A. On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and employee’s families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end.

1. EMPLOYEES: An employee of the Columbia Public School District covered by the District’s “Group Medical Benefits Plan”, or “Group Dental Benefits Plan” (hereafter referred to as “THE PLANS”), has the right to choose this continuation coverage if group health and/or dental coverage is lost due to a reduction in hours of employment or termination of employment (for reasons other than gross misconduct.)

2. SPOUSE/DOMESTIC PARTNER: The spouse/domestic partner of an employee covered by “THE PLANS” has the right to choose continuation coverage if group health or dental coverage is lost for any of the following four reasons:

   i. The death of the employee.
   ii. Termination of the employee’s employment (for reasons other than gross misconduct) or reduction in the employee’s hours of employment.
   iii. Divorce or legal separation from the employee.
   iv. The employee becomes entitled to Medicare.

3. DEPENDENT CHILD: In the case of a dependent child of an employee covered by “THE PLAN”, the child has the right to continuation coverage if group health coverage under “THE PLANS” is lost for any of the following five reasons:

   i. The death of the employee.
   ii. Termination of the employee’s employment (for reasons other than gross misconduct) or reduction in the employee’s hours of employment with the Columbia Public School District.
   iii. The employee’s divorce or legal separation.
   iv. The employee becomes entitled to Medicare.
   v. The dependent child ceases to be a “dependent child” under “THE PLANS.”
B. Under the law, the employee or a family member has the responsibility to inform “THE PLANS” Plan Administrator of a divorce, legal separation, or a child losing dependent status under “THE PLANS” within 60 days of the date of the later of the event or the date on which coverage would end because of an event.

C. When the Plan Administrator is notified that one of these events has occurred, the Plan Administrator will in turn notify the employee or family member of the right to choose continuation coverage. Under the law, the employee or family member has at least 60 days from the date coverage would be lost to inform the Plan Administrator that continuation coverage is desired.

D. If continuation coverage is not chosen, group health and/or dental insurance coverage will end.

E. If continuation covered is chosen, the Columbia Public School District is required to give coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The new law requires that the employee or family member be afforded the opportunity to maintain coverage for 3 years unless group health and/or dental coverage was lost because of a termination of employment or reduction in hours. In that case, the required continuation coverage is 18 months. This 18 months may be extended to 36 months if other events (such as a death, divorce, legal separation, or Medicare entitlement) occur during that 18 month period.

F. Notwithstanding the foregoing, for the domestic partner of an employee or the separate child(ren) of the domestic partner, if qualified beneficiaries, their period of continuation of group health care coverage under the Plan is up to 18 months.

G. The 18 months may be extended to 29 months if an individual is determined to be disabled (for Social Security disability purposes) and the Plan Administrator is notified of that determination within 60 days. The affected individual must also notify the Plan Administrator within 60 days of any final determination that the individual is no longer disabled. In no event will continuation coverage last beyond 3 years from the date of the event that originally made a qualified beneficiary eligible to elect coverage.

H. However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

   1. Columbia Public School District no longer provides group health and/or dental coverage to any of its employees.

   2. The premium for continuation coverage is not paid on time.
3. The employee or family member becomes covered under another group health and/or dental plan that does not contain any exclusion or limitation with respect to any preexisting condition the employee or family member may have.

4. The employee or family member becomes entitled to Medicare.

5. Coverage has been extended for up to 29 months due to a disability and there has been a final determination that the employee or family member is no longer disabled.

I. The employee or family member does not have to show insurability to choose continuation coverage. However, under the law, all or part of the premium may have to be paid for your continuation coverage. There is a grace period of at least 30 days for payment of the regularly scheduled premium.

J. This law applies to “THE PLANS” beginning on September 1, 1986. If there are any questions about the law, contact the Employee Benefits office. In addition, if marital status or address has changed, please notify the Employee Benefits office at (573) 214-3710. (See Procedure No. 510. Change of Name / Address)