

COBRA Open Enrollment Frequently Asked Question

1. Do I need to enroll?

No. If you do not re-enroll during this open enrollment period your medical plan and/or flexible benefits will continue, both plan design and premium changes will automatically be applied, if applicable.

2. How can I make changes to my current selections?

You will need to submit your enrollment form by the 2018 Open Enrollment deadline of December 11, 2017.

3. If I do not make changes, will I receive new coupons for next year?

You will receive new billing coupons for the billing period of January 1 through December 31, 2018.

4. What if I do not want to continue my current coverage for the 2018 Plan Year?

If you do not want your current coverage to continue for 2018, you must send a written cancellation request by December 11, 2017 to:

The Office of Risk and Benefits Management
COBRA Desk
P.O. Box 12241
Miami, Florida 33101

5. If I need help in completing my enrollment form or have additional questions, where can I go to get help?

You can contact the COBRA representatives at the Office of Risk and Benefits Management at 1-305-995-1285 or 1-305-995-7137 from 8 a.m. to 4:30 p.m. ET, Monday through Friday. You may also visit our office at 1501 NE 2nd Avenue, Suite 335.

6. What is COBRA?

COBRA is the Consolidated Omnibus Budget Reconciliation Act passed by Congress in 1986. COBRA provides the continuation of group healthcare coverage that has been lost due to certain, specific events.

7. Which employers are required to offer COBRA coverage?

Employers with 20 or more employees are required to offer COBRA coverage and notify in writing the COBRA Qualified Beneficiaries of their entitlement.

8. Who is entitled to COBRA coverage?

Individuals covered by a group health plan that experience a valid qualifying event leading to loss of healthcare coverage.

Qualifying events include:

- Separation/Termination
- Change in employment status, resulting in the loss of healthcare coverage
- Divorce of a covered member
- Death of a covered member
- Loss of dependent eligibility under plan rules/guidelines

9. What benefits could be continued under COBRA?

The benefits offered are: healthcare, dental and vision benefits. These benefits are the same benefits the member had when covered under the group plan.

10. What is the cost of COBRA benefits?

The cost for the benefits cannot exceed 102 percent of the premium previously being paid by the employer, participant or the combination of both.

11. When are COBRA premiums due?

Initial premiums must be paid within 45 days after the election is made by the Qualified Beneficiary. The first payment must include the premium for retroactive coverage to the date the coverage was lost until the month the payment is being made. Subsequent payments are due 30 calendar days from the date the initial payment is made. If payment is not received by the due date, coverage will be terminated and cannot be reinstated.

12. Can I choose one healthcare plan or one flexible benefit for myself and another for my family?

No. You must cover your family with the same medical plan and/or flexible benefits as yourself.

13. Will I receive a written Confirmation Statement of my 2018 plan year benefit selections?

Yes. All 2018 COBRA participants will receive billing coupons, which will serve as confirmation of your 2018 benefits. You must keep the gold participant copy of your enrollment form for reference.

14. When are my monthly premiums due?

You must refer to your billing coupon for due date, amount due and where to mail your payment. If payment is not received by the due date, coverage will be terminated and you will lose your COBRA eligibility. Please note that any 2017 premiums for medical, dental and/or vision coverage must be paid in order for your 2018 coverage to become effective.

15. Can I cancel my coverage OR my dependent's coverage at any time during the year?

Yes. You may cancel your coverage and your dependent's coverage any time during the year. However, if you cancel your dependent's coverage only, you may re-enroll them during the next open enrollment period. You must send a written cancellation request to the Office of Risk and Benefits Management.

16. Can my family continue their coverage if I die?

Yes. A dependent that is covered under the plan at the time of the COBRA participant's death will be eligible to continue their coverage for the duration of the period of initial eligibility.

17. Who do I contact to make my mid-year change?

You need to contact a COBRA specialist at the Office of Risk and Benefits Management at 1-305-995-1285 or 1-305-995-7137 from 8 a.m. to 4:30 p.m. ET, Monday through Friday, and request a change in status form.