

## Consolidated Omnibus Budget Reconciliation Act COBRA

COBRA is an acronym for the Consolidated Omnibus Budget Reconciliation Act of 1986. This Federal law allows employees and their dependents to keep group health coverage through an employer's group health plan (including medical, pharmacy, behavioral health, Employee Assistance Program (EAP), dental, vision and health care flexible spending account plans) for a limited period of time in the event they lose coverage.

Qualifying Event	Maximum Length of COBRA coverage
<i>Employee</i>	
Termination of Employment	18 Months
Reduction in the Number of Hours of Employment	18 Months
Disability (must have an award letter from the Social Security Administration)	29 Months
<i>Dependent</i>	
Divorce or Legal Separation	36 Months
Overage Dependent Child	36 Months
Death of Employee	36 Months
Dependent loses coverage due to employee becoming eligible for Medicare	36 Months

For more detailed information on the COBRA regulations visit the U.S. Department of Labor's Home page: <http://www.dol.gov/dol/topic/health-plans/cobra.htm>

To determine the COBRA Qualifying Event date for an active employee (and his/her dependents) who terminates employment, view the pay period schedule. Benefits end on the **last** day of the pay period following the termination effective date ([Click here to view the pay period schedule](#)).

### Employee Information and Process

When an employee terminates employment with Maricopa County, his/her department must generate a Personnel Action Form that changes the individual's status from "active" to "terminated" or "retired".

Once your group benefits are terminated in the Benefit Enrollment System, ADP (Maricopa County's COBRA Administrator) will mail a COBRA Enrollment packet to your home address (that is listed in the Payroll System). It will take approximately 2-3 weeks after your benefits termination date to receive your COBRA packet in the mail.

The employee has 60 days from either the time of the Qualifying Event, i.e., the first day of the pay period following the termination/retirement effective date, or the date of the COBRA election notice, whichever is later, to enroll in COBRA by completing the election form or enrolling online. The COBRA notice lists the exact date that the enrollment and premium must be received by the COBRA Administrator. If COBRA enrollment is sent via U.S. Postal Service, the postmark date will be used as the date of receipt.

During this period of time, there is no insurance coverage in force. However, once enrolled, benefit coverage is retroactive to the benefit termination date so that there is no gap in coverage. Therefore, COBRA coverage is pro-rated for the first month of coverage. If enrollment continues through the full COBRA period, the last month of coverage will also be pro-rated.

Important information:

- ✓ It is important that your home address in the ADP Portal be correct because this is the address to which your COBRA notice will be mailed.
- ✓ You must advise the Employee Benefits Division and the COBRA Administrator if you are eligible for Health Care Subsidy payments through the Retirement System. You are required to pay the full premium for COBRA until the subsidy payments begin.

### **Disability Information**

An employee, spouse, or dependent that is determined under Title II or XVI of the Social Security Act to be disabled during the first 60 days of COBRA continuation coverage may be able to extend the continuation coverage for a maximum of 29 months. A notice must be provided to the COBRA Administrator of the disability determination on a date that is both within 60 days after the date the disability determination is issued and before the end of the original 18-month maximum coverage period.

### **Dependent COBRA Information**

A spouse and/or dependent child(ren) (qualified beneficiary) who loses coverage because of the death of the employee or due to divorce or separation may continue coverage for a maximum of 36 months. **If the Qualifying Event is a divorce or legal separation, the covered employee is required to notify the Plan Administrator with 60 days from the later of the date of the event or the date on which the Qualified Beneficiary would lose coverage as a result of this event.**

Dependent children who lose coverage because they no longer qualify as a dependent under the Plan may continue coverage for a maximum of 36 months. **The covered employee is required to notify the Plan Administrator when a child ceases to be an eligible dependent under the plan and must do so within 60 days from the later of the date of the event, or the date on which the dependent children would lose coverage as a result of this event.**

### **Premium Rates**

For information on available plans and rates please click on the link below.

<http://www.maricopa.gov/BENEFITS/cobra.html>

### **Plan Administrator**

Maricopa County  
Employee Benefits Division  
301 W. Jefferson St. Suite 3200  
Phoenix, AZ 85003  
602-506-1010  
Fax 602-506-2354  
[BenefitsService@mail.maricopa.gov](mailto:BenefitsService@mail.maricopa.gov)

### **COBRA Administrator**

Automatic Data Processing, Inc (ADP)  
855-219-5022  
<https://www.benedirect.adp.com>