

# UNLIMITED YOU



ANAHEIM UNION HIGH SCHOOL DISTRICT

## **WHAT IS COBRA?**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances, where coverage under the plan would otherwise end.

## **HOW DO I RECEIVE INFORMATION ABOUT COBRA?**

Your HR department will inform Risk Management/Health Benefits of your qualifying event. Once we receive notification, your qualifying event will be processed through the benefits system and sent to our COBRA administrator, Trustmark Health Benefits, within 10 days. Once received, Trustmark has 14 business days to mail your COBRA packet to you.

**KEEP IN MIND THAT YOUR ACTIVE BENEFITS ARE IN TACT  
THROUGH THE LAST DAY OF THE MONTH OF YOUR LAST DAY WORKED**

The duration of your COBRA coverage eligibility, enrollment, cost, and payment options will all be included in your COBRA packet.

## **AM I REQUIRED TO TAKE COBRA?**

No. It is your choice to enroll or waive COBRA coverage.

## **IF I ELECT COBRA ARE MY BENEFITS THE SAME AS MY ACTIVE BENEFITS?**

COBRA coverage is a continuation of your current active medical, dental, vision, and EAP plans. You decide which plan(s) to continue. Each eligible family member may elect their own coverage(s).

**WHAT HAPPENS IF I MISS MY OPPORTUNITY TO TAKE COBRA COVERAGE?**

COBRA coverage is an IRS regulated program and has time specific rules. If you miss the deadline to enroll or miss a payment, you will no longer be eligible for COBRA coverage.

**WHO DO I CALL FOR QUESTIONS?**

Contact Trustmark Health Benefits at the contact number listed in your COBRA packet or call Member Services on the back of your medical ID card.

**WHAT ABOUT MY VOLUNTARY AMERICAN FIDELITY PRODUCTS?**

Contact American Fidelity at 800.365.9180 for information about their products and continuation of coverage.

**AUHSD 2023  
COBRA RATES - MONTHLY**

<b>2023 MONTHLY COBRA RATES (Incl. 2% admin fee):</b>	<b>EPO medical</b>	<b>PPO medical</b>	<b>PPO dental</b>	<b>HMO dental</b>	<b>Vision</b>	<b>Employee Assistance Program</b>
Single	\$641.71	\$680.09	\$40.94	\$19.56	\$11.88	\$.93
Employee & Spouse	\$1,411.78	\$1,496.20	\$85.17	\$32.28	\$19.00	\$.93
Employee & Child(ren)	\$1,155.07	\$1,224.16	\$93.34	\$34.45	\$19.40	\$.93
Employee & Family	\$1,989.33	\$2,108.27	\$148.70	\$51.56	\$31.28	\$.93

**RISK MANAGEMENT & INSURANCE**

Anaheim Union High School District | 501 N. Crescent Way | Anaheim, CA 92801