

The Basics of Cobra

Consolidated Omnibus Budget Reconciliation Act of 1985

Under Federal Law, Clermont County is required to offer eligible covered employees and covered family members the opportunity to elect healthcare continuation coverage at group rates in the event they would otherwise lose coverage due to loss of employment, a reduction in hours resulting in a change to part time status, a loss of dependent status, the covered employee dies, or due to a divorce or legal separation.

Length of coverage:

18 month period: If the event causing the loss of coverage is termination of employment (other than for reasons of misconduct) each qualified dependent will have the opportunity to continue coverage for up to 18 months.

29 month period: The 18 months of continuation coverage may be extended for up to 11 additional months (total of 29 months) if you are determined to be disabled (determined by the Social Security Administration).

36 month period: If the cause of the loss of coverage is due to a change in your student/dependent status; divorce; legal separation; death of the employee; then each dependent will have the opportunity to elect up to 36 months of coverage from the date of the event.

If any of the above situations occur, other than termination of employment, it is the covered member's responsibility to notify the plan administrator of the event.

2008 COBRA MONTHLY RATES

	Single	Family
Medical		
NPOS 1	\$376.63	\$1,036.40
NPOS 2	\$344.38	\$946.10
Dental	\$26.43	\$72.67
Vision	\$6.86	\$17.31