

**OHIO LABORERS' DISTRICT COUNCIL—OHIO CONTRACTORS'  
ASSOCIATION INSURANCE FUND**

**\*\*CONTINUATION COVERAGE RIGHTS UNDER COBRA\*\***

**Introduction**

You're getting this notice because you recently gained coverage (insurance eligibility) under the Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator (OLFBP Fund Office).

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee/member, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee/member, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the Plan, and that bankruptcy results in the loss of coverage of any retired employee/member covered under the Plan, the retired employee/member will become a qualified beneficiary. The retired employee/member's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator (OLFBP Fund Office) has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, the Plan Administrator (OLFBP Fund Office) does not need to be notified. **For all other qualifying events, you must notify the Plan Administrator (OLFBP Fund Office) within 60 days after the qualifying event occurs, unless the Plan Administrator (OLFBP Fund Office) notifies you that it is aware of the qualifying event by sending you an election form. You must provide this notice to:**

OLDC-OCA Insurance Fund  
 Attention: Insurance Department  
 800 Hillsdowne Road  
 Westerville, Ohio 43081

**How is COBRA continuation coverage provided?**

Once the Plan Administrator (OLFBP Fund Office) receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA 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 events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

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

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. The OLFBP Fund Office must be notified in writing within 60 days of the later of the SSA's determination, the date of the qualifying event or the beginning of the COBRA continuation period, whichever is later, and before the end of the initial 18 months of COBRA continuation coverage. The notice must be sent to the following address:

OLDC-OCA Insurance Fund  
 Attention: Insurance Department  
 800 Hillsdowne Road  
 Westerville, Ohio 43081

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and

dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. You must notify the Fund within 60 days after a second qualifying event occurs if you want to extend your continuation coverage. The notice must be sent to the following address:

OLDC-OCA Insurance Fund  
Attention: Insurance Department  
800 Hillsdowne Road  
Westerville, Ohio 43081

The notice must be in writing and should include the following information:

- Member's name,
- Member's Social security number,
- Name and social security numbers of individual(s) requesting continued participation,
- Mailing address of individual(s) requesting continued participation, and
- The date and nature of the second qualifying event.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **USERRA Continuation of Coverage**

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<sup>1</sup> <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

Under the Uniformed Services Employment and Reemployment Rights Act (“USERRA”), an Eligible Employee who is absent from his or her employment due to service in the United States military has the opportunity for a temporary extension of health benefit coverage (“USERRA Continuation Coverage”) identical to the health benefits the Plan provides to similarly situated covered persons at the time he or she enters military service (or as those benefits may be amended during the period of continuation coverage).

### **Notice of Departure from Employment due to Uniformed Services**

Unless prohibited by federal law, you will not be eligible for USERRA Continuation Coverage unless you notify the Fund Office thirty-days (30) in advance of your departure from employment due to uniformed services. If your failure to give notice is excused under USERRA because it was impossible, unreasonable or precluded by military necessity, the Fund will reinstate your coverage retroactively upon your election to continue coverage and payment of all unpaid amounts due. You will not incur any administrative reinstatement costs under these conditions. If you are not excused from giving timely notice under USERRA, you will not be eligible for USERRA continuation coverage.

### **Termination of Coverage for Dependents of Members who joins the Uniformed Services**

When an eligible employee goes into uniformed services of the United States, the eligibility of his covered dependents shall terminate on the last day of the calendar month in which he is inducted, enrolled or enlisted. The eligible employee’s coverage shall terminate on the date he enters the uniformed services. However, any accumulated eligibility, to the credit of such eligible employee, shall be kept on the records of the Fund and shall be available to such an employee when he returns from the uniformed services, provided the eligible employee notifies the Fund in writing that he is entering the uniformed services.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family’s rights, let the Plan Administrator (OLF BP Fund Office) know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

This notice does not fully describe continuation coverage or other rights under the Plan. More information about COBRA continuation coverage, self-contribution, and your rights under the Plan is available in your summary plan description or from the OLF BP Fund Office.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact:

OLDC-OCA Insurance Fund  
Attention: Insurance Department  
800 Hillside Road  
Westerville, Ohio 43081

(614) 898-9006  
(800) 236-6437