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| Name of employee and spouse (if covered)<br>Home address line 1<br>Home address line 2<br>City, State, Zip Code | Medical plan name & level of coverage<br>Dental plan name & level of<br>Health Care Flexible Spending Account |
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**GENERAL (INITIAL) NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA**

**Introduction**

**You are receiving this notice because you have recently become covered under the group health plan (s) listed above. This notice does not mean that you are losing your group health insurance. The purpose of this notice is to inform you and your covered family members of your potential future options and obligations if you should ever lose your health insurance in the future for certain reasons.**

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan’s Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is Office of Benefits Administration; Wyman Park Bldg., Ste. 633N; Johns Hopkins University; 3400 N. Charles Street; Baltimore, MD 21218-2695; Phone (410) 516-8110. COBRA continuation coverage for the Plan is administered by CobraServ National Service Center; 3201 34<sup>th</sup> Street South; St. Petersburg, FL 33711; Phone: (800) 877-7994

**COBRA Continuation Coverage**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed in this notice. COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse’s hours of employment are reduced;
- (3) Your spouse’s employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee’s hours of employment are reduced;
- (3) The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a “dependent child.”

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the COBRA Administrator of the qualifying event within 30 days following the date coverage ends.

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs by calling the Office of Benefits Administration (Benefits Service Center) at 410- 516-2000.**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise last for up to 36 months.

When the qualifying event is the end of employment or reduction of the employment of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### **Disability extension of 18-month period of continuation coverage**

**If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the COBRA Administrator in a timely fashion, you and your family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the COBRA Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. The notice should be sent to CobraServ National Service Center; 3201 34<sup>th</sup> Street South; St. Petersburg, FL 33711; Phone: (800) 877-7994.**

#### **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the COBRA Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to CobraServ National Service Center; 3201 34<sup>th</sup> Street South; St. Petersburg, FL 33711; Phone: (800) 877-7994. The COBRA Administrator may request documentation to verify the second qualifying event.**

#### **If You Have Questions**

If you have questions about your COBRA continuation coverage, you should contact the office by calling the Office of Benefits Administration (Benefits Service Center) at 410-516-2000. Or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

#### **Keep Your Plan Informed of Address Changes**

**In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. Send written notification to the Plan Administrator. You should also keep a copy, for your records, of any notices you send to Plan Administrator.**

This notice was prepared by:  
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Wyman Park Building, Ste. 633N  
Johns Hopkins University  
3400 N. Charles Street  
Baltimore, MD 21218-2695