



PEBASM
SC Retirement Systems
and State Health Plan

COBRA

Insurance Benefits Training
2022

Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
 - [*Benefits Administrator Manual*](#); and
 - [*Insurance Benefits Guide*](#).
- The plan of benefits documents and benefits contracts contain complete descriptions of the health and dental plans and all other insurance benefits. Their terms and conditions govern all health benefits offered by or through PEBA.

What is COBRA?

- Consolidated Omnibus Budget Reconciliation Act.
- Effective July 1, 1986.
- Prevents covered employees and their dependents from losing group health, dental, vision and/or Medical Spending Account coverage as a result of certain qualifying events.
- All employers participating in PEBA's insurance benefits are subject to COBRA, regardless of the number of employees.

Benefits administrator responsibilities

- Make eligible subscribers¹ and dependents aware of their COBRA rights and responsibilities.
- Offer COBRA coverage to qualified beneficiaries.
- Document your actions in the employee's file.

¹If an employee is determined never to have been eligible for coverage while employed, he and his dependents are not eligible for COBRA.

COBRA documents

- Available online at peba.sc.gov/forms.
 - [*COBRA Notice of Election*](#) form.
 - [*COBRA sample initial instruction sheet and notification letter \(for all gains of coverage\)*](#).
 - [*COBRA sample 18-month instruction sheet and notification letter*](#).
 - [*COBRA sample 36-month instruction sheet and notification letter*](#).
 - [*Notice of COBRA Qualifying Event*](#).
 - [*COBRA Ineligibility Form for Dependents*](#).
 - [*Notice to Extend COBRA Continuation Coverage*](#).
 - [*Notice to Terminate COBRA Continuation Coverage*](#).
- [COBRA premiums](#).

Initial COBRA notice

- Summarizes COBRA law and procedures.
- Outlines obligations of employers.
- Explains the rights and responsibilities of employees and covered dependents.
- [COBRA sample initial instruction sheet and notification letter](#) (for all gains of coverage).

Second COBRA notice

- Advises individuals of their rights and responsibilities to continue coverage.
- Explains procedures for electing coverage.
- [COBRA sample 18-month instruction sheet and notification letter.](#)
- [COBRA sample 36-month instruction sheet and notification letter.](#)
 - Qualified beneficiary must report event to COBRA administrator on the [Notice of COBRA Qualifying Event.](#)
- Include [COBRA Notice of Election](#) form.
- Include copy of current [COBRA premiums.](#)

Third COBRA notice

- PEBA mails via first-class mail to the last known address.
- Informs qualified beneficiaries when coverage will end.

Additional training

- For more information about COBRA, view the employer training on *COBRA* at peba.sc.gov/insurance-training.
- Additional topics include:
 - Qualified beneficiaries.
 - Federal mailing and hand-delivery requirements.
 - When to send notices and documentation.
 - Qualifying events.
 - Qualifying events to extend coverage.
 - Termination.

Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.