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An independent licensee of the Blue Cross and Blue Shield Association

Important Information about Your Kansas State Continuation Coverage Rights

Continuation coverage may be available under Kansas law if an individual is not eligible for COBRA under federal law. The following applies only to persons who do not have a right to continue coverage under COBRA. State continuation of coverage is available to employees and their dependents when coverage terminates. In order to continue coverage, such individuals must have been continuously covered under the contract (or any similar group contract it replaced) for at least three (3) months immediately prior to termination. The maximum period of continuation coverage under Kansas law is 18 months.

To continue group coverage, complete the State Continuation of Coverage Election Form enclosed and return it to Blue Cross and Blue Shield of Kansas City along with the first month's premium payment within 31 days of the date coverage would otherwise terminate.

An employee or dependent shall not be entitled to continuation of coverage if:

- (1) Coverage terminated for failure of the individual to pay timely premium; or
- (2) The individual is, or could be, covered by Medicare; or
- (3) The individual is, or could be, covered to the same extent by any other group plan; or
- (4) The discontinued contract is replaced by similar group coverage within 31 days.

Continuation of coverage under Kansas state law shall terminate upon the earlier of the following:

- (1) Eighteen (18) months after coverage would have otherwise terminated; or
- (2) The end of the period for which contributions were made if premiums are not paid timely; or
- (3) The date the person becomes eligible to be covered under Medicare or any other group plan, whether or not covered; or
- (4) The date on which the contract is terminated and replaced by similar group coverage within 31 days.

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. A parent may elect to continue coverage on behalf of any dependent children. The employee of the employee's spouse can elect continuation coverage on behalf of all the qualified beneficiaries.

When and how must payment for continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you must complete the State Continuation of Coverage Election Form enclosed and return it to Blue Cross and Blue Shield of Kansas City along with the first month's premium payment within 31 days of the date coverage would otherwise terminate.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 31 days after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage.

Your first payment and all periodic payments for continuation coverage should be sent to:

**Blue Cross and Blue Shield of Kansas City
Attn: Member Services Department/COBRA Unit
2301 Main Street
Kansas City, MO 64108 – Mail Stop A5A1**

Important Information about Your Other Coverage Options

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for State Continuation Coverage does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

State Continuation of Coverage Election Form

Instructions: To elect state continuation coverage, complete this State Continuation of Coverage Election Form. This form must be completed and returned with the first month's premium payment to the following address within 31 days of the date coverage would otherwise terminate:

**Blue Cross and Blue Shield of Kansas City
Attn: Member Services Department/COBRA Unit
2301 Main Street
Kansas City, MO 64108 – Mail Stop A5A1**

If you do not submit a completed Election Form and the first month's payment within these timeframes, you will lose your right to elect state continuation coverage.

Please complete the following information to request state continuation coverage:

My group health coverage has terminated, but I understand that under certain conditions, my eligible dependents and I may continue the group health insurance coverage at the group rate for a period of time indicated in the contract/certificate of coverage. My eligible dependents and I have been continuously coverage under my former employer's contract (or any similar group contract that it replaced) for at least three (3) months immediately prior to termination.

For those electing state continuation coverage, check the appropriate box:

- My group health coverage has terminated because of a Kansas state continuation qualifying event (e.g., termination of employment) as indicated in the Blue Cross and Blue Shield of Kansas City group medical certificate of coverage.
- I am a dependent whose group health coverage has terminated because of a divorce or death of the employee or other state continuation qualifying event as indicated in the Blue Cross and Blue Shield of Kansas City group medical certificate of coverage.

I hereby request state continuation coverage for the following eligible individuals:

Name	Date of Birth	Relationship to Employee

Printed Name Telephone Number

Address City State Zip Code

Signature Date

Member ID Number Group Number