

From: Clarinda Regional Health Center
220 Essie Davison Drive
Clarinda, IA 51632-2915

Introduction to COBRA: You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

This notice explains rights and responsibilities you may have in the future under the following group health plan(s):

Group Health Plan
Clarinda Regional Health Center

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollee.

Temporary COBRA Relief during COVID-19 National Emergency

On Wednesday, April 30, 2020, a notice was published providing COBRA Qualified Beneficiaries with relief from specific timeframes and deadlines occurring on or after March 1, 2020. This and subsequent guidance provide that the extension of certain COBRA continuation and payment due dates lasts until the earlier of (i) 60 days following the announced end of the COVID-19 National Emergency (or such other time as the government agencies may announce in the future), or (ii) 365 days from what would have been your "normal" last date to elect COBRA continuation coverage or pay COBRA premiums, absent the extension of COBRA election and payment deadlines. You may review deadline updates to your records through our secure website at www.isolvedbenefitservices.com/login.

Please note that your coverage will likely be held in suspense with your carrier(s) (meaning claims will not be paid) until you timely elect and pay for COBRA continuation coverage (taking into account the extended time discussed in this letter). If you timely elect and pay your COBRA continuation coverage premiums, your coverage will be retroactively reinstated with your applicable carrier(s) going back to the first day of the applicable month in which you lost coverage due to your COBRA qualifying event. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you have questions about COBRA relief during the COVID-19 National Emergency, isolved Benefit Services has created an update page at www.isolvedbenefitservices.com/timeframes where you can review notices, FAQs and videos that may answer your questions.

What is COBRA continuation coverage? COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;

- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Each qualified beneficiary has an independent right to elect continuation coverage under COBRA. This means all qualified beneficiaries, including a spouse and/or a dependent child, may elect single coverage. However, if two or more family members elect the same coverage, you will be required to pay the applicable premium for the closest level of coverage that a similarly situated active employee would have, such as "two-person" or "family". The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

Below is a list of qualifying events and duration of coverage available under COBRA.

Event	Duration of Coverage
Termination of Employment (either voluntary or involuntary, other than for Gross Misconduct)	18 months
Reduction in Hours (such as layoff, leave of absence, reduced work hours, etc.)	18 months
Death of the Covered Employee	36 months
Divorce or Legal Separation	36 months
Covered Employee's Entitlement to Medicare	36 months
Dependent Child Ceasing to be Dependent	36 months
Bankruptcy (Title XI) of the Employer	Possible lifetime coverage for covered Retirees and their spouses and dependents only

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Clarinda Regional Health Center and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available? The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Isolved Benefit Services. Review information below on procedures for reporting events.

How is COBRA continuation coverage provided? Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Extending Continuation Coverage: If the qualifying event leading to your election of COBRA continuation coverage was your Termination or Reduction of Hours (or by any other name, a qualifying event that allowed for 18 months of continuation), you may be able to extend your COBRA continuation coverage period for two reasons.

Disability extension of 18-month period of COBRA continuation coverage: If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

To qualify for this extension all requirements must be met:

1. The qualified beneficiary must be disabled at any time during the first 60 days of continuation coverage.
2. The qualified beneficiary must provide the Social Security disability award letter to Isolved Benefit Services within 60 days from the later of his or her "Event Date", "Loss of Coverage" date, or the date of the award letter.
3. The qualified beneficiary must provide the Social Security disability award letter to Isolved Benefit Services before his or her 18-month continuation coverage period ends (refer to the "Coverage Expires" date above).

You must provide your original determination letter from the Social Security Administration that includes the date that you were deemed disabled.

You must also follow the reporting instructions described at the end of this notice. During a disability extension, you may be charged up to 150% of the applicable premium (including the employer's cost) for the coverage. The increased cost begins in the 19th month.

If the Social Security Administration later determines that the disabled qualified beneficiary is no longer disabled, the disability extension will end. Continuation coverage will terminate for all qualified beneficiaries at the end of the month that is 30 days after the date of the Social Security Determination (but not before the end of the original 18 months). If you are determined to be no longer disabled, you must report this change within 30 days, following the instructions described at the end of this notice.

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

You can report these events using the COBRA Event Notice on our website at www.isolvedbenefitservices.com or by mailing in the notice or a description of the event. Your notice must be made within 60 days of the qualifying event, and in the case of a Social Security Disability, also within 60 days of the Award Letter and before the end of the 18-month continuation coverage period. If you are deemed no longer disabled, you must report that within 30 days of the determination. Please see the instructions at the end of this notice for more details. Once you report one of these events, Isolved Benefit Services and Clarinda Regional Health Center will review your eligibility. If you are not eligible, you will receive a Notice of Unavailability that will explain why.

Online Reporting of Disability Determination or Additional Qualifying Events Isolved Benefit Services has a form titled the "COBRA Event Notice" on our website. From the login page, select "Employees/Participants", "Continuation Coverage" and enter your User ID and Password in the area provided. Your notice must be made within 60 days of the qualifying event, and in the case of a Social Security Disability, also within 60 days of the Award Letter and before the end of the 18-month continuation coverage period. If you are deemed no longer disabled, you must report that within 30 days of the determination.

Paper Reporting of Disability Determination or Additional Qualifying Events

You may call Isolved Benefit Services at (800) 594-6957 to request a "COBRA Event Notice" form.

You must report these events in writing, but use of the form is not required if you include the following information:

- Name, address and phone number of the covered employee
- Name, address and phone number of qualified beneficiaries experiencing the event
- Group health plan coverage
- The event experienced
- The date of the event
- For Social Security Disability Awards, you must include a copy of the award letter
- If deemed No Longer Disabled, you must also include a copy of that letter, and
- For all other events, you must include your signature and a statement that the event occurred as represented.

Send the "COBRA Event Notice" or other written format to:
Isolved Benefit Services, Attention: COBRA Event Notice
PO Box 949
Coldwater, MI 49036
or via email to QBmail@isolvedhcm.com.

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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends? In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

After electing COBRA continuation coverage, you or any qualified beneficiary must notify Isolved Benefit Services or Clarinda Regional Health Center in writing within 30 days of:

- Becoming entitled to Medicare Part A, Part B or both; OR
- Becoming covered under another group health plan

Failure to provide this notice as required may result in retroactive termination of COBRA continuation coverage. Any expenses incurred during a period for which coverage is later terminated will become your financial responsibility, and may require repayment to the providers.

Health Flexible Spending Account (FSA): Generally, continuation coverage would be available only for the remainder of the plan year in which the qualifying event occurred. Special rules govern FSA eligibility under COBRA. For additional information, please refer to the summary plan description for your FSA.

You may also experience a loss of coverage "in anticipation" of a qualifying event, such as a divorce or legal separation. If that happens, continuation coverage will be offered once the qualifying event has occurred (and has been reported within the proper time frames). In that case, coverage does not have to be provided from the date of your loss of coverage to the date of the qualifying event.

HIPAA Special Enrollment and COBRA: You should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you keep continuation coverage for the maximum time available to you.

Additional Website, Election, Event Reporting and Payment Instructions: Once you are offered COBRA, copies of important documents relating to your COBRA rights are available on our secure website, www.isolvedbenefitservices.com.

More Information: Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Please make a copy for your records of any information you submit to Isolved Benefit Services.

Plan contact information: Clarinda Regional Health Center, Maggie Brown at 712-542-8207.

Keep your Plan informed of address changes: To protect your family's rights, it is important to keep Clarinda Regional Health Center and Isolved Benefit Services informed of address changes for all qualified beneficiaries. This notice contains important information about your rights and responsibilities under the COBRA law. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. Please keep this notice for future reference.

Women's Health and Cancer Rights Act of 1998 (WHCRA): WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Clarinda Regional Health Center.