

COBRA REFERENCE SHEET

1 Decide to continue benefits under COBRA

COBRA enrollment is optional. You can ignore this letter and:

- Enroll under your spouse's coverage, if applicable.
- Shop for health insurance on coveredCA.com to compare rates.

Or choose benefits to continue.

- See page 1 of your *COBRA Continuation Coverage Election Notice (COBRA Notice)* for list of eligible benefits.
- You do not need to enroll into all benefits.

2 Complete Your Enrollment Form(s)

Complete each blank section.

- COBRA Administrator signature line on Delta Dental form intentionally left blank

For **Employee + Family** plan rate, include dependent names on the forms generated for the employee under the dependents section.

For **Employee/Individual** rate, keep dependents section blank.

3 Send Form(s) to Providers

Send forms within **60 DAYS** of the COBRA Notice date.

- See page 1 "*Why am I getting this notice?*" to confirm deadline date.

Send forms directly to the provider(s). Do not send forms to the Employee Benefits Division.

- See table on page 3 of COBRA Notice for mailing instructions.

FAQ's

WHEN IS PAYMENT DUE?

The provider(s) will send an invoice to your mailing address after your enrollment has been processed. You will send payments to the provider(s), not the City.

COULD I CHANGE MY TYPE OF COVERAGE?

No, you must enroll into the same coverage plan(s) prior to your COBRA qualifying event. You can only change tier type (e.g. Employee + Family to Employee Only).

You may change elections later during COBRA Open Enrollment or if you experience a qualifying life event.

COULD I CHANGE MY COBRA EFFECTIVE DATE TO A LATER DATE?

No, COBRA coverage begins **retroactively** to the date you are no longer covered by the City, which prevents any gaps in coverage regardless if services were used or not by the time you enroll.

COULD I TERMINATE COBRA BEFORE THE 18 MONTH PERIOD? HOW DO I TERMINATE COVERAGE?

Yes, COBRA covers eligible participants for up to 18 months under federal law. You can cancel at any time.

To terminate coverage, please contact the benefit provider(s) directly. See **Contact Information** below.

For **Kaiser Members** only:

In order to terminate COBRA coverage, you will need to submit a signed letter. The letter must include the requested termination date, reason for termination, and the subscriber's signature. The requested term date will be subject to review and when the account is termed they will send a confirmation letter. You can mail or fax the letter to the following:

Kaiser Permanente
PO Box 23059
San Diego, CA 92193
Fax: 858-614-3344

COBRA CONTACT INFORMATION

Anthem

Phone: (213) 200-2987
Email:

Lorena.Gomez@anthem.com

Kaiser Permanente

Phone: (323) 219-6704
Email:

LACity.Advocate@kp.org

Delta Dental

Phone: 800-594-6957
Email:

cmail@isolvedhcm.com

Blue View Vision

Phone: (213) 200-2987
Email:

Lorena.Gomez@anthem.com