



COBRA

OHIO

Comparison of Federal and Ohio Continuation Laws

	FEDERAL (COBRA)	OHIO
Covered Employers and Plan Coverage	<p>Group health plans maintained by private-sector employers with 20 or more employees, employee organizations, or state or local governments.</p> <p>Coverage must be identical to that available to similarly situated beneficiaries who are not receiving COBRA coverage under the plan (generally, the same coverage that the qualified beneficiary had immediately before qualifying for continuation coverage). □</p>	<p>Each group health plan with fewer than 20 employees that provides hospital, medical or surgical benefits shall provide continuation coverage to the employee, spouse and dependent children.</p> <p>Continuation coverage does not need to include dental or vision benefits.</p> <p>Every employer who offers public employee benefit plans and health maintenance organizations that provides dependent coverage that ends at a certain age, must provide coverage to certain dependent children up to age 28.</p>
Qualified Beneficiaries (Employee / Dependents)	<p>An employee, spouse or dependent child covered by a group health plan on the day before a qualifying event.</p> <p>In certain cases, a retired employee, the retired employee's spouse and the retired employee's dependent children may be qualified beneficiaries.</p> <p>In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary.</p> <p>Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.</p>	<p>An employee, spouse, or dependent child covered by a group health plan for a minimum of 3 months prior to the qualifying event.</p> <p>Dependents who are unmarried, a natural, step or adopted child of the employee and either a resident of Ohio or a full-time student who are NOT eligible for any other group coverage or Medicare are eligible for extended coverage up to the age of 28.</p>
Continuation Period	<p>18 months - COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work.</p> <p>29 months - Disability can extend the 18-month period of continuation coverage for a qualifying event that is a termination of employment or reduction of hours. If certain requirements are met, the entire family qualifies for an additional 11 months of COBRA continuation coverage. Plans can charge 150% of the premium cost for</p>	<p>12 months</p>

	<p>the extended period of coverage.</p> <p>36 months - Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.</p> <p>36 months - Under COBRA, participants, covered spouses and dependent children may continue their plan coverage when they would otherwise lose coverage due to divorce (or legal separation) for a maximum of 36 months.</p>	
Qualifying Events	<p>Qualifying Events for Employees:</p> <ul style="list-style-type: none"> • Voluntary or involuntary termination of employment for reasons other than gross misconduct (18 months) • Reduction in the number of hours of employment (18 months) <p>Qualifying Events for Spouses:</p> <ul style="list-style-type: none"> • Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct (18 months) • Reduction in the hours worked by the covered employee (18 months) • Covered employee's becoming entitled to Medicare (36 months) • Divorce or legal separation of the covered employee (36 months) • Death of the covered employee (36 months) <p>Qualifying Events for Dependent Children:</p> <ul style="list-style-type: none"> • Loss of dependent child status under the plan rules (36 months) • Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct (18 months) • Reduction in the hours worked by the covered employee (18 months) • Covered employee's becoming entitled to Medicare (36 months) • Divorce or legal separation of the covered employee (36 months) • Death of the covered employee (36 months) 	<p>Qualifying Events for Employees:</p> <ul style="list-style-type: none"> • Involuntary termination of employment for reasons other than gross misconduct and termination of group membership (12 months) <p>Qualifying Events for Spouses:</p> <ul style="list-style-type: none"> • Involuntary termination of covered employee for reasons other than gross misconduct and termination of group membership (12 months) <p>Qualifying Events for Dependent Children:</p> <ul style="list-style-type: none"> • Involuntary termination of covered employee for reasons other than gross misconduct and termination of group membership (12 months)
Eligibility	To be eligible for COBRA coverage, must have	To be eligible for continuation

	<p>been enrolled in employer's health plan when employed and health plan must continue to be in effect for active employees. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.</p>	<p>coverage, employees must have been covered by the policy for a minimum of 3 months prior to the termination of employment, must have been involuntarily terminated for reasons other than gross misconduct, and are not covered or eligible for coverage under Medicare or under other group coverage.</p> <p>Dependents who would otherwise lose coverage due to age can continue to receive benefits up to age 28 if:</p> <ul style="list-style-type: none"> • Unmarried; • Not eligible for any other group coverage or Medicare; and • Either a resident of Ohio or a full-time student.
<p>Notice Requirements</p>	<p>Health plan administrators must provide an initial general notice when group health coverage begins.</p> <p>When a qualifying event occurs, health plan administrators must provide an election notice regarding rights to COBRA continuation benefits to each qualifying beneficiary who loses plan coverage in connection with the qualifying event.</p> <p>Employers must notify their plan administrators within 30 days after an employee's termination or after a reduction in hours that causes an employee to lose health benefits.</p> <p>The plan administrator must provide notice to individual employees of their right to elect COBRA coverage (election notice) within 14 days after the administrator has received notice from the employer.</p> <p>Employee must respond to this notice and elect COBRA coverage by the 60th day after the written notice is sent or the day health care coverage ceased, whichever is later. Otherwise, employee will lose all rights to COBRA benefits.</p> <p>Spouses and dependent children covered under such health plan have independent rights to elect COBRA coverage upon employee's termination or reduction in hours.</p>	<p>To elect coverage, an employee must submit a written election along with the first premium no later than the earlier of:</p> <ul style="list-style-type: none"> • 31 days after coverage would otherwise end; • 10 days after coverage would otherwise end if the employer notified the employee before that date; or • 10 days after the employer notified the employee if the notice was given after the date that coverage would otherwise end.
<p>Termination of</p>	<p>Coverage begins on the date that coverage would otherwise have been lost by reason of a</p>	<p>Coverage may be terminated prior</p>

Coverage	<p>qualifying event and will end at the end of the maximum period. It may end earlier if:</p> <ul style="list-style-type: none"> • Premiums are not paid on a timely basis. • The employer ceases to maintain any group health plan. • After the COBRA election, coverage is obtained with another employer group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition of the beneficiary. However, if other group health coverage is obtained prior to the COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election. • After the COBRA election, a beneficiary becomes entitled to Medicare benefits. However, if Medicare is obtained prior to COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election. 	<p>to the expiration of 12 months if:</p> <ul style="list-style-type: none"> • The employee becomes eligible for Medicare or other health coverage; • The employee fails to pay premiums in a timely manner. (Payments are due to the employer prior to the 1st day of every month); or • The group health plan is terminated.
Conversion Rights	<p>Some plans allow participants and beneficiaries to convert group health coverage to an individual policy. If this option is generally available from the plan, a qualified beneficiary who pays for COBRA coverage must be given the option of converting to an individual policy at the end of the COBRA continuation coverage period. The option must be given to enroll in a conversion health plan within 180 days before COBRA coverage ends. The premium for a conversion policy may be more expensive than the premium of a group plan, and the conversion policy may provide a lower level of coverage. The conversion option, however, is not available if the beneficiary ends COBRA coverage before reaching the end of the maximum period of COBRA coverage.</p>	<p>The right to convert to individual coverage is suspended from Jan. 1, 2014 through Jan. 1, 2018.</p> <p>Individuals must be given the right to convert from group to individual coverage for loss of coverage due to:</p> <ul style="list-style-type: none"> • the death of the covered employee; • the dependent child's loss of dependent status; or • divorce or dissolution of a marriage.
Other		<p>Reservists and their covered dependents must be provided 18 months of coverage while the reservist is on active duty. Upon the death of the reservist, the loss of dependent child status or divorce, coverage can be extended for up to 36 months.</p>
Applicable Statutes	IRC § 4980B, ERISA §601 <i>et seq.</i>	OH RS §§ 3923.38; 3923.382; 1751.53; 1751.16
Government	Departments of Labor and Treasury (private	Ohio Department of Insurance

Agency Contact	sector plans) and Department of Health and Human Services (public sector plans). More information on COBRA coverage is available from the Department of Labor's website .	614-644-2658
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This Chart is provided to you for general informational purposes only. It broadly summarizes state and federal statutes, but does not include references to other legal resources (e.g., supporting regulations, or formal or informal opinions of state offices of commissioners of insurance) unless specifically noted. Please seek qualified and appropriate counsel for further information and/or advice regarding the application of the topics discussed herein to your employee benefits plans.

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(3/12; KP 12/13)