

**Board of Clermont County Commissioners**  
**Initial COBRA Rights Notice**

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**Maximum Coverage Allowances:**

1. **18 Months:** If loss of coverage is due to a termination of employment (for reasons other than gross misconduct) or a reduction in work hours to part-time status, the covered employee and/or covered dependents will have the opportunity to continue coverage for 18 months from the date of the qualifying event.
  
2. **36 Months:**
  - If loss of coverage is due to the employee's death, divorce or the covered employee becoming entitled to Medicare at the time of the initial qualifying event: dependents are eligible for up to 36 months of COBRA coverage from the date of the original qualifying event.
  - If loss of coverage is due to a covered child ceasing to meet the definition of 'dependent child' as described in plan's summary plan description / plan document (SPD), the child is eligible for up to 36 months of COBRA coverage from the date of the original qualifying event.

**Social Security Disability:** The 18 months of continuation coverage can be extended to 29 months if the Social Security Administration determines that a COBRA participant was disabled on the date of the qualifying event according to Title II or Title XVI of the Social Security Act. It is the COBRA participant's responsibility to obtain this disability determination from the Social Security Administration and to notify the Human Resources Department within 60 days of the date of determination and before the original 18-month period expires. It is also the COBRA participant's responsibility to notify the Human Resources Department within 30 days that a final determination has been made that he or she is no longer disabled.

**Secondary Events:** An extension to the original 18 month period can occur if a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependant child ceasing to be a dependent) during your initial coverage period. Coverage may be extended up to a total of 36 months from the date of the original qualifying event. It is the COBRA participant's responsibility to notify the Human Resources Department within the original 18-month period of COBRA and within 60 days of the date of the second event. In no event, will continuation coverage last beyond 36 months from the date of the original qualifying event.

**Eligibility, Premiums, and Potential Conversion Rights:** Only employees and dependents that were covered by Clermont County's group health plan are eligible for COBRA continuation through Clermont County. A covered individual entitled to Medicare at the time of the qualifying event is not eligible to receive COBRA continuation coverage. The Human Resources Department reserves the right to verify the eligibility status of all COBRA participants and to terminate continuation coverage retroactively if it is determined that a COBRA participant is no longer eligible for continuation coverage or if there has been a misrepresentation of the facts. COBRA participants will pay all of the applicable premium plus a 2% administrative fee for COBRA continuation coverage. These premiums may be adjusted in the future if the applicable premium amounts change. If continuation coverage is extended from 18 months to 29 months due to a Social Security disability, Clermont County will charge 150% of the applicable premium during the extended coverage period. There is a grace period of 30 days for the regularly scheduled monthly premiums. This is the maximum grace period allowed. Coverage will end the earliest of the maximum coverage period allowed or when new coverage is obtained by the participant. Clermont County does not offer coverage beyond that of the continuation of coverage provisions and has no other conversion plan available.

**Cancellation of COBRA Coverage:** The law provides that if elected and paid for, COBRA coverage may end prior to the maximum continuation period for any of the following reasons:

1. Clermont County ceases to provide any group health plan to any of its employees;
2. Any required premium for COBRA continuation coverage is not paid in a timely manner;
3. The participant becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary;
4. The participant becomes entitled to Medicare (either Part A or Part B);
5. The participant received extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that the COBRA participant is no longer disabled;
6. The participant notifies the Human Resources Department that he or she wishes to cancel continuation coverage.

**Notification of Address Change:** Clermont County COBRA notification and eligibility is administered by the Board of Clermont County's Human Resources Department. To ensure that all eligible individuals receive information properly and efficiently, notify the Human Resources Department of any changes to your address, marital or dependent status, etc. as soon as possible. **It is important that you notify the Clermont County Human Resources Department within the timeframes contained within this notice to ensure that your rights to COBRA continuation coverage are not lost.**

**Other Information:** For more information regarding your COBRA and/or HIPAA rights, visit the Department of Labor web site at: [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or contact the US Department of Labor office in your area.

**Plan Administrator Contact Information:**

**Benefit Plan Manager  
Human Resources Dept.  
101 E. Main St., #322  
Batavia, OH 45103**

**Phone: 513-732-7981  
Fax: 513-732-7921**

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**The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)**

**This notice applies to you if you are covered under any of the Clermont County Commissioners Health Insurance Plans. It contains important information about your rights to continued coverage under COBRA.**

On April 7, 1986, the Consolidated Omnibus Budget Reconciliation Act (COBRA) was signed into law. Under this law Clermont County is required to offer employees and their family members the opportunity to extend their existing group health insurance coverage (COBRA "continuation coverage") at group rates in certain situations when coverage would normally end, this is called a 'qualifying event'. This notice provides general information concerning your COBRA rights, when it may become available to you and/or your family members, and what you need to do to protect your right to receive it. This is only a summary of your COBRA continuation rights, additional information can be found in the summary plan description (SPD) for each plan. SPD's are available on-line at: [www.co.clermont.oh.us](http://www.co.clermont.oh.us) under 'County Offices' / Human Resources / Benefit Forms. A hard-copy SPD can be requested from the insurance carrier or by contacting your HealthCare Coordinator or the Human Resources Department (513-732-7981).

- A. Covered Employee:** If you are an employee of Clermont County and you are covered by any of the County's group health insurance plans, you may have the right to elect to continue your existing plans if you lose your coverage due to:
1. A termination of your employment (for reasons other than gross misconduct on your part); or
  2. A reduction in your hours of employment (full time to part-time status).
- B. Covered Spouse:** If you are the spouse of a Clermont County employee and you are covered by the County's group health insurance plan, you may have the right to elect to continue your existing Clermont County plans if you lose your coverage due to:
1. The death of your husband/wife; or
  2. Divorce or legal separation from your husband/wife; or
  3. Termination of your husband/wife's employment (for reasons other than gross misconduct on his or her part); or
  4. A reduction in your husband/wife's hours of employment with Clermont County from full time to part-time status; or
  5. Your husband/wife becomes entitled to Medicare (either Part A or Part B).
- C. Covered Dependent Children:** If you are the dependent child of a Clermont County employee and you are covered by any of the County's group health insurance plans, you may have the right to elect to continue your existing plans if you lose your coverage due to:
1. The loss of your "dependent child" status under the terms of the plan; or
  2. The death of the employee; or
  3. The divorce or legal separation of your parents; or
  4. Termination of the employee's employment with Clermont County (for reasons other than gross misconduct); or
  5. A reduction in the employee's hours of work with Clermont County to from full-time to part-time status; or
  6. The employee becomes entitled to Medicare (either Part A or Part B).

*NOTE: Court orders filed to provide health insurance for dependent children will follow the terms and conditions of that order. Dependent children include stepchildren and foster children who are wholly dependent upon the employee for support and maintenance and live with the employee in a normal parent-child relationship.*

**Employee, Spouse, and Dependent Notifications Required:**

In the event of termination of employment, a reduction in work hours, the death of the employee or the employee electing Medicare coverage, it is the responsibility of the Clermont County Human Resources Department (Plan Administrator) to notify the employee and covered family members of their COBRA rights to continuation of their existing County coverage.

**It is the responsibility of the employee and/or covered dependent to inform Human Resources (513-732-7981) of a divorce, legal separation, or loss of dependent status.** This notification must be made within 60 days from whichever date is later:

1. The date of the event; or
2. The date of the loss of coverage.

**Election Period and Coverage:**

Within 45 days after receiving notice of a qualifying event, the Human Resources Department will mail COBRA election notices to all persons affected by the qualifying event which also explains the right to elect COBRA continuation coverage. Each person with coverage at the time of the event has independent election rights and can elect to continue their own coverage (ex: employee had family coverage: employee retired – employee & spouse have new coverage but child doesn't – child can elect single coverage).

COBRA continuation coverage must be elected within 60 days from whichever date is later:

1. The date coverage is lost under Clermont County's group health insurance plan; or
2. The mailing date of the COBRA election (continuation coverage) notice.

If you do not elect COBRA coverage within the 60 day period, your right to elect coverage under the Clermont County health insurance plans will end. This is the maximum period allowed to elect COBRA; the plan does not provide an extension of the election period beyond that is required by law. If a you or your covered dependent elects COBRA coverage and pays the applicable premium, Clermont County is required to provide coverage that is identical to the coverage provided under the plan to its other employees and/or covered dependents. Should coverage change or be modified for active employees, then the change and/or modification will be made to the coverage of all COBRA participants as well. Clermont County has no coverage available beyond the COBRA time limits.