COBRA and State Continuation Coverage
2026-2027 Plan Year Instructions and Premium Rates

To: College of Veterinary Medicine Residents and Interns (Employees), Spouses, and/or Dependent Children who lose coverage due to the following qualifying events:

- **Termination of employment, including retirement** (for reasons other than gross misconduct)
- **Layoff**
- **Change in employment status causing employee's loss of eligibility to participate in the group benefits plan** (reduction in hours to below 50% time or change to ineligible job class)
- **Loss of eligibility as a dependent child** (due to age)
- **Death of covered employee**
- **Divorce from employee**

Due to one of the qualifying events named above, your **medical, dental and disability coverage will end on the last day of the month** in which the qualifying event occurs.

Even though you cannot continue to be covered as an eligible employee, federal and state laws permit you to continue your medical and dental coverage under the University of Minnesota Residents, Fellows and Interns benefit plan beyond the date your group coverage terminates. If you are a dependent of a University employee and you were covered under the University of Minnesota Residents, Fellows and Interns benefit plan, you also may continue your benefits as a "qualified beneficiary." The definition of a qualified beneficiary includes a child who is born to you (the covered employee) or adopted by or placed for adoption with you during a period of continuation coverage.

Continuation coverage is the same coverage that the University of Minnesota Residents, Fellows and Interns benefit plan gives to other participants or beneficiaries under the University of Minnesota Residents, Fellows and Interns benefit plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the University of Minnesota Residents, Fellows and Interns benefit plan as other participants or beneficiaries covered under the University of Minnesota Residents, Fellows and Interns benefit plan, including open enrollment and special enrollment rights.

Continuation Coverage

Duration of Continuation Coverage

You and your dependents may continue the group medical or dental benefits until the earliest of the following:

- 18 months following loss of coverage (qualifying event: termination, layoff, reduction in hours of employee, or retirement)
- You or your dependent becomes entitled to Medicare benefits after electing continuation coverage (only for the individuals who become entitled to Medicare under Part A, Part B, or both)
- Required rate is not paid within the grace period after the due date
- The University of Minnesota Residents, Fellows and Interns benefit plan is no longer in force for any employees
- 36 months following loss of coverage (qualifying event: loss of dependent child eligibility; divorce from employee; the employee's entitlement to Medicare under Part A, Part B, or both)
- Coverage would have terminated had the employee lived (qualifying event: death of employee)

Disability extension of the 18-month period of continuation coverage
If you or anyone in your family who is currently covered under the University of Minnesota Residents, Fellows and Interns benefit plan is determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA continuation coverage, and you notify the Office of Student Health Benefits in a timely manner, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage for a total maximum of 29 months.

You must make sure that the Office of Student Health Benefits is notified of the SSA's determination within **60 days** of the latest of: (1) the date of the SSA determination; (2) the date of the qualifying event; (3) the date of the loss of coverage; or (4) the date you are informed of your obligation and the procedure to provide this information; **and** before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to the University of Minnesota Residents, Fellows and Interns benefit plan COBRA Administrator.

If you fail to notify the Office of Student Health Benefits in writing with a postmark within the time limit, you will lose your right to extend coverage due to disability. Under this provision, you must also notify the Office of Student Health Benefits within 30 days if the SSA determination is revoked.

Second qualifying event: Extension of 18-month period of continuation coverage
If you or your family experiences another qualifying event while receiving COBRA continuation coverage, the legal spouse and dependent children in your family can receive additional months of COBRA continuation coverage for up to a maximum of 36 months. This extension is available to the spouse dependent children if you: (1) die; (2) enroll in Medicare – Part A, Part B, or both; or (3) divorce.

The extension is also available to a dependent child who is no longer eligible as a dependent child as defined under the University of Minnesota Residents, Fellows and Interns benefit plan. In all of these cases, you must make sure that the Office of Student Health Benefits is notified **within 60 days** of the second qualifying event. This notice must be sent to the University of Minnesota Residents, Fellows and Interns benefit plan COBRA Administrator. **If you fail to notify the Office of Student Health Benefits in writing with a postmark within the time limit, you will lose your right to extend coverage.**

Medical and Dental
You and your dependents who are covered under the medical and/or dental plan on your last day of eligibility are each eligible to elect continuation of coverage. Continuation coverage must be with the same plan option you had as of the date of coverage termination. You do not need to prove that you are insurable to obtain continuation coverage. Continuation coverage is identical to the coverage provided under the plan to similarly situated, active employees and their eligible dependents. You and your dependents who elect continuation coverage may change coverage options during any open enrollment period that the plan may have while you are covered by continuation coverage.

If you are moving out of the plan's service area, contact the Office of Student Health Benefits at 612-624-0627, for more information about plan options.

Election Period for Continuation Coverage

You and your dependents may elect continuation of coverage **no later than 60 days** from your last day of coverage. You must make your first payment for coverage **within 45 days** of the date you elect coverage, and you are responsible for making sure that your first payment includes all amounts due up to that date. Your coverage will be suspended during your election period. It will be reinstated effective the first day of your continuation period only if you elect and pay for continuation coverage on a timely basis. After you make your first payment, you will be required to make monthly payments by the due date on the first day of the calendar month for each subsequent coverage period.

Cost of Continuation Coverage – 2026-2027 Monthly Rates

Applicant-only cost applies if only one person, either you or a dependent, wishes to continue coverage. When two or more persons wish to continue coverage, the cost that applies depends on the relationship of persons continuing coverage. See examples below.

- Resident/fellow/intern and spouse: *Applicant and spouse* rates apply
- One child: *Applicant and child/children* rates apply
- Two or more children: *Applicant and child/children* rates apply, the oldest child is considered the applicant

Your cost is based on the plan you had in effect when the qualifying event occurred. If you, your legal spouse or dependent receive an extension due to a disability, the cost for that coverage is 150 percent of the cost shown below. Contact the Office of Student Health Benefits for these rates.

Medical: Blue Cross and Blue Shield of Minnesota

	Basic Option Monthly Rate	Basic Plus Option Monthly Rate
Applicant-only coverage	$702.20	$798.50
Applicant and spouse coverage	$1,943.70	$2,283.60
Applicant and child coverage	$1,473.90	$1,711.20
Applicant and children coverage	$2,248.80	$2,638.00
Applicant, spouse and family coverage	$2,768.30	$3,332.70

Dental: Delta Dental of Minnesota

	Monthly Rate
Applicant-only coverage	$23.90
Applicant and spouse coverage	$67.03
Applicant and child coverage	$67.03
Applicant and children coverage	$67.03
Applicant, spouse and family coverage	$67.03

Instructions for Enrollment in Medical and Dental Insurance Continuation

Please note: If you do not elect and pay for continuation coverage on a timely basis by following these procedures, you will permanently lose the right to continue coverage.

To elect continuation coverage: Your completed COBRA enrollment forms must be postmarked within 60 days from your last day of coverage.

Email/fax/mail forms to:

Email**:** umshbo@umn.edu
Fax**:** 612-435-4230
Address: Office of Student Health Benefits
University of Minnesota
410 Church St SE, N323
Minneapolis, MN 55455

Billing: Do not send money with the request for continuation form.

- You will be billed by BRI for the premium rate payment for the medical or dental insurance coverage you elect to continue.
- Your initial bill will cover the period retroactive to the date you lost group coverage. The first payment must be received within 45 days of the date of your election or the effective date of your coverage, whichever is the later. **All future payments are due on the first day of each month.** Failure to make timely payment of premiums will result in termination of your coverage.
- Continuation of coverage will not become effective until payment is received.
- Under COBRA, while subsequent payments after the initial premium are due on the first of the month, there is a 30-day grace period in which to make the payment without permanently losing the capability to maintain continuation coverage
- If you fail to make the required premium rate payment within the grace period, your coverage will be terminated permanently with no opportunity for reinstatement.

Flexible Spending Accounts

If you are enrolled in a health care flexible spending account, your pre-tax contributions to the account end with the pay period in which you terminate employment. Only expenses incurred while you are participating in the health care flexible spending account are eligible for reimbursement. An expense is incurred when you receive the service or when you order or purchase the supply, not when you receive the bill or make payment. Participation means that you continue to make contributions to the account.

If you have an account balance as of the date you terminate employment or lose eligibility for participation in this plan and you wish to continue to submit claims for eligible health care expenses incurred after that date, you may elect to continue participation in the account through COBRA by making contributions on an after-tax basis for the remainder of the current calendar year. If you have an account balance and are unable to incur eligible health care expenses while making deposits to the account, the balance will be forfeited. Claims for expenses incurred while making deposits to the account must be submitted to Employee Benefits no later than March 31 of the following year. Any balance remaining in your account after that date will be forfeited under IRS guidelines.

Note: Coverage will terminate if the required contribution is not made within the grace period after the due date, or if the University's group benefits plan is no longer in force for any employees. **Once continuation coverage is terminated for failure to make a timely payment, it cannot be reinstated.**

Cost and Instructions for Flexible Spending Accounts Continuation

University of Minnesota Employee Benefits will bill you on a monthly basis for 1/12 of your annual election.

Please note: If you do not elect and pay for continuation coverage on a timely basis by following these procedures, you will permanently lose the right to continue coverage.

To elect continuation coverage: Your completed Request for Continuation of Coverage – COBRA form must be postmarked within 60 days your last day of coverage.

For forms or questions, contact: University of Minnesota Employee Benefits
Phone: 612-624-8647 or 1-800-756-2363 (Option 1)
Email: benefits@umn.edu

Billing: Do not send money with the request for continuation form.

- Your initial bill will cover the period retroactive to the date you lost group coverage. The first payment must be received within 45 days of the date of your election or the effective date of your coverage, whichever is the later. **All future payments are due on the first day of each month.** Failure to make timely payment of premiums will result in termination of your coverage.
- Continuation of coverage will not become effective until payment is received.
- Under COBRA, while subsequent payments after the initial premium are due on the first of the month, there is a 30-day grace period in which to make the payment without permanently losing the capability to maintain continuation coverage.
- If you fail to make the required premium rate payment within the grace period, your coverage will be terminated permanently with no opportunity for reinstatement.

Questions

Rates are subject to change annually on July 1 for medical and dental insurance benefits. Changes to Flexible Spending Accounts are effective annually on January 1.

Questions	Contact	Phone	Email
For information about COBRA medical and dental insurance benefits, enrollment, and eligibility	**Office of Student Health Benefits** 410 Church St SE, N323 Minneapolis, MN 55455	612-624-0627	umshbo@umn.edu
COBRA Administrator Medical and Dental Insurance: For billing questions about medical or dental benefits	**BRI** 245 Kenneth Drive, Rochester, NY 14623	866-996-5200 Extension 1	participantservices@benefitresource.com

Flexible Spending Accounts: For billing or enrollment questions about Flexible Spending Accounts	**University of Minnesota Employee Benefits Service Center**	612-624-8647	benefits@umn.edu

In order to protect your and your family's rights, it is very important that you keep the Office of Student Health Benefits informed of current and correct address information for all who are or may become eligible for COBRA continuation coverage.