

# COBRA FAQ

When an assignment ends, you may question what will happen to your health benefits. If you are taking time between assignments, electing to continue your health benefits through COBRA may be the easiest way to ensure you have no gaps in coverage. Read on to learn more about COBRA eligibility, timing, and costs.

## What is COBRA?

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act, a law designed to allow employees to continue health insurance coverage after employment. You keep the same insurance provider, cards and policy information, but you are responsible for paying the entire premium cost.

## How do I become eligible?

COBRA eligibility is dependent upon the event of losing employer-sponsored coverage.

## How and when am I notified?

Notice of eligibility must be provided from the company's COBRA vendor within 45 days of termination date, via USPS.

## How long do I have to decide if I want COBRA coverage?

You have up to 60 days from your eligibility date to elect and pay for COBRA coverage.

## How do I elect COBRA coverage?

You can easily elect COBRA coverage via an online enrollment portal or over the phone.

## Am I required to elect COBRA coverage?

No, COBRA coverage is optional for eligible participants.

## What if I have medical expenses that occur before I receive my COBRA paperwork?

COBRA is always effective the day after your last day of employment. When speaking with a providers, let them know your employer-sponsored coverage is ending and that you are transitioning from active to COBRA coverage, and request that they bill you the appropriate amount.

## Can I elect COBRA for myself only?

Each qualified beneficiary may elect COBRA coverage independently. Meaning, if an individual was covered under an employee under an employee provided plan, they may be covered on COBRA, regardless of other dependent elections.

## Questions?

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