## Effective December 2023 – November 2024

Most employees and/or dependents may continue current District plan benefits at their own expense under COBRA law when a qualifying event occurs. COBRA notices with instructions on how to maintain benefits as well as the details of COBRA Rights will be provided following a qualifying event. Changes from one health or dental plan to another may only be made during an open enrollment period. Premiums are paid in the current You may choose to continue coverage for all

currently covered family members or choose to cover only specific individuals. However, you may not change dependent coverage after your initial COBRA enrollment until the next open enrollment period.

| COBRA Rates<br>Health and Dental<br>Dec 2023 – Nov 2024<br>*All Bargaining Units* | Individual:<br>(12 monthly<br>payments)  | Individual + 1<br>dependent:<br>(12 monthly<br>payments) | Individual + 2 or<br>more<br>dependents:<br>(12 monthly<br>payments) |
|---|--|--|--|
| Kaiser Health 10/10 HMO   | \$819.00                                 | \$1,613.00   | \$2,272.00   |
| Kaiser Health 10/20 HMO   | \$800.00                                 | \$1,574.00   | \$2,217.00   |
| UHC Performance HMO (Network 1)   | \$860.00                                 | \$1,699.00   | \$2,385.00   |
| UHC Performance HMO (Network 3)   | \$942.00                                 | \$1,689.00   | \$2,371.00   |
| UHC Alliance HMO 20/30  | \$893.00                                 | \$1,739.00   | \$2,436.00   |
| UHC PPO Nexus ACO   | \$1,813.00                               | \$3,570.00   | \$5,005.00   |
| UHC Journey Harmony   | \$749.00                                 | \$1,429.00   | \$1,997.00   |
| UHC Journey Alliance  | \$764.00                                 | \$1,479.00   | \$2,077.00   |
| UHC Journey SD (Network 3)  | \$755.00                                 | \$1,460.00   | \$2,047.00   |
| SIMNSA HMO (Mexico)   | \$280.00                                 | \$489.00   | \$717.00   |
| Delta Dental PPO Plan   | \$28.77                                  | \$57.55  | \$80.58  |
| DeltaCare USA   | \$12.92                                  | \$23.34  | \$34.39  |
| EyeMed Vision Care  | \$7.71                                   | \$14.57  | \$21.35  |
| Flex 125 Health Spending Account  | COBRA is available see information below |  |  |

Note: Be aware that if you do not opt to continue dental benefits, a gap in Delta Dental insurance coverage will cause your benefit coverage percentage level to restart at 70% if or when you return to the District.

## **Employees Leaving the District**

All voluntary payroll deductions are stopped when you leave the District. If you return to work for the District and you wish to re-start these deductions, you must submit new salary deduction forms to payroll (i.e. automatic deposit, union insurance, investment deductions, Flex 125 spending accounts, vision, and life). Contact your payroll technician at (619) 588-3070 with any questions.

## **COBRA – Flex125 Health Spending Account**

Special IRS provisions apply to Flex125 spending accounts when an employee leaves the District. In general, only services occurring on or before your last work day qualify for Flex125 Reimbursement. Before your final pay check is processed, contact American Fidelity about the options available to you.

## Portability Option – Hartford Term Life, Standard Disability / Unum Provident LTC

Hartford Term Life, Standard and Unum Long-Term Care) LTC plans are portable. Contact your payroll technician at (619) 588-3070 for a portability form if you wish to continue coverage.