA coverage under any circumstances.

Coverage through the Marketplace may cost less than COBRA. Federal subsidies made available through the Affordable Care Act may be available through the Marketplace if your household income is between 138% and 400% of the Federal Poverty Level. If you are eligible for a federal subsidy, the only way to get the subsidy is to be covered through the Marketplace insurance.

It can be difficult or impossible to switch to another coverage option. When considering your options for health coverage, you may want to think about:

Cost: Other options, such as coverage on a spouse's plan or through the Marketplace may be less expensive than COBRA.

Provider Networks: You may want to check to see if your current health care providers participate in a network as you consider other options.

Drug Formularies: 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.

Severance Agreements: If your former employer is paying all or a portion of your COBRA premiums for a period of time under a severance agreement and you do not want to continue COBRA after the subsidy ends, you may have to wait until the next annual open enrollment period to enroll onto a spouse's plan, an individual plan, or a Marketplace plan. This is because voluntary termination of coverage when your severance expires is

not a qualifying life event under the HIPAA regulations that would trigger a special enrollment. Please contact your state Marketplace directly to confirm if the loss of an employer-sponsored subsidy qualifies for a special enrollment in your state Marketplace.

Service Areas: Some plans limit their benefits to specific service or coverage areas.

Other Cost-Sharing: You may want to check what the copayments, deductibles, coinsurance, and other amounts are for alternative health coverage options. If you change to other coverage, you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible or a new out of pocket maximum mid-year.

Federal Premium Subsidies: If you may be eligible for a federal subsidy, you will want to consider securing coverage through the Marketplace in order to take advantage of potentially lower premium costs. The Marketplace is the only source for securing a federal subsidy.

If you feel that you do not have enough plan information to act intentionally in electing or declining coverage, you may contact the group health plan directly to request additional plan information. You may also refer to the employer Summary of Benefit Coverage (SBC) and Summary Plan Description (SPD) documents.

To receive more information about COBRA and HIPAA, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at http://www.dol.gov/ebsa or call their toll-free at 1-866-444-3272.

FloresHR is committed to full and complete compliance with privacy regulations regarding your personal information and your health information. FloresHR retains personal information necessary for the administration of COBRA coverage and health information to the extent it is provided to us by COBRA Qualified Beneficiaries in the course of servicing your coverage. FloresHR does not rent or sell your personal or health information.

The Health Insurance Premium Payment (HIPP) Program in California will pay the health insurance premiums (including COBRA premiums) for certain Medi-Cal beneficiaries. For more information visit the California Department of Health Care Services website at http://www.dhcs.ca.gov.

Under the Ryan White HIV/Aids Treatment Modernization Act of 2006, persons unable to work because of disability due to HIV/Aids and who are at risk of losing their private health insurance may be able to qualify for premium payment assistance through the CARE Health Insurance Premium Payment (CARE/HIPP) program. For more information visit the California Department of Public Health website at: https://www.cdph.ca.gov.

Eligible Pension Benefit Guaranty Corporation (PBGC) recipients, or Trade Adjustment Assistance (TAA) recipients, may be able to qualify for premium payment assistance through the Health Coverage Tax Credit (HCTC) Program. For more information, visit the Internal Revenue Service (IRS) website at https://www.irs.gov/pub/irs-utl/pbgc_information_guide.pdf.

- Cost Section -

Rate Table:

Medical Blue Cross Blue Shield of Rhode Island Anchor 0033

Coverage Tier	Premium
Primary Participant Only	843.38
Primary Participant + Spouse	2,364.42
Primary Participant + Child(ren)*	2,364.42
Spouse Only	843.38
Spouse + Child(ren)*	2,364.42
Child(ren) Only*	1,686.76
Family*	2,364.42

* Coverage Tiers with children show the premium if all children are on the plan. If you wish to elect only some children for a plan, the cost may be different. To see these cost, please elect online at floreshr.WealthCareCobra.com.

To protect your rights, it is imperative that you keep FloresHR, State of Rhode Island, and your insurance company informed of any address changes. This includes notifying FloresHR of an alternate address for your spouse or children if your spouse or children do not reside with you. All address change requests must be submitted in writing to the address at the top of this notice.

In certain circumstances, you are required to provide notice to FloresHR and/or your group health plan. If that notice is late or if you do not follow the notice procedures outlined in this document, you and all related Qualified Beneficiaries will lose the right to elect COBRA (or will lose the right to an extension of COBRA, as applicable). Any notice that you provide must be in writing and must include the appropriate documentation (as applicable). Verbal notice, including notice by the telephone, in person, to a supervisor while you are still employed, or to your former employer or FloresHR after you are no longer employed, is not considered acceptable notice. Keep a copy of all notices for your records.

If you have questions, please contact FloresHR at 800-532-3327 Monday through Friday, 8:30 AM to 8:00 PM (Eastern time zone).

FloresHR

SEND ELECTION FORM TO:

FloresHR
Dept 10069
PO Box 981044
Boston, MA 02298

ELECTION FORM:

Date: 09/20/2025
Primary Participant ID: 00000-000

Instructions:
To elect COBRA online, go to floreshr.WealthCareCobra.com and self-identify. Alternatively, you can complete this Election Form and return it to us at the address listed at the top of this page. Under federal law, you have 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 complete your COBRA election by the deadline date shown on this page, 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 complete your election by the deadline date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Jane Doe and Spouse/Qualified Dependents

Qualifying Event: Termination - Voluntary
Qualifying Event Date: 09/18/2025
Initial Election Deadline: 11/24/2025
Qualified Beneficiary ID: 00000-000

Coverage Table:

Benefit	Loss of Coverage Date	COBRA Start Date	Final COBRA End Date
Medical	09/18/2025	09/19/2025	03/18/2027

Jane Doe
Date of Birth: 05/19/1963

Which benefits do you wish to continue for this Participant?
For more information on costs, please reference the Cost Section.
Choose 1:

☐ Medical Blue Cross Blue Shield of Rhode Island Anchor 0033 (Current Benefit)

☐ Opt-out of this benefit for this participant

John Doe
Date of Birth: 01/07/1985

Which benefits do you wish to continue for this Participant?
For more information on costs, please reference the Cost Section.
Choose 1:

☐ Medical Blue Cross Blue Shield of Rhode Island Anchor 0033 (Current Benefit)

☐ Opt-out of this benefit for this participant

Jake Doe

Date of Birth: 08/18/2015

Which benefits do you wish to continue for this Participant?
For more information on costs, please reference the Cost Section.
Choose 1:

☐ Medical Blue Cross Blue Shield of Rhode Island Anchor 0033 (Current Benefit)

☐ Opt-out of this benefit for this participant

Mary Doe
Date of Birth: 12/28/2007

Which benefits do you wish to continue for this Participant?
For more information on costs, please reference the Cost Section.
Choose 1:

☐ Medical Blue Cross Blue Shield of Rhode Island Anchor 0033 (Current Benefit)

☐ Opt-out of this benefit for this participant

Family Information (please complete all missing sections):

Name	Date of Birth	Relationship to Enrollee	SSN	Gender
Jane Doe	05/19/1963	Primary Participant		
John Doe	01/07/1985	Spouse		
Jake Doe	08/18/2015	Child		
Mary Doe	12/28/2007	Child		

I HEREBY ELECT TO CONTINUE IN THE HEALTH BENEFITS CONTINUATION PLAN FOR MYSELF AND ELIGIBLE QUALIFIED DEPENDENTS LISTED ON THIS TWO-SIDED FORM AND AGREE TO PAY THE PREMIUM AS REQUIRED. I UNDERSTAND THAT CONTINUATION COVERAGE WILL TERMINATE UNDER SEVERAL CIRCUMSTANCES, INCLUDING: THE DATE I OR A CONTINUED DEPENDENT BECOME COVERED UNDER ANOTHER GROUP HEALTH PLAN, BECOME ENTITLED TO MEDICARE, OR ON THE DATE ON WHICH THE GROUP HEALTH/DENTAL PLAN ENDS.

The notice that accompanies this election form also discusses other health coverage alternatives that may be available to you through the Health Insurance Marketplace. There may be other coverage options for you and your family. In the Marketplace, you COULD be eligible for a tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket cost will be before you make a decision to enroll. For more information about health insurance options through the Health Insurance Marketplace, please visit www.healthcare.gov.

Signature	Date
Printed Name	
Address	
Email	Phone