

## 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 coverage through their employer's medical (including behavioral health and pharmacy), dental, vision and Health Care Flexible Spending Account plans if they lose coverage due to certain events for a limited time.

Qualified 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 please 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 generates a Personnel Action Form that changes the individual's status from "active" to "terminated" or "retired". The department has 30 business days to provide this information to the Human Resources Employee Records Unit. Employee Records enters the termination or retirement action and effective date into the records portion of the Human Resource Information System (HRIS).

On a weekly basis, census information is sent to ADP for processing in the benefit administration system. Data is processed by ADP in the benefit administration system each Wednesday, after the benefits end date, and sent to the COBRA system the same day. COBRA packets are printed and mailed the following day.

The COBRA Administrator has 14 business days from the date of receipt of such information to generate the COBRA election notice and send that notice by first class mail to the terminated/retired employee's home address on file in the HRIS.

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 and paying the COBRA premium. 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 postmarked date will be used as the date of receipt.

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 on the HRIS is correct because this is the address to which your COBRA notice will be mailed.
- ✓ You need to 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 payment begins.

### **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 divorce or separation from an employee, 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 on account of the 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 within 60 days from the later of the date of the event, or the date on which the dependent children would lose coverage on account of the event.**

### **Premium Rates**

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

<http://www.maricopa.gov/benefits/cobra.aspx>

### **Plan Administrator**

Maricopa County  
Employee Benefits Division  
301 W. Jefferson St. Suite 3200  
Phoenix, AZ 85003  
602-506-1010 Ext: option 2 and  
then option 2 again  
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>