

**SANDUSKY COUNTY
PERSONNEL POLICY AND PROCEDURE MANUAL**

CONTINUED INSURANCE COVERAGE (COBRA)

**SECTION 4.12
PAGE 1 OF 4**

- A. Full-time employees who separate and/or their spouses and children may be eligible for continuation of medical insurance coverage, at their own expense, as described herein. The same insurance coverage shall continue for eligible employees/individuals under this policy as is provided to other employees who maintain employment with the County.
- B. Full-time employees, spouses, and dependent children who are covered under the County's medical insurance plan shall be offered the opportunity to continue insurance coverage as follows:
1. An employee who is terminated, other than by discharge for gross misconduct, shall be eligible to purchase medical insurance coverage for up to eighteen (18) months following the termination.
 2. An employee whose total hours worked are reduced, which reduction causes the employee to be ineligible for continued insurance coverage, shall be eligible to purchase medical insurance coverage for up to eighteen (18) months following such reduction.
 3. If a second qualifying event occurs during this eighteen (18) month period, coverage may be extended for an additional eighteen (18) months.
 4. If any beneficiary becomes disabled under the Social Security Act and provides timely notice of that status to the Appointing Authority, coverage may be extended for up to twenty-nine (29) months.

**SANDUSKY COUNTY
PERSONNEL POLICY AND PROCEDURE MANUAL**

CONTINUED INSURANCE COVERAGE (COBRA)

**SECTION 4.12
PAGE 2 OF 4**

5. The spouse and dependent children of an employee shall be eligible to purchase insurance coverage for up to thirty-six (36) months when the employee:
 - a. Dies;
 - b. Would otherwise lose coverage due to termination and/or reduction as described in the above paragraphs; or
 - c. Becomes entitled to Medicare coverage.

6. The spouse and/or dependent children shall be eligible to purchase insurance coverage for up to thirty-six (36) months when:
 - a. The spouse and dependent children would lose eligibility for continued coverage due to a divorce or legal separation; or
 - b. The dependent child would otherwise lose coverage by ceasing to satisfy the plan's coverage requirements applicable to dependent children.

- C. Full-time employees, spouses, and dependent children shall be provided a written "COBRA Notice" advising of the provisions of this policy as follows:
 1. Employees shall be notified of this policy at the time they begin coverage under the County's medical insurance plan or in the event they are either terminated or reduced.

**SANDUSKY COUNTY
PERSONNEL POLICY AND PROCEDURE MANUAL**

CONTINUED INSURANCE COVERAGE (COBRA)

**SECTION 4.12
PAGE 3 OF 4**

2. Spouses shall be notified of this policy at the time family or spousal coverage begins under the County's medical insurance plan or in the event the employee is either terminated or reduced.
 3. Service of Notification on the employee's spouse shall be deemed notice to the employee's dependent children.
- D. Each employee shall be responsible for notifying the appropriate SCAA of any action which might trigger a spouse or dependent child's eligibility for continuation of insurance coverage under this policy. Such notice shall be given by the employee to the SCAA immediately upon gaining knowledge of the event, including divorce, legal separation, or loss of dependent eligibility under the County plan. The SCAA shall notify the Sandusky County Personnel Department of the triggering event as soon as such information is known.
- E. Upon the occurrence of a triggering event, the Personnel Director or designee shall notify the County's COBRA Consultant, who shall notify the individual(s) who are eligible for continued hospitalization plan coverage of their rights and obligations under this policy within fourteen (14) days. The notice shall contain a final date by which the employee, spouse, or dependent child must respond to the notice.
- F. The eligible employee/individual shall notify the COBRA Consultant of their decision to continue or not continue coverage within sixty (60) days of the triggering event.
- G. As used in this policy, termination shall include any separation from employment (e.g., layoff, resignation, voluntary/involuntary leave without pay, discharge, and any other termination which results in the employee's ineligibility for continued hospitalization

**SANDUSKY COUNTY
PERSONNEL POLICY AND PROCEDURE MANUAL**

CONTINUED INSURANCE COVERAGE (COBRA)

**SECTION 4.12
PAGE 4 OF 4**

benefits, except those instances where an employee has been separated for acts of gross misconduct).

H. An employee, spouse, or dependent child who elects to continue medical insurance coverage shall only be eligible until the earliest date that any of the following actions occur:

1. Coverage expires either eighteen (18), twenty-nine (29), or thirty-six (36) months after the triggering event;
2. The group health care plan is terminated by the County;
3. The individual fails to timely pay the required premium;
4. The employee becomes covered under another group health care plan; or
5. The individual becomes eligible for Medicare benefits.