



What is COBRA?

COBRA is the continuation rights available to employees and their qualified beneficiaries pursuant to the Consolidated Omnibus Budget Reconciliation Act. The Act permits former employees and their qualified beneficiaries to continue group health (including the Health Care Spending Account*), dental, and vision coverage for up to 18 months of temporary extended coverage upon (1) termination of employment; (2) lay off; or (3) reduction of work hours below the minimum required to continue coverage through payroll reduction.

A spouse and/or eligible dependent children of an active employee covered under GaBreeze become extended beneficiaries with eligibility for up to 36 months of temporary extended coverage upon the occurrence of any of the following qualifying events: (1) death of the employee; (2) divorce from the employee; or (3) loss of coverage eligibility for a dependent child for any reason.

An extension of an additional 11 months (e.g., 18 months to 29 months) can be requested by a beneficiary who at the time of the qualifying event meets the Social Security definition of disability. In order to be eligible for this additional extension, the qualified beneficiary must notify GaBreeze of the determination within 60 days after the date of the determination. Additionally, the qualified beneficiary must notify GaBreeze within 30 days of the date of any final determination that the qualified beneficiary is no longer disabled.

COBRA is triggered for an employee when a termination event is entered (PeopleSoft or Employer Web Site). GaBreeze will send the following communications to the terminated employee and each dependent:

- Confirmation of Terminated Coverage Notice
- COBRA Information and Enrollment Notice
- Conversion/Portability Notice (if applicable)

Annual Enrollment Period

COBRA participants and extended beneficiaries who are covered under GaBreeze may participate in the Annual Enrollment Period of each year for an effective date of the following January 1. It is the responsibility of the participant/extended beneficiary to notify GaBreeze of the desired change during this time. COBRA participants/beneficiaries will be notified through the mail of Annual Enrollment dates.



Enrollment Process


- Participants enroll in COBRA through GaBreeze online at www.gabreeze.ga.gov; or
- Through the Benefits Call Center at 1.877.342.7339.
- Dependents are required to enroll through the Benefits Call Center.
- Participants will have 60 calendar days to enroll based on the employee's termination date.
- Participants should contact GaBreeze with questions OR to cancel their COBRA enrollment.

Direct Billing & Payments

GaBreeze processes COBRA enrollment and sends a monthly invoice directly to participant(s). The first direct bill for COBRA will be based on the status change date (i.e. Termination Date). COBRA premiums are 102 percent of the total cost and rise to 150 percent of total costs if the qualified beneficiary meets the rules for COBRA's disability extension.

Examples of terminations and COBRA direct bill dates.

- Termination Date is July 15th:
First COBRA Direct Bill will start for August coverage
- Termination Date is July 22nd:
First COBRA Direct Bill will start for September coverage

GaBreeze		Billing Notice						
<i>Direct. Easy Access to Your Benefits</i>		Statement Date 07-25-2011 Account Number 017000050						
	V000001							
JOHN DOE 209 REDDING RIDGE PEACHTREE CITY GA 30269								
This bill is for your benefit coverage.								
Previous Balance	-	Payments Received	+	Current Billing Period Charges	+	Account Adjustments	=	Total Amount Due
\$0.00		\$0.00		\$95.83		\$0.00		\$95.83
Your payment is due immediately.								

NOTE: If premiums are not paid within the timeframe specified on the invoice, coverage will terminate at the end of the month through which premiums have been paid. All rights to continue coverage as a COBRA participant/beneficiary under the temporary extended coverage provisions will be forfeited.

What options can be continued through COBRA?

Benefits	Coverage Can Be Continued Through COBRA	You Must Decide And Complete Forms Within
Dental Coverage		
Regular & PPO	Yes	60 days
DHMO Option	Yes	
Vision Coverage	Yes	60 days
Health Care Spending Accounts	Yes	60 days*
Dependent (Child) Care Spending Account	No	---
Employee/Spouse/Child Life Insurance	No	---
AD&D Insurance	No	---
Specified Illness	No	---
Disability/Coverage		
Short-Term	No	---

*The Health Care Spending Account can be continued through the end of the Plan Year in which the event took place.

HIPAA Certificates of Group Coverage

Beginning 7/1/2012, GaBreeze will begin issuing HIPAA Certificates of Group Coverage for dental coverage. Until this time, employees should contact the dental carrier directly for a Certificate of Creditable Coverage.

Need Help?

If you need help navigating the GaBreeze Employer Web site or have questions about any of the features described in this job aide, you can contact the DOAS Team at 1-888-968-0490, or 404-656-2730 if calling within the metro-Atlanta area, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time.



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