

Erie County Employee Health Care Plan

Notice to Employees Concerning Your Right to Continue Your Group Health Care Coverage

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985, you may be allowed to continue your health care coverage under an employer-provided group health care plan if your coverage would otherwise end.

If you are covered under an employer-provided group health care plan:

- As an employee or a qualified dependent and your group health care coverage under the plan ends because of termination of the employee's employment (for reasons other than gross misconduct) or a reduction in the employee's house of employment; or
- As a qualified dependent spouse of an employee and your group health care coverage would end because you become widowed, divorced or legally separated; or
- As a qualified dependent child of an employee and your group health care coverage would end because you cease to be considered a qualified dependent child according to the plan's rules.

You may request to continue your coverage under the group health care plan. If you do so, your coverage will be continued until the earliest of:

1. As an employee, the date 18 months after the termination of employment or a reduction in work hours. But insurance may continue for up to eleven (11) additional months while a person is determined to be disabled under Title II or XVI of the United State Social Security Act if:
 - a. Your disability was determined to exist on the date employment ended or work hours were reduced; and
 - b. You give the Employer written notice of the disability within sixty days (60) after the determination of disability is made and within the nineteen months (19) after the date employment ended or work hours were reduced. The employer must be notified if there is a final determination under the United States Social Security Act that the person is no longer disabled. The notice must be provided within thirty days (30) after the final determination is made. The insurance will end as of the first of the month that starts more than thirty days (30) after the determination.
2. In the case of a widowed, divorced or legally separated spouse, the date thirty-six months (36) after your become widowed, divorced or legally separated. In the case of a dependent child,

thirty-six months (36) after you cease to be considered a qualified dependent child according to the plan's rules. The thirty-six months (36) will be reduced by the number of months you had the insurance after employment ended or work hours were reduced.

3. The date the employer ceases to provide a group health care plan for any employees.
4. The date you cease to pay any required continuation payments for the continued health care coverage.
5. The date you become a covered employee under any group health care plan unless there is a pre-existing condition excluded under the new plan.
6. The date you become eligible for Medicare benefits.
7. In the case of a widowed, divorced or legally separated spouse, the date you remarry and become covered under a group health care plan.

To request continued coverage under the group health care plan, the covered employee or qualified dependent spouse under the plan must notify the plan administrator of a divorce or legal separation. The covered employee or qualified dependent child under the plan must notify the plan administrator that the child has ceased to be considered a qualified dependent child for the purposes of the plan's rules. The person requesting continued coverage must also complete a COBRA election form and agree to pay the continuation payment for the coverage.

If you wish to have more information regarding the cost to you to continue your group health coverage, contact the person or office shown below:

Matt Wilson
Erie County Human Resources Department
2900 Columbus Avenue
Sandusky, OH 44870
419-627-7677