

Your eligibility for benefits (and that of your enrolled dependents) ceases at the end of the month in which your employment is terminated or if the benefits program is discontinued. Insurance coverage for dependents will also terminate at the end of the month in which your dependent is no longer eligible.

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue benefit coverage under the employer’s medical, dental and vision plans, and flexible spending accounts when a “qualifying event” would normally result in the loss of eligibility. Examples include termination of employment, death of the employee, reduction in work hours, divorce or loss of eligibility by a dependent child.

The plans available through COBRA continuation coverage are the same plans currently offered by the University; however, you or your dependent(s) must pay the full cost of the health, dental and vision plan, plus an administrative fee. COBRA premiums are due monthly, and failure to pay on time will result in loss of coverage.

Length of COBRA Continuation Coverage

Coverage may continue for differing lengths of time depending upon the reason for eligibility.

- Up to 18 months if loss of coverage is due to termination of employment or reduction in work hours
- Up to 36 months for dependents if loss of coverage is due to death, divorce or a dependent child’s loss of eligibility
- Up to 29 months if the individual is disabled at the time of eligibility for continued coverage or is disabled within 60 days of eligibility for continued coverage

Notifying Benefits Office of a Qualifying Life Event

To apply for COBRA coverage, when a divorce is final, a dependent child no longer meets age and/or dependency eligibility requirements as outlined in each specific plan, or a marriage or birth/adoption of child, update information using the online bswift system per instructions on page 34.

Within 14 days, the Benefits Office will provide you and/or your qualified dependent pertinent information on the application procedure and eligibility for continuation of coverage through COBRA.

COBRA RATE MEDICAL | CIGNA

EMPLOYEE STATUS	CIGNA HIGH DEDUCTIBLE	CIGNA OAP
PARTICIPANT		
Monthly	\$674.62	\$732.85
PARTICIPANT PLUS CHILD(REN)		
Monthly	\$1,214.29	\$1,319.12
PARTICIPANT PLUS SPOUSE		
Monthly	\$1,484.14	\$1,612.25
FAMILY		
Monthly	\$2,023.82	\$2,198.52

COBRA RATE MEDICAL | UPMC

EMPLOYEE STATUS	UPMC HIGH DEDUCTIBLE	UPMC EPO
PARTICIPANT		
Monthly	\$674.62	\$732.85
PARTICIPANT PLUS CHILD(REN)		
Monthly	1,214.29	\$1,319.12
PARTICIPANT PLUS SPOUSE		
Monthly	\$1,484.14	\$1,612.25
FAMILY		
Monthly	\$2,023.82	\$2,198.52

COBRA RATE DENTAL

EMPLOYEE STATUS	METLIFE PDP BASIC	METLIFE PDP ENHANCED
PARTICIPANT		
Monthly	\$18.65	\$37.10
PARTICIPANT PLUS CHILD(REN)		
Monthly	\$42.67	\$83.41
PARTICIPANT PLUS SPOUSE		
Monthly	\$38.37	\$75.07
FAMILY		
Monthly	\$62.81	\$122.06

COBRA RATE VISION

EMPLOYEE STATUS	VSP BASIC	VSP ENHANCED
PARTICIPANT		
Monthly	\$6.55	\$13.25
PARTICIPANT PLUS CHILD(REN)		
Monthly	\$14.05	\$28.45
PARTICIPANT PLUS SPOUSE		
Monthly	\$13.09	\$26.50
FAMILY		
Monthly	\$22.47	\$45.44