

COBRA allows for a continuation of coverage for a maximum of 18 months upon separation of employment. Health maintenance organization (HMO) participants are eligible for an additional six months, for a maximum of 24 months. If you choose COBRA continuation coverage, you'll pay the full cost of your premium(s) directly to the Employees Retirement System of Texas (ERS). Coverage is limited to the benefits you have when you leave employment.

How much does coverage under COBRA cost? Please see the COBRA rates on the next page.

Can my dependents continue their coverage without me? As long as they were covered the last day of your employment, you do not have to continue insurance in order for your dependents to continue their insurance.

How do I sign up and pay for coverage under COBRA? Once your agency notifies ERS of a change in status, ERS mails the COBRA Election Form to the address we have on file.

To continue or reinstate coverage, please send your payment with the COBRA Election Form. Make the check or money order payable to "GBP."

Please note: No bills or reminder notices will be sent. Payments are due on the first of each month.

Who should I notify of an address change? Notify ERS of changes in your address and the addresses of your dependents.

How long do I have to sign up for COBRA? You have 105 days from the coverage termination date to enroll in COBRA.

Please note: COBRA is a continuation of coverage. The timeframe in which you enroll will determine the premium needed to continue your and/or your dependent's coverage. COBRA coverage is always backdated to the first of the month following the coverage termination date. This means you'll be responsible for all monthly premiums incurred within the 105 days, before coverage can be reinstated.

Will I get new insurance cards? Under most circumstances, you will not get new insurance cards. If you plan to continue insurance, please keep your cards.

Your dependents will get new insurance cards if they continue insurance without you. The insurance plan will send their cards in approximately 15 days from the date we receive your completed forms and payments.

Can I add a dependent to my insurance? You can add any eligible dependent during Summer Enrollment or if you have a qualifying life event (QLE), such as birth. You must inform ERS within 31 days of the QLE to add the eligible dependent. You will have to provide documentation proving that the dependent is eligible for coverage.

I am currently enrolled in Consumer Directed HealthSelectSM.

Can I still contribute to my health savings account (HSA)? COBRA participants are not eligible for the state's contribution to their HSA. You will only pay the premium for the high-deductible health plan (HDHP) plus the 2% administrative fee to ERS. You can still contribute to your HSA, but you will make your contributions directly to Optum Bank on a post-tax basis. You will also be responsible for any administrative fees to Optum Bank.

What if I return to work for an employer that offers Texas Employees Group Benefits Program (GBP) insurance? You must pay the full COBRA rate for the month when you begin work. If you do not pay the full COBRA rate for the month when you return to work, all coverage will be cancelled. If your health coverage is cancelled, you and your dependent(s) will be subject to any applicable health coverage waiting period from your hire date.

How long can a disabled individual remain on COBRA? If you or any of your dependents are certified as disabled under Title II or XVI of the Social Security Act before or during the first 60 days of COBRA, you may continue insurance for up to an additional 11 months. Send ERS a copy of your Social Security Administration Notice of Award letter, including the date the disability began, during your first 18 months of coverage.

Can I continue insurance after COBRA ends? Yes. You can ask your health, dental and/or vision plan administrator about a private policy after your insurance under COBRA ends.

Marketplace and Other Coverage Options

There may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid or another group health plan (under a spouse or parent) through what's called a "special enrollment event." You can find out if you and/or your dependent children qualify for low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP) by visiting: <https://chipmedicaid.org/>.

What is the Health Insurance Marketplace? The Marketplace offers a "one-stop shopping" experience to find and compare private health insurance options. You could be eligible for a tax credit that lowers your monthly premiums and cost-sharing right away. To access the Marketplace visit: www.HealthCare.gov.

When can I enroll in Marketplace coverage? Losing coverage through your employer opens up a "special enrollment" period. You have 60 days from your coverage termination date to enroll in Marketplace coverage. Otherwise, you'll have to wait to enroll during the "open enrollment" period. If you decide to enroll in Marketplace coverage, you cannot switch back to COBRA under any circumstances.

You can switch to Marketplace coverage once you've exhausted your coverage under COBRA, or your coverage ends due to a special event. This opens up an additional "special enrollment" period and allows you to enroll outside of "open enrollment."

Please note: If you terminate your coverage under COBRA early without a qualifying special event, you'll have to wait to enroll in a Marketplace plan during their next "open enrollment" period, and could end up without any health coverage.

Please use the chart below to determine your monthly premium for continuation of coverage under COBRA. **See the following examples to assist you in determining your enrollment level and rate:**

- If only one child is continuing coverage, the child is the COBRA applicant. Pay the “You Only” rate.
- If multiple children are continuing coverage, but you are not, the youngest child is the COBRA applicant. Pay the “You + Children” rate.
- If only the spouse is continuing coverage, the spouse is the COBRA applicant. Pay the “You Only” rate.
- If the spouse and children are continuing coverage, but you are not, the spouse is the COBRA applicant. Pay the “You + Children” rate.

Health Premium

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM	Community First Health Plans [*]	Scott and White Health Plan ^{**}
You Only	\$ 635.05	\$ 589.15	\$ 558.35	\$ 632.16
You + Spouse	1,365.37	1,237.06	1,200.46	1,359.13
You + Children	1,124.04	1,007.78	988.26	1,118.90
You + Family	1,854.36	1,701.58	1,630.37	1,845.87

*Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson counties

**Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Travis, Walker, Waller, Washington and Williamson counties

Dental Premium

	DeltaDental USA DHMO	State of Texas Dental Choice Plan SM PPO
You Only	\$ 9.78	\$ 27.75
You + Spouse	19.56	55.51
You + Children	23.48	66.61
You + Family	33.24	94.36

Vision Premium

	State of Texas Vision SM
You Only	\$ 5.22
You + Spouse	10.44
You + Children	11.23
You + Family	16.45

Tobacco-user Premium

Tobacco Users of Any Age and Adults Who Fail to Certify	Monthly Tobacco-user Premium
Member <u>or</u> Spouse <u>or</u> Children* Only	\$30
Member + Spouse <u>or</u> Member + Children* <u>or</u> Spouse + Children*	\$60
Family (Member + Spouse + Children*)	\$90

*The charge for a child is the same regardless of how many children in the household use tobacco or how many covered children age 18 or over are not certified.

ERS has created a Summary of Benefits and Coverage (SBC) for each health plan offered under the Texas Employees Group Benefits Program, excluding Medicare Advantage plans. Each SBC provides an overview of the benefits and services the health plan covers and what you can expect to pay for such services. You can access and print the SBCs at the following web address: <https://ers.texas.gov/Retirees/Summaries-of-Benefits-and-Coverage>. Paper copies of the SBCs are also available to you, free of charge, upon request.

If you have any questions or would like to request a paper copy of an SBC, please contact the appropriate health plan at the toll-free number listed below.

Para obtener asistencia en Español, llame al:

HealthSelect of Texas: (800) 252-8039 (TTY: 711)

Consumer Directed HealthSelect: (800) 252-8039 (TTY: 711)

Community First Health Plans: (877) 698-7032 (TTY: (210) 358-6080)

Scott and White Health Plan: (800) 321-7947 (TTY: (800) 735-2989)