

COBRA FAQs

Who is a qualified individual?

In general, a qualified individual is an employee or dependent who lost coverage because of an employee's end of employment (unless the termination is due to gross misconduct), or reduction in work hours, or if a dependent ages out of coverage due to reaching age 26 or if a divorce/death causes you to lose coverage.

What is the COBRA process?

When an employee or their dependent becomes eligible to continue coverage under COBRA, they will receive a letter from Voya/Benefit Strategies within 15 business days from the date they become eligible. The letter will explain their rights under COBRA and provide information on how to continue coverage.

Eligible individuals have 60 days to enroll in COBRA once their coverage ends and 45 days from the date they mail the enrollment form to make their first COBRA payment. COBRA coverage begins immediately after the first payment is received and processed and is effective back to the first date after your coverage ended.

COBRA payments must be received each month to continue coverage. COBRA allows a 30-day grace period. If your premium payment is not received within the 30-day grace period, your coverage will automatically be terminated without advance warning.

Will there be a break in coverage?

No, coverage under COBRA is always retroactive to the day after your coverage ended.

How long can I continue coverage under COBRA?

Coverage under COBRA is for 18 months. However, if the qualifying event is due to the death, divorce or legal separation of the covered employee, or the covered employee becoming entitled for Medicare, then COBRA for the spouse and dependents can last for up to 36 months.

What benefits can continue under COBRA and who can I cover?

You are allowed to continue with the plans that you were already enrolled in, such as, Medical, Dental, Vision, and Healthcare Flexible Spending Account (FSA) and the dependents that were enrolled. However, not all eligible dependents are required to be enrolled.

And you are not required to continue enrollment in all your plans. For an example, if you are enrolled in medical and dental coverage, but you only need medical coverage, you are not required to continue dental coverage.

If I continue with my Healthcare Flexible Spending Account (FSA) how can I make pretax payments?

You will not be able to make pre-taxed payments.

Can I enroll in a different health plan when I continue coverage under COBRA?

Under COBRA you may only continue with the coverage you were enrolled in at the time of the qualifying event; you may not elect coverage under a different plan.

Can I make changes to my coverage under COBRA?

After you enroll in COBRA coverage, changes can only be made during Open Enrollment for an effective date of the first day of the following year. Each year, participants will receive an open enrollment letter from the COBRA administrator.

How much does COBRA cost?

Benefit	Tier Level	2026 COBRA Monthly Cost
Cigna OAP HRA	Single	\$974.56
	Plus Spouse	\$1,983.69
	Plus Child(ren)	\$1,611.90
	Family	\$2,808.50
Cigna OAP HSA	Single	\$797.65
	Plus Spouse	\$1,623.88
	Plus Child(ren)	\$1,319.20
	Family	\$2,299.02
Cigna OAP \$5K	Single	\$750.08
	Plus Spouse	\$1,530.87
	Plus Child(ren)	\$1,243.49
	Family	\$2,169.42
NE Delta Dental	Single	\$34.29
	Employee +1	\$66.99
	Family	\$103.62
VSP	Single	\$6.59
	Plus Spouse	\$13.22
	Plus Child(ren)	\$14.15
	Family	\$22.59

