

## DC DEPARTMENT OF HUMAN RESOURCES

**Notice of ARP Continuation Coverage Election Notice IMPORTANT**

This notice has important information about your right to continue your health care coverage in the D.C. Employee's Health Benefits program (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace®. To sign up for Marketplace coverage visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325). You may be able to get coverage through the Health Insurance Marketplace® that costs less than continuation coverage after the premium assistance expires. Please note: Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services. People in most states use [www.HealthCare.gov](http://www.HealthCare.gov) to apply for and enroll in Marketplace coverage; if your state has its own Marketplace platform, you can find contact information here: [www.HealthCare.gov/marketplace-in-your-state/](http://www.HealthCare.gov/marketplace-in-your-state/).

Please read the information in this notice very carefully before you make your decision. If you choose to elect continuation coverage, you should use the election form provided later in this notice.

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for continuation coverage and an opportunity to switch to a different health plan option offered by your employer (see below for more information). Premium assistance is available to certain individuals who are eligible for continuation coverage due to a qualifying event that is a reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you need not pay any of the continuation coverage premium otherwise due to the plan. This premium assistance is available from April 1, 2021 through September 30, 2021. If you continue your continuation coverage beyond this time, you may have to pay the full amount due.

To determine whether you are eligible for premium assistance under the ARP, carefully review this notice and the attached document titled "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021." **If you believe you are eligible, complete the "Request for Treatment as an Assistance Eligible Individual" and return it to the health plan with your completed Election Form.**

To elect continuation coverage, follow the instructions on the enclosed Election Form and submit it to the D.C. Department of Human Resources (DCHR).

## COBRA Continuation Coverage Notice in Connection with Extended Election Periods

If you do not elect continuation coverage, your coverage under the Plan will end on the date previously provided during your separation from District service.

Each person in the category(ies) checked below is entitled to elect continuation coverage, which will continue group health care coverage under the Plan for up to 18 months:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

Your coverage in the Plan ends on the last day of the pay period in which, you separate from District service, followed by a 31-day temporary extension of coverage, at no cost, in your current group health plan coverage for conversion to a non-group contract. If elected, continuation coverage will begin on the day after your employer provide coverage ends and can last for 18 months.

You may elect any of the following options for continuation coverage:

2021 TCC/COBRA Monthly Rates (includes full premium plus 2% administrative charge)							
	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UnitedHealthcare Choice
Self	\$311.26	\$849.03	\$814.82	\$765.56	\$864.54	\$682.25	\$813.46
Self + 1	\$611.82	\$1668.92	\$1601.71	\$1508.16	\$1651.27	\$1303.23	\$1553.69
Family	\$899.45	\$2453.48	\$2354.66	\$2212.48	\$2533.09	\$1999.06	\$2383.40

*In addition, under the ARP, you may have the right to change to additional coverage options that you were not previously enrolled in. To change the coverage option(s) for your COBRA continuation coverage to something different than what you had on the last day of employment or before your reduction in hours, complete the "Form for Switching COBRA Continuation Coverage Benefit Options" and return it to DCHR. To be eligible for premium assistance, the different coverage must cost the same or less than the coverage the individual had at the time of the qualifying event; be offered to similarly situated active employees; and cannot be limited to only excepted benefits, a qualified small employer health reimbursement arrangement (QSEHRA), or a health flexible spending arrangement (FSA).*

If you qualify as an "Assistance Eligible Individual" the cost of continuation coverage will be treated as having been paid in full from April 1, 2021 through September 30, 2021. You do not have to send any payment with the Election Form. Important additional information about payment for continuation coverage is included in the pages following the Election Form.

If you have any questions about this notice or your rights to continuation coverage, you should contact the D.C. Department of Human Resources (DCHR) at the contact information below.

## **Important Information about Your Continuation Coverage Rights**

### **What is continuation coverage?**

District law provides that District government employees who are separated from service, or District government employees' dependents who cease to be dependents may be eligible for extended health benefit coverage. A person who is eligible for health benefits coverage under the Plan, but who subsequently loses eligibility for Plan coverage, may elect to continue coverage without regard to benefits available under any temporary extension of coverage or any non-group contract. Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

### **How long will continuation coverage last?**

Continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying life events, or a second qualifying life event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage upon approval.

### **How can you elect continuation coverage?**

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form.

The Plan will provide continued coverage to individuals only after DCHR has been notified that a qualifying life event has occurred. DCHR will provide notice of availability of continued coverage after the following qualifying life events:

- The end of employment or reduction of hours of employment; or
- Death of the employee

***For all other qualifying life events (including 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 DCHR within 60 days after the qualifying life event occurs. You must provide this notice to: [dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov)***

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage may affect your special enrollment rights for group health plans under federal or District law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will

## **COBRA Continuation Coverage Notice in Connection with Extended Election Periods**

also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

### **How much does continuation coverage cost?**

*Any person who elects to continue coverage under the Plan shall pay one hundred percent (100%) of the premium plus two percent (2%) of the sum of such contributions for administrative fees.*

The ARP reduces the continuation coverage premium for certain individuals. Premium assistance is available to certain individuals who experience a qualifying event that is a reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you need not pay any of the continuation coverage premium otherwise due to the issuer. This premium assistance is available from April 1, 2021 through September 30, 2021. If your continuation coverage lasts beyond September 30, 2021, you may have to pay the full amount due if you choose to continue your continuation coverage. Review the attached "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021" for more details, restrictions, and obligations as well as the form to complete to establish eligibility. However, when your premium assistance ends, you may qualify for a special enrollment period to enroll in coverage through the Health Insurance Marketplace® (see section on "other coverage options" below).

### **When and how must payment for continuation coverage be made if I am not eligible for the premium assistance or if I continue my continuation coverage past September 30, 2021?**

Your health insurance provider will provide guidance on where, how and when payments should be made.

### **Are there other coverage options besides continuation coverage?**

Yes. There may be other coverage options for you and your family through the Health Insurance Marketplace®, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." You may apply for and enroll in Medicaid at any time. If you are not eligible for premium assistance under the ARP, some of these options may cost less than continuation coverage. If you are eligible for other group health coverage, such as through a new employer's plan or a spouse's plan (not including excepted benefits, a QSEHRA or a health FSA), or if you are eligible for Medicare, you are not eligible for ARP premium assistance. However, if you have individual market health insurance coverage, like a plan through the Marketplace, or if you have Medicaid, you may be eligible for ARP premium assistance if you elect continuation coverage. You will not be eligible for a premium tax credit, or advance payments of the premium tax credit, for your Marketplace coverage once you elect COBRA continuation coverage, or for months during which you remain an employee but are eligible for COBRA continuation coverage with premium assistance because of a reduction of hours. If you're eligible for

## **COBRA Continuation Coverage Notice in Connection with Extended Election Periods**

Medicare, consider signing up during its special enrollment period to avoid a coverage gap when your COBRA coverage ends and a late enrollment penalty.

You should compare your other coverage options with continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under continuation coverage because the new coverage may impose a new deductible. Also, keep in mind that if you elect continuation coverage with premium assistance, then you may qualify for a special enrollment period to enroll in Marketplace coverage when your premium assistance ends. You may use the special enrollment period to enroll in Marketplace coverage with a premium tax credit if you end your continuation coverage when your premium assistance ends and you are otherwise eligible.

When you lose job-based health coverage, it's important that you choose carefully between continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

### **For more information**

This notice does not fully describe continuation coverage or other rights with respect to your coverage. More information is available from DCHR.

If you have any questions concerning the information in this notice, your rights to coverage you should contact:

D.C. Department of Human Resources  
Benefits and Retirement Administration  
1015 Half Street, S.E. 9<sup>th</sup> Floor  
Washington, D.C. 20003  
(202) 442-7627, Monday – Friday 9am until 5pm (ET)  
[dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov)

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

In order to protect your and your family's rights, you should keep DCHR informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to DCHR.