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Important Information about Your Missouri State Continuation Coverage Rights

Continuation coverage may be available under Missouri 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.

Continuation coverage is the same coverage that the employer provides to other employees who are not receiving state continuation coverage. Each qualified beneficiary who elects state continuation coverage will have the same rights as other persons covered under the employer's plan, including special enrollment rights.

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued only for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent as defined under the employer's plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee because entitled to Medicare benefits less than 18 months before the qualifying event, continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- Any required premium is not paid timely by the end of the 31 day grace period; or
- A qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary; or
- A qualified beneficiary first becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage; or
- The employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason that coverage would terminate for an employee or dependent that is not receiving continuation coverage (such as fraud).

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the employer of a disability or second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined under the Social Security Act (SSA) to be disabled. The disability has to have started at some time on or before the 60th day of continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined to no longer be disabled under the SSA, you must notify the employer of that fact within 30 days after that determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of

continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or legal separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the employer's plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the employer's plan if the first qualifying event had not occurred. You must notify the employer within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

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. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of 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 and return the attached State Continuation of Coverage Election Form to the employer within 60 days of the date coverage would otherwise terminate. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election to the employer. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct.

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 the employer.

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 to the employer within 60 days of the date coverage would otherwise terminate. You must make your first payment for Missouri state continuation coverage to the employer within 45 days of the date of your election.

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.

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

- My group health coverage has terminated because of a Missouri 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.
- My group dental coverage has terminated because of a Missouri state continuation qualifying event (e.g. termination of employment) as indicated in the Blue Cross and Blue Shield of Kansas City group dental 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