

COUNTY OF SAN DIEGO
DEPARTMENT OF HUMAN RESOURCES
POLICY AND PROCEDURES MANUAL

SUBJECT: **COBRA CONTINUATION COVERAGE**

POLICY NUMBER: **508**

EFFECTIVE DATE: **January, 2004**

PAGE: **1 of 2**

REVISED DATE: **May 2017**

POLICY

It is County policy to provide COBRA continuation coverage in accordance with applicable federal and state laws. COBRA entitles employees and/or their covered family members temporary extension of their health coverage after they are no longer eligible for coverage under a County-sponsored plan.

ELIGIBILITY CRITERIA

Employee

An enrolled active employee and covered dependents can elect continuation coverage for up to 18 months (can be extended to 29 months due to disability) if one of the following “qualifying events” occurs.

Permanent Employees:

- Employment terminates or employee’s hours are reduced

Hourly Rate Employees:

- Employee terminates or retires

Dependent

An active employee’s enrolled family member(s) can elect continuation coverage for up to 36 months if one of the following “qualifying events” occurs:

- Death of an employee
- Divorce or legal separation (legal documentation required)
- Dependent child loses eligibility status

Domestic Partner

If a domestic partnership terminates, the domestic partner is not eligible for COBRA coverage. However, if an employee has a qualified COBRA event (i.e., termination, retirement), the domestic partner may continue coverage under the employee’s COBRA election.

PROCEDURE

Department Responsibility:

When an employee becomes ineligible for benefits due to termination/retirement and the employee is no longer determined to be benefits-eligible, the department must enter the information into the PeopleSoft immediately upon notification. The employee will have coverage through the month in which they last had paid time.

Employee/Dependent Responsibility:

When a dependent becomes ineligible for one of the reasons described above, the employee and/or the dependent must create a life event in PeopleSoft eBenefits requesting to cancel the dependents coverage. Documentation must be uploaded to eBenefits within 60 days of the qualifying event. The dependent will have coverage through the end of the month in which they become ineligible.

Employee Benefits Division and Departments Responsibility:

The Employee’s Department must enter a termination in PeopleSoft no later than 14 days of the occurrence. Once this is completed the Employee Benefits Division is notified of a

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qualifying event. A COBRA letter will be sent by ASI COBRA, a third-party COBRA administrator, no later than 14 days of notice from the department, but no later than 44 days after the occurrence. The Initial COBRA letter will be sent to the employee and/or dependent notifying them of their rights and obligations under COBRA. The recipient has 60 days from the date of the letter to elect COBRA coverage. At that point, they have an additional 45 days to submit payment. All payments will be retroactive to date the benefits were terminated.

FURTHER INFORMATION

For further contact the Employee Benefits Division at (888) 550-2203.

REFERENCES

Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986
Memoranda of Agreement

APPROVED BY:

Original document approved and signed by Susan Brazeau on 05/04/17.

Susan Brazeau, Director
Department of Human Resources