



## Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA is a federal law that allows employees and their dependents to keep group health coverage through an employer's group health plan (including medical, pharmacy, behavioral health, dental, vision, employee assistance program (EAP), and medical flexible spending account plans) for a limited period of time in the event they lose coverage.

Qualifying Event	Maximum Length of COBRA coverage
<b>Employee</b>	
Termination of Employment	18 months
Reduction in the Number of Hours of Employment	18 months
Disability (must have an award letter from the Social Security Administration)	29 months
<b>Dependent</b>	
Divorce or Legal Separation	36 months
Overage Dependent Child	36 months
Death of Employee	36 months
Dependent loses coverage due to employee becoming eligible for Medicare	36 months

For more detailed information on the COBRA regulations visit the U.S. Department of Labor's Home page: <http://www.dol.gov/dol/topic/health-plans/cobra.htm>

Benefits termination will occur the last day of the month in which benefits ineligibility occurs. Therefore, the COBRA Qualifying Event date for an active employee (and his/her dependents) who terminates employment will be the first of the month following the date of termination.

### Employee Information and Process

When you terminate employment with Maricopa County, your department must generate a Personnel Action Form that changes your status from "active" to "terminated" or "retired." Once your employment has terminated, a COBRA packet will be mailed to your home address on file.

You have 60 days from either the time of the Qualifying Event, i.e., the first day of the month following the termination/retirement effective date, or the date of the COBRA election notice, whichever is later, to enroll in COBRA by completing the election form or enrolling online. The COBRA notice lists the exact date that the enrollment and premium must be received by the COBRA Administrator. If COBRA enrollment is sent via U.S. Postal Service, the postmark date will be used as the date of receipt.

During this period of time, there is no insurance coverage in force. However, once enrolled, benefit coverage is retroactive to the benefit termination date so that there is no gap in coverage.

### **Important information:**

- Make sure your home address is correct in the ADP Portal; your COBRA notice will be mailed to this address.
- You must advise the Employee Benefits and Wellness Division if you are eligible for subsidy payments through the Retirement System. You are required to pay the full premium for COBRA until the subsidy payments begin.

### **Disability Information**

An employee, spouse, or dependent who is determined under Title II or XVI of the Social Security Act to be disabled during the first 60 days of COBRA continuation coverage may be able to extend the continuation coverage for a maximum of 29 months. A notice must be provided to the COBRA Administrator of the disability determination on a date that is both within 60 days after the date the disability determination is issued, and before the end of the original 18-month maximum coverage period.

### **Dependent COBRA Information**

A spouse and/or dependent child(ren) (qualified beneficiary) who loses coverage because of the death of the employee or due to divorce or separation may continue coverage for a maximum of 36 months. **If the Qualifying Event is a divorce or legal separation, the covered employee is required to notify the Plan Administrator with 60 days from the later of the date of the event or the date on which the Qualified Beneficiary would lose coverage as a result of this event.**

Dependent children who lose coverage because they no longer qualify as a dependent under the Plan may continue coverage for a maximum of 36 months. **When a child ceases to be an eligible dependent under the plan because they have reached the maximum age limit of 26, active coverage will terminate the last day of the month in which the child turns 26. The termination will occur automatically and COBRA offered for up to a maximum of 36 months.**

### **Monthly Cost**

For information on available plans and premiums, visit <https://www.maricopa.gov/5297/COBRARetirees>.

### **Plan Administrator**

Maricopa County Employee Benefits  
and Wellness Division  
301 W. Jefferson St. 8<sup>th</sup> Floor  
Phoenix, AZ 85003  
602-506-1010  
Fax 602-506-2354  
[Benefits@maricopa.gov](mailto:Benefits@maricopa.gov)

### **COBRA Administrator**

#### **WEX Health, Inc.**

COBRA and Direct Bill Participant Services Contact  
Information:

**Hours of Operations:** 6:00 AM to 9:00 PM CT,  
Monday through Friday

**Phone Number:** 1-866-451-3399

**Fax Number:** 1-888-408-7224

**COBRA Payments / Forms PO Box:** PO Box  
2079 Omaha, NE 68103-2079

**Email Addresses:**

**COBRA Customer**

**Service:** [cobraadmin@wexhealth.com](mailto:cobraadmin@wexhealth.com)

**COBRA Forms:** [cobraforms@wexhealth.com](mailto:cobraforms@wexhealth.com)