

Retiree Benefits Bulletin

Civil Service Commission
State of Michigan • 2015 - 2016

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CONTACT:
ORS Customer Contact Center

TELEPHONE NUMBER:
517-322-5103 Lansing Area
800-381-5111 Toll-Free
711 Michigan Relay
(individuals with hearing loss)

SUBJECT:

2015-2016 Retiree Insurance Bulletin
For Defined Benefit Retirees

October 2015 Benefit & Insurance Rates

There are currently no plan design changes to the State Health Plan PPO administered by Blue Cross Blue Shield of Michigan (BCBSM), or any of the HMO plans for the 2015-2016 fiscal year. Please review the rates as most of the premiums have changed. Premiums are shown on the attached charts and will be reflected in the October, 2015 pension checks.

If you are considering changing to an HMO plan, please remember that HMO plan availability is based on location. Visit the Employee Benefits Division web page at www.mi.gov/employeebenefits to find the following tools to assist you with finding an HMO in your area:

- **Retirees *without* Medicare** go to the *Resources & Tools* tab and select the [Zip Code Tool](#) link from the list.
- **Retirees *with* Medicare** select *Retiree Information* from the right hand menu then scroll down to the HMO Medicare Advantage (MA) Coverage Maps section.

Retiree Insurance Information

Basic information about retiree insurance and eligibility is available on the Office of Retirement Services (ORS) web site www.mi.gov/ors. To view post-retirement insurance information, select your retirement plan, *After Retirement*, and then *Your Insurance Benefits*.

Medicare Eligibility

Once you become Medicare-eligible, your State retiree health care coverage becomes your secondary insurance. Generally, you are automatically enrolled in Medicare Part A and Part B once eligible. If you initially declined Part B at the time you became eligible, you can sign up at your local Social Security office or by calling 800-772-1213.

If you DO NOT ENROLL in Medicare Part B upon becoming eligible, your State Health Plan coverage will be treated as if Medicare coverage was in place. The State Health Plan will not reimburse that portion of an expense normally covered by Medicare Part B. If you become eligible for Medicare prior to age 65, be sure to enroll in Medicare Part A and Part B and enter the Medicare information online by logging in to miAccount at www.mi.gov/orsmiaccount or send the [Insurance Enrollment/Change Request](#) to the Office of Retirement Services (ORS) to enroll.

Enrolling and Making Changes for Medicare Eligible at Age 65 - If you are *already enrolled* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) become eligible for Medicare at age 65:

- Be sure to enroll in both Medicare Parts A and B two months before turning age 65. Your coverage will automatically change to a Medicare compatible plan when you turn 65. You will be contacted if your provider needs additional information.

If you are *enrolling* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) are also eligible for Medicare at the time of enrollment:

- Be sure to enroll in both Medicare Parts A and B.
- Submit your completed online insurance enrollment at www.michigan.gov/orsmiaccount (or [Insurance Enrollment/Change Request](#)) and proofs¹ to ORS by the 15th of the month for your coverage to begin the following month.

Note: If your completed insurance enrollment request and proofs are received after the 15th but before the end of the month, your coverage will begin a month later. For example, if you submit your completed insurance enrollment request and proofs on July 25, and intend for insurance coverage to begin August 1, your coverage will begin September 1.

Enrolling and Making Changes for Medicare Eligible Before Age 65 - If you are *already enrolled* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) become eligible for Medicare before age 65:

- Be sure to enroll in both Medicare Parts A and B.
- Enter the Medicare information at www.michigan.gov/orsmiaccount or send the [Insurance Enrollment/Change Request](#) to the Office of Retirement Services (ORS) to ensure you are enrolled in the correct Medicare plan.

If you are *enrolling* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) become eligible for Medicare before age 65:

- Be sure to enroll in both Medicare Parts A and B.
- Submit your completed online insurance enrollment at www.michigan.gov/orsmiaccount (or [Insurance Enrollment/Change Request](#)) and proofs to ORS by the 15th of the month for your coverage to begin the following month.

Note: If your completed [Insurance Enrollment/Change Request](#) form and proofs are received after the 15th but before the end of the month, your coverage will begin a month later. For example, if you submit your completed *form* and proofs on July 25, and intend for insurance coverage to begin August 1, your coverage will begin September 1.

¹Explanation of proofs can be found on Page 3 of the [Insurance Enrollment/Change Request](#) form. ²

Insurance Enrollments & Change Requests



Enrolling and Making Changes

If you wish to enroll in or make changes to your State health, dental, or vision insurance plans, go to www.michigan.gov/orsmiaccount to log in to your miAccount, or use the [Insurance Enrollment/Change Request](#) form available on the ORS website at www.michigan.gov/ors. Simply select your retirement system, go to the Forms and Publications page, and print the form. Send the completed form and required proofs¹ to:

Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909

To enroll in or switch to an HMO, refer to the contact information included with this mailing and request the enrollment form directly from the HMO. Send your completed form to ORS along with the [Insurance Enrollment/Change Request](#) and all required proofs.

Enrollment Waiting Period

As a pension recipient, you are not restricted to an open enrollment window to enroll in or make changes to your insurance plans. New enrollments or changes are normally subject to a **six-month waiting period** from the date ORS receives your enrollment form(s) and all required proofs.

The normal six-month waiting period is **not applied** when you or a dependent has an involuntary loss of other group coverage or a change in your family status (e.g., marriage, death, divorce). If ORS receives your completed insurance enrollment online in [miAccount](#), or a [Insurance Enrollment/Change Request](#) and HMO enrollment form, if needed, along with proof of your loss of coverage within 30 days of the event, there will be no gap in your coverage.

If you are currently enrolled in an HMO, you must remain in that HMO for six months before switching to the State Health Plan PPO, unless the coverage is no longer available. If coverage is no longer available, you must submit an online insurance enrollment in [miAccount](#) or complete and submit an [Insurance Enrollment/Change Request](#) form and required proofs to ORS.

To switch from one HMO to another HMO, or to change from the State Health Plan PPO to an HMO, there is no six-month waiting period. To process the change, 1) request an application from the HMO 2) return it to ORS, along with 3) an online insurance enrollment in miAccount (or [Insurance Enrollment/Change Request](#)), and 4) all necessary proofs.

¹Explanation of proofs can be found on Page 3 of the [Insurance Enrollment/Change Request](#) form.

State Health Plan PPO Members

Durable Medical Equipment, Prosthetics and Orthotics, and Medical Supplies. Services for you and your dependents are administered through Blue Cross Blue Shield of Michigan (BCBSM). To receive services without any out-of-pocket costs for non-Medicare retirees, you must use a participating BCBSM provider. If services are received from a non-participating provider, you will be responsible for 20% of the approved amount plus the difference between the charge and the BCBSM approved amount. To receive services without any out-of-pocket costs for Medicare retirees, you must seek services from a provider that participates with Medicare.

Blue Health Connection. 800-775-2583

This disease management program provides health educational materials, online health resources, a smoking cessation program, and a [24-Hour Nurse Help Line](#).

HMO Members

Medicare Advantage. If you have an HMO, regardless of when you, your spouse, or dependent(s) become eligible for Medicare, contact your provider to obtain a Medicare Advantage plan application and submit it to ORS if you wish to remain enrolled in your HMO. If your HMO does not offer a Medicare Advantage plan, or if another HMO's Medicare Advantage plan is not available in your area, you must select the State Health Plan PPO.

Vision & Dental Plans

There are no plan design changes to the State Retiree Dental Plan administered by Delta Dental of Michigan. Additionally, there will be no plan design changes to the State Retiree Vision Plan administered by Blue Cross Blue Shield of Michigan (BCBSM) in partnership with Vision Service Plan® for the 2015-2016 fiscal year.

Please review the rates as some of the premiums have changed. Premiums shown in the attached charts will be reflected in the October, 2015 pension checks.

For questions contact:

Office of Retirement Services (ORS)

Lansing Area 517-322-5103

Toll-Free 800-381-5111

Michigan Relay 711 (individuals with hearing loss)

Retiree Provider Information

State Health Plan PPO

STATE HEALTH PLAN PPO

BCBSM State of Michigan Service Center
(800) 843-4876
www.bcbsm.com/som

PRESCRIPTION DRUG PROGRAM

Non-Medicare Retirees, MedImpact (877) 403-6034
www.mp.medimpact.com/som
Medicare Eligible Retirees,
Medicare Generation Rx (877) 633-7943
www.medicaregenerationrx.com/som

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

Magellan Behavioral of Michigan
(866) 503-3158
www.magellanassist.com

STATE VISION PLAN

BCBSM State of Michigan Service Center
(800) 843-4876
www.bcbsm.com/som

STATE DENTAL PLAN

Delta Dental Plan of Michigan
(800) 524-0150
www.deltadentalmi.com

Health Maintenance Organizations (HMO)

BLUE CARE NETWORK (BCN)

(800) 662-6667
www.bcbsm.com/som

HEALTH ALLIANCE PLAN (HAP)

(800) 422-4641
www.hap.org

HEALTHPLUS

(Flint) (800) 332-9161
(Saginaw) (800) 942-8816
www.healthplus.com

PHYSICIANS HEALTH PLAN (PHP)

(517) 364-8500 or (800) 832-9186
www.phpmichigan.com

PRIORITY HEALTH

(800) 446-5674
www.priority-health.com

CIVIL SERVICE COMMISSION
 EMPLOYEE BENEFITS DIVISION
FY 2015-2016 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES
EFFECTIVE OCTOBER 1, 2015

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to those who converted from the Defined Benefit Plan to the Defined Contribution plan.

| Retirees' State Health Plan PPO - Blue Cross Blue Shield of Michigan | | | | |
|---|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| <i>Without Medicare</i> | | | | |
| Self | \$ 161.56 | \$ 646.26 | \$ 807.82 | \$ 823.97 |
| Self and Spouse | \$ 323.13 | \$ 1,292.50 | \$ 1,615.63 | \$ 1,647.94 |
| Self and Child(ren) | \$ 203.51 | \$ 814.05 | \$ 1,017.56 | \$ 1,037.91 |
| Self, Spouse and Child(ren) | \$ 374.06 | \$ 1,496.22 | \$ 1,870.28 | \$ 1,907.68 |
| <i>With Medicare (Parts A & B)</i> | | | | |
| Self | \$ - | \$ 423.56 | \$ 423.56 | \$ 432.03 |
| Self and Spouse | \$ - | \$ 847.13 | \$ 847.13 | \$ 864.07 |
| Self and Child(ren) | \$ - | \$ 633.31 | \$ 633.31 | \$ 645.98 |
| Self, Spouse and Child(ren) | \$ - | \$ 1,101.82 | \$ 1,101.82 | \$ 1,123.85 |
| <i>One With Medicare and One Without Medicare</i> | | | | |
| Self W/O Medicare & Spouse W/Medicare | \$ - | \$ 1,231.37 | \$ 1,231.37 | \$ 1,256.00 |
| Self W/ Medicare & Spouse W/O Medicare | \$ - | \$ 1,231.37 | \$ 1,231.37 | \$ 1,256.00 |
| Self W/O Medicare & Spouse W/Medicare & Child(ren) | \$ - | \$ 1,486.05 | \$ 1,486.05 | \$ 1,515.77 |
| Self W/ Medicare & Spouse W/O Medicare & Child(ren) | \$ - | \$ 1,486.05 | \$ 1,486.05 | \$ 1,515.77 |

| Retirees' State Dental Plan | | | | |
|------------------------------------|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| Self | \$ 4.67 | \$ 42.04 | \$ 46.71 | \$ 47.64 |
| Self and Spouse | \$ 8.51 | \$ 76.60 | \$ 85.11 | \$ 86.81 |
| Self and Child(ren) | \$ 10.40 | \$ 93.56 | \$ 103.96 | \$ 106.04 |
| Self, Spouse and Child(ren) | \$ 14.24 | \$ 128.13 | \$ 142.37 | \$ 145.22 |

| Retirees' State Vision Plan | | | | |
|------------------------------------|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| Self | \$ 0.54 | \$ 4.87 | \$ 5.41 | \$ 5.52 |
| Self and Spouse | \$ 0.88 | \$ 7.93 | \$ 8.81 | \$ 8.98 |
| Self and Child(ren) | \$ 1.23 | \$ 11.09 | \$ 12.32 | \$ 12.56 |
| Self, Spouse and Child(ren) | \$ 1.57 | \$ 14.14 | \$ 15.71 | \$ 16.02 |

| Blue Care Network | | | | |
|---|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| <i>Without Medicare</i> | | | | |
| Self | \$ 325.10 | \$ 646.26 | \$ 971.36 | \$ 990.79 |
| Self and Spouse | \$ 650.21 | \$ 1,292.50 | \$ 1,942.71 | \$ 1,981.56 |
| Self and Child(ren) | \$ 409.86 | \$ 814.05 | \$ 1,223.91 | \$ 1,248.39 |
| Self, Spouse and Child(ren) | \$ 757.32 | \$ 1,496.22 | \$ 2,253.54 | \$ 2,298.61 |
| <i>With Medicare (Parts A & B)</i> | | | | |
| Self | \$ 42.15 | \$ 238.83 | \$ 280.98 | \$ 286.60 |
| Self and Spouse | \$ 84.29 | \$ 477.67 | \$ 561.96 | \$ 573.20 |
| Self and Child(ren) | \$ 80.03 | \$ 453.50 | \$ 533.53 | \$ 544.20 |
| Self, Spouse and Child(ren) | \$ 122.18 | \$ 692.33 | \$ 814.51 | \$ 830.80 |
| <i>One With Medicare and One Without Medicare</i> | | | | |
| Self W/O Medicare & Spouse W/Medicare | \$ 187.85 | \$ 1,064.49 | \$ 1,252.34 | \$ 1,277.39 |
| Self W/ Medicare & Spouse W/O Medicare | \$ 187.85 | \$ 1,064.49 | \$ 1,252.34 | \$ 1,277.39 |
| Self W/O Medicare & Spouse W/Medicare & Child(ren) | \$ 225.73 | \$ 1,279.16 | \$ 1,504.89 | \$ 1,534.99 |
| Self W/ Medicare & Spouse W/O Medicare & Child(ren) | \$ 225.73 | \$ 1,279.16 | \$ 1,504.89 | \$ 1,534.99 |

| Health Alliance Plan | | | | |
|---|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| <i>Without Medicare</i> | | | | |
| Self | \$ 407.29 | \$ 646.26 | \$ 1,053.55 | \$ 1,074.62 |
| Self and Spouse | \$ 814.60 | \$ 1,292.50 | \$ 2,107.10 | \$ 2,149.24 |
| Self and Child(ren) | \$ 513.45 | \$ 814.05 | \$ 1,327.50 | \$ 1,354.05 |
| Self, Spouse and Child(ren) | \$ 948.01 | \$ 1,496.22 | \$ 2,444.23 | \$ 2,493.11 |
| <i>With Medicare (Parts A & B)</i> | | | | |
| Self | \$ 58.62 | \$ 332.17 | \$ 390.79 | \$ 398.61 |
| Self and Spouse | \$ 117.24 | \$ 664.35 | \$ 781.59 | \$ 797.22 |
| Self and Child(ren) | \$ 99.71 | \$ 565.04 | \$ 664.75 | \$ 678.05 |
| Self, Spouse and Child(ren) | \$ 158.33 | \$ 897.21 | \$ 1,055.54 | \$ 1,076.65 |
| <i>One With Medicare and One Without Medicare</i> | | | | |
| Self W/O Medicare & Spouse W/Medicare | \$ 216.65 | \$ 1,227.69 | \$ 1,444.34 | \$ 1,473.23 |
| Self W/ Medicare & Spouse W/O Medicare | \$ 216.65 | \$ 1,227.69 | \$ 1,444.34 | \$ 1,473.23 |
| Self W/O Medicare & Spouse W/Medicare & Child(ren) | \$ 257.74 | \$ 1,460.56 | \$ 1,718.30 | \$ 1,752.67 |
| Self W/ Medicare & Spouse W/O Medicare & Child(ren) | \$ 295.43 | \$ 1,486.05 | \$ 1,781.48 | \$ 1,817.11 |

| HealthPlus | | | | |
|---|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| <i>Without Medicare</i> | | | | |
| Self | \$ 332.32 | \$ 646.26 | \$ 978.58 | \$ 998.15 |
| Self and Spouse | \$ 664.65 | \$ 1,292.50 | \$ 1,957.15 | \$ 1,996.29 |
| Self and Child(ren) | \$ 418.96 | \$ 814.05 | \$ 1,233.01 | \$ 1,257.67 |
| Self, Spouse and Child(ren) | \$ 774.08 | \$ 1,496.22 | \$ 2,270.30 | \$ 2,315.71 |
| <i>With Medicare (Parts A & B)</i> | | | | |
| Self | \$ 44.32 | \$ 251.13 | \$ 295.45 | \$ 301.36 |
| Self and Spouse | \$ 88.63 | \$ 502.27 | \$ 590.90 | \$ 602.72 |
| Self and Child(ren) | \$ 97.50 | \$ 552.49 | \$ 649.99 | \$ 662.99 |
| Self, Spouse and Child(ren) | \$ 141.82 | \$ 803.62 | \$ 945.44 | \$ 964.35 |
| <i>One With Medicare and One Without Medicare</i> | | | | |
| Self W/O Medicare & Spouse W/Medicare | \$ 191.10 | \$ 1,082.93 | \$ 1,274.03 | \$ 1,299.51 |
| Self W/ Medicare & Spouse W/O Medicare | \$ 191.10 | \$ 1,082.93 | \$ 1,274.03 | \$ 1,299.51 |
| Self W/O Medicare & Spouse W/Medicare & Child(ren) | \$ 244.29 | \$ 1,384.28 | \$ 1,628.57 | \$ 1,661.14 |
| Self W/ Medicare & Spouse W/O Medicare & Child(ren) | \$ 244.29 | \$ 1,384.28 | \$ 1,628.57 | \$ 1,661.14 |

| PHP | | | | |
|---|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| <i>Without Medicare (This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.)</i> | | | | |
| Self | \$ 532.12 | \$ 646.26 | \$ 1,178.38 | \$ 1,201.95 |
| Self and Spouse | \$ 1,064.25 | \$ 1,292.50 | \$ 2,356.75 | \$ 2,403.89 |
| Self and Child(ren) | \$ 670.25 | \$ 814.05 | \$ 1,484.30 | \$ 1,513.99 |
| Self, Spouse and Child(ren) | \$ 1,232.08 | \$ 1,496.22 | \$ 2,728.30 | \$ 2,782.87 |

| Priority Health Plan | | | | |
|---|----------------------|--------------------|----------------------|------------------------------|
| | Retiree Share | State Share | MONTHLY TOTAL | Retiree Monthly COBRA |
| <i>Without Medicare</i> | | | | |
| Self | \$ 440.50 | \$ 646.26 | \$ 1,086.76 | \$ 1,108.50 |
| Self and Spouse | \$ 878.85 | \$ 1,292.50 | \$ 2,171.35 | \$ 2,214.78 |
| Self and Child(ren) | \$ 553.85 | \$ 814.05 | \$ 1,367.90 | \$ 1,395.26 |
| Self, Spouse and Child(ren) | \$ 1,022.45 | \$ 1,496.22 | \$ 2,518.67 | \$ 2,569.04 |
| <i>With Medicare (Parts A & B)</i> | | | | |
| Self | \$ 117.99 | \$ 423.56 | \$ 541.55 | \$ 552.38 |
| Self and Spouse | \$ 235.97 | \$ 847.13 | \$ 1,083.10 | \$ 1,104.76 |
| Self and Child(ren) | \$ 392.99 | \$ 633.31 | \$ 1,026.30 | \$ 1,046.83 |
| Self, Spouse and Child(ren) | \$ 466.03 | \$ 1,101.82 | \$ 1,567.85 | \$ 1,599.21 |
| <i>One With Medicare and One Without Medicare</i> | | | | |
| Self W/O Medicare & Spouse W/Medicare | \$ 189.02 | \$ 1,071.11 | \$ 1,260.13 | \$ 1,285.33 |
| Self W/ Medicare & Spouse W/O Medicare | \$ 189.02 | \$ 1,071.11 | \$ 1,260.13 | \$ 1,285.33 |
| Self W/O Medicare & Spouse W/Medicare & Child(ren) | \$ 261.73 | \$ 1,483.15 | \$ 1,744.88 | \$ 1,779.78 |
| Self W/ Medicare & Spouse W/O Medicare & Child(ren) | \$ 261.73 | \$ 1,483.15 | \$ 1,744.88 | \$ 1,779.78 |

The State of Michigan is required under the Consolidated Omnibus Budget Reconciliation Act (COBRA) to provide notice to all retirees, their spouses, and their dependent children regarding each dependent's rights to continue state-sponsored group insurances when coverage would otherwise end.

Retain for Future Reference

This notice has important information about your right to continue your health care coverage in the State of Michigan's group Health, Dental, and Vision plans (Plans), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. This notice informs you of the qualifying events and notification requirements for continuation of benefits available to retirees' spouses and dependent children (qualified beneficiaries) under COBRA. This general notice does not fully describe COBRA or the Plans. More complete information is available from the Plans' administrator and in the summary plan descriptions.

When is COBRA continuation coverage available?

The state will offer COBRA continuation coverage to qualified beneficiaries only after the Office of Retirement Services (ORS) has been notified that a **qualifying event** has occurred. The **spouse** of a retiree will lose coverage under the state-sponsored group insurances because of the death of the retiree if survivor coverage was not chosen or because of divorce or legal separation. A **dependent child** will lose state-sponsored group insurance coverage:

- upon the retiree's death, if survivor coverage was not chosen,
- on their 19th birthday, unless enrolled at least half-time in an accredited educational institution,
- when they graduate, stop attending school, or are no longer dependent on the retiree for support,
- when they marry or,
- at the end of the month the child turns 26 years old.

The retiree or affected qualifying beneficiary must inform the State of Michigan, Office of Retirement Services (ORS), within 30 days of a qualifying event. If an event occurs, call (800) 381-5111 or (517) 322-5103. ORS staff will send the affected individual an application to continue group insurance coverages (Form CS-1820).

If the retiree or affected family member does not notify ORS within 60 days of the date of one of the above-listed events, any rights to continuation of insurances will be forfeited. If ORS is not notified within 60 days of a qualifying event and any claims incurred after the date of the event are paid erroneously, the ineligible individual will be required to reimburse the state for any such paid claims, plus premiums paid by the state.

Individuals entitled to COBRA continuation coverage will be eligible to continue only the Plans under which they were covered the day before the qualifying event. These coverages may continue for 36 months under the provisions of the Federal COBRA law if the affected individual timely pays the full premium plus a 2% administrative fee directly to the state.

Type of Coverage; Premium Payments

A spouse or dependent child who is not covered under state-sponsored insurances on the day before the qualifying event is generally not entitled to COBRA coverage except where there is no coverage because it was eliminated in anticipation of a qualifying event like divorce. If the ex-spouse notifies the Office of

Retirement Services within 60 days of the divorce and can establish that the coverage was dropped earlier in anticipation of divorce, then COBRA coverage may be available for the period after the divorce.

If you are covered by Health, Dental, and Vision insurance, you may elect COBRA coverage under one, two, or all three Plans. If the coverage for similarly situated employees or their family members is modified, COBRA coverage will be modified the same way.

The premium payments for the “initial premium months” must be paid for any qualifying family member by the 45th day after electing continuation of coverage. The initial premium months are the months that end on or before the 45th day after the date of the COBRA election. All other premiums are due on the first of the month for which the premium is paid, subject to a 30-day grace period.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan or directly from your prior health insurance carrier) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

How can COBRA Continuation Coverage end before the end of the maximum coverage period?

Continuation coverage of qualified beneficiaries will automatically terminate before the end of the maximum coverage period when any of the following events occurs:

1. The premium for the qualified beneficiary’s COBRA coverage is not timely paid.
2. After electing COBRA, you become covered under another group health plan that has no exclusion or limitation with respect to any pre-existing condition you might have.
3. After electing COBRA, you become entitled to Medicare benefits.
4. Occurrence of any event (e.g. submission of fraudulent benefit claims) that permits termination of coverage for cause with respect to covered retirees or their spouses or dependent children who have coverage under the Plan for a reason other than the COBRA coverage requirements of federal law.

Other Information

If your marital status changes or a dependent ceases to be a dependent eligible for coverage under the terms of the Plan, or your address changes, you must immediately notify the Office of Retirement Services.

Contact Information

Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909-7671
Telephone: (800) 381-5111 or (517) 322-5103