

1	<u>NMC Parameters</u>	1427.00
Staff Policy		

1427.00 COBRA

Northwestern Michigan College provides continuation coverage in its group health plans pursuant to the requirements of the federal law commonly referred to as COBRA. Continuation coverage offers employees and their families the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the benefit plan would otherwise end.

Employees of NMC covered by the benefit plan have a right to elect continuation coverage under the plan if group health benefit coverage is lost because of a reduction in hours of employment or the termination of employment (for reasons other than gross misconduct).

The spouse of an employee covered by the plan has the right to elect continuation coverage under any of the health benefit plans for any of the following reasons:

1. Death of the spouse (employee);
2. Termination of the spouse's employment (for reasons other than gross misconduct) or a reduction in spouse's hours of employment;
3. Divorce or legal separation from the spouse; or
4. The spouse (employee) becomes eligible for Medicare.

The dependent child of an employee covered by the plan has a right to continuation coverage under the plan if group health coverage is lost for any of the following reasons:

1. The death of a parent;
2. The termination of a parent's employment (for reasons other than gross misconduct) or a reduction in a parent's hours of employment;
3. Parents' divorce or legal separation;
4. The parent becomes eligible for Medicare; or
5. The dependent child ceases to be a "dependent child" under the terms of the plan.

The employee or a family member has the responsibility to inform Human Resources of a divorce, legal separation, or child losing dependent status under the terms of the plan. In turn, notification will be sent to the employee or family members informing them of their rights and responsibilities regarding continuation coverage.

AUTHORIZATION OF ADMINISTRATIVE POLICY

President's authorization: _____

Date authorized: _____ Effective Date: _____