

**General Notice of COBRA Continuation Coverage Rights**  
**The City of Savannah**  
**\*\* Continuation Coverage Rights Under COBRA \*\***

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.**

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. This Notice does not fully describe COBRA or the Plan. 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.

**What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a qualifying event. You, your spouse, and your dependent children could become COBRA 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 are:	You’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
An employee	<ul style="list-style-type: none"> <li>• Your hours of employment are reduced, or</li> <li>• Your employment ends for any reason other than your gross misconduct.</li> </ul>
Spouse of an employee	<ul style="list-style-type: none"> <li>• Your spouse dies;</li> <li>• Your spouse’s hours of employment are reduced;</li> <li>• Your spouse’s employment ends for any reason other than his or her gross misconduct;</li> <li>• Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or</li> <li>• You become divorced or legally separated from your spouse.</li> </ul>
Dependent child of an employee	<ul style="list-style-type: none"> <li>• The parent-employee dies;</li> <li>• The parent-employee’s hours of employment are reduced;</li> <li>• The parent-employee’s employment ends for any reason other than his or her gross misconduct;</li> <li>• The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);</li> <li>• The parents become divorced or legally separated; or</li> <li>• The child stops being eligible for coverage under the Plan as a “dependent child.”</li> </ul>

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

**How is COBRA continuation coverage provided?**

COBRA continuation coverage will be offered to each qualified beneficiary, with an independent right to elect COBRA continuation coverage for each qualified beneficiary. COBRA continuation coverage 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:

Extension of Coverage beyond 18-month Period of COBRA Continuation Coverage	
Reason	Extension Timeframe
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.
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.

You must make sure that the Plan Administrator is notified of either the Social Security Administration's determination or of the second qualifying event within 60 days of either the date of the determination or the second qualifying event and before the end of the 18-month period of COBRA continuation coverage.

Notice of a qualifying event should be sent to the Plan contact information below.

**Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator 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.

**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 enrollment in other coverage through the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Plan contact information:** The City of Savannah, Human Resources, 5515 Albercorn Street, PO Box 1027, Savannah, GA 31402