

# 2026-2027 Annual Notices

Information about your rights and options

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# Medicare Part D Notice

*This notice explains your options for accessing prescription drug coverage if you are eligible for Medicare.*

## Important Notice from Redwood Empire School's Insurance Group (RESIG) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RESIG and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. RESIG has determined that the prescription drug coverage offered by SISC is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your RESIG coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under RESIG is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your RESIG prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with RESIG and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through RESIG changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

|                                 |                                                 |
|---------------------------------|-------------------------------------------------|
| <b>Date:</b>                    | May 31, 2026                                    |
| <b>Name of Entity/Sender:</b>   | Redwood Empire Schools' Insurance Group (RESIG) |
| <b>Contact-Position/Office:</b> | Elizabeth Matheny – Employee Benefits Manager   |
| <b>Address:</b>                 | 5760 Skylane Blvd., Ste 100, Windsor, CA 95492  |
| <b>Phone Number:</b>            | (707) 836-0779, ext. 120                        |

## Women's Health and Cancer Rights Act

*This notice describes benefits available to people who have had or will have a mastectomy.*

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call your plan administrator.

## Newborns' and Mothers' Health Protection Act

*This notice explains the rights of mothers and newborns to stay in the hospital 48–96 hours after delivery.*

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 707-836-0779.

## HIPAA Notice of Special Enrollment Rights

*This notice explains when you and/or your dependents can enroll in medical coverage outside of the annual open enrollment period.*

If you decline enrollment in RESIG's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in RESIG's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be

effective the first of the month following your request for enrollment. In addition, you may enroll in RESIG's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

**Note:** If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

*This notice explains how to access the HIPAA Notice of Privacy Practices, which describes how health information about you may be used and disclosed.*

We maintain the HIPAA Notice of Privacy Practices for RESIG describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Elizabeth Matheny at 707-836-0779, ext. 120.

## Notice of Choice of Providers

*This notice explains that your plan either requires you to designate a primary care provider (PCP) or allows you to select one.*

The Kaiser Permanente and Blue Shield plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the health plan designates one for you.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the number on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente or Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the number on the back of your ID card.

## Michelle's Law

*This notice describes the right to extend dependent medical coverage during a student leave of absence.*

The RESIG plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious

illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify RESIG in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

## ACA Disclaimer

*This notice explains how insurance offered by RESIG affects your eligibility for premium subsidies through the ACA Exchange.*

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% of your modified adjusted household income in 2026.

## The 'No Surprises' Rules

*This notice explains rules that protect you from unexpected large medical bills and limits on out-of-network charges for certain services.*

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

U.S. Department of Health & Human Services  
200 Independence Avenue, S.W. – 509F  
Washington, D.C. 20201

# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

*This notice describes premium assistance that may be available in your state for Medicaid-eligible dependents.*

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov/](http://www.healthcare.gov/).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility.

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## Alabama – Medicaid

Website: [myalhipp.com](http://myalhipp.com)  
Phone: (855) 692-5447

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## Alaska – Medicaid

The AK Health Insurance Premium Payment Program  
Website: [myakhipp.com](http://myakhipp.com)  
Phone: (866) 251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid eligibility:  
[health.alaska.gov/dpa/Pages/default.aspx](http://health.alaska.gov/dpa/Pages/default.aspx)

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## Arkansas – Medicaid

Website: [myarhipp.com](http://myarhipp.com)  
Phone: (855) MyARHIPP (692-7447)

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## California – Medicaid

Health Insurance Premium Payment (HIPP) Program  
website: [dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)  
Phone: (916) 445-8322  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)  
Fax: (916) 440-5676

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## Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado website:  
[healthfirstcolorado.com](http://healthfirstcolorado.com)  
Health First Colorado Member Contact Center: (800) 221-3943 (TTY: 711)  
CHP+: [hcpf.colorado.gov/child-health-plan-plus](http://hcpf.colorado.gov/child-health-plan-plus)  
CHP+ Customer Service: (800) 359-1991 (TTY: 711)  
Health Insurance Buy-In Program (HIBI):  
[mycohibi.com](http://mycohibi.com)  
HIBI Customer Service: (855) 692-6442

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### Florida – Medicaid

**Website:**

[flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp](http://flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp)

Phone: (877) 357-3268

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### Georgia – Medicaid

GA HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)

Phone: (678) 564-1162, press 1

**GA CHIPRA Website:**

[medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

Phone: (678) 564-1162, press 2

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### Indiana – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: [in.gov/medicaid](http://in.gov/medicaid)

Website: [in.gov/fssa/dfr](http://in.gov/fssa/dfr)

Family and Social Services Administration

Phone: (800) 403-0864

Member Services phone: (800) 457-4584

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### Iowa – Medicaid and CHIP (Hawki)

Medicaid website: [hhs.iowa.gov/programs/welcome-iowa-medicaid](http://hhs.iowa.gov/programs/welcome-iowa-medicaid)

Medicaid phone: (800) 338-8366

Hawki website: [hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki)

Hawki Phone: (800) 257-8563

HIPP website: [hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp)

HIPP Phone: (888) 346-9562

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### Kansas – Medicaid

Website: [kancare.ks.gov](http://kancare.ks.gov)

Phone: (800) 792-4884

HIPP Phone: (800) 967-4660

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### Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website:

[chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)

Phone: (855) 459-6328

Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP website: [kynect.ky.gov](http://kynect.ky.gov)

Phone: (877) 524-4718

Medicaid website: [chfs.ky.gov/agencies/dms](http://chfs.ky.gov/agencies/dms)

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### Louisiana – Medicaid

Louisiana Medicaid website: [ldh.la.gov/healthy-louisiana](http://ldh.la.gov/healthy-louisiana)

Medicaid Customer Service Line: (888) 342-6207

Louisiana Medicaid email: [healthy@la.gov](mailto:healthy@la.gov)

Louisiana Health Insurance Premium Program

(LaHIPP) Website: [ldh.la.gov/lahipp](http://ldh.la.gov/lahipp)

LaHIPP phone: (877) 697-6703

LaHIPP email: [La.HIPP@la.gov](mailto:La.HIPP@la.gov)

LaHIPP fax: (888) 716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

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### Maine – Medicaid

Enrollment website:

[mymaineconnection.gov/benefits](http://mymaineconnection.gov/benefits)

Phone: (800) 442-6003 (TTY: 711)

Private Health Insurance Premium webpage:

[maine.gov/dhhs/ofi/applications-forms](http://maine.gov/dhhs/ofi/applications-forms)

Phone: (800) 977-6740 (TTY: 711)

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### Massachusetts – Medicaid and CHIP

Website: [mass.gov/masshealth/pa](http://mass.gov/masshealth/pa)

Phone: (800) 862-4840 (TTY: 711)

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

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### Minnesota – Medicaid

Website: [mn.gov/dhs/health-care-coverage/](http://mn.gov/dhs/health-care-coverage/)

Phone: (800) 657-3672

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### Missouri – Medicaid

Website: [mydss.mo.gov/mhd/healthcare](http://mydss.mo.gov/mhd/healthcare)

Phone: (573) 751-2005

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### Montana – Medicaid

Website:

[dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)

Phone: (800) 694-3084

Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)

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### Nebraska – Medicaid

Website: [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov)

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

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### Nevada – Medicaid

Medicaid website: [dhcfp.nv.gov](http://dhcfp.nv.gov)

Medicaid phone: (800) 992-0900

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### **New Hampshire – Medicaid**

Website: [dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](https://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)

Phone: (603) 271-5218

Toll free number for the HIPPA program: (800) 852-3345, ext. 15218

Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

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### **New Jersey – Medicaid and CHIP**

Medicaid website:

[state.nj.us/humanservices/dmahs/clients/medicaid](https://state.nj.us/humanservices/dmahs/clients/medicaid)

Phone: (800) 356-1561

CHIP Premium Assistance Phone: (609) 631-2392

CHIP website: [njfamilycare.org/index.html](https://njfamilycare.org/index.html)

CHIP phone: (800) 701-0710 (TTY: 711)

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### **New York – Medicaid**

Website: [health.ny.gov/health\\_care/medicaid](https://health.ny.gov/health_care/medicaid)

Phone: (800) 541-2831

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### **North Carolina – Medicaid**

Website: [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov)

Phone: (919) 855-4100

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### **North Dakota – Medicaid**

Website: [hhs.nd.gov/healthcare](https://hhs.nd.gov/healthcare)

Phone: (866) 614-6005

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### **Oklahoma – Medicaid and CHIP**

Website: [insureoklahoma.org](https://insureoklahoma.org)

Phone: (888) 365-3742

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### **Oregon – Medicaid and CHIP**

Website: [healthcare.oregon.gov](https://healthcare.oregon.gov)

Phone: (800) 699-9075

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### **Pennsylvania – Medicaid and CHIP**

Website: [pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html](https://pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html)

Phone: (800) 692-7462

CHIP website: [dhs.pa.gov/CHIP/Pages/CHIP.aspx](https://dhs.pa.gov/CHIP/Pages/CHIP.aspx)

CHIP phone: (800) 986-KIDS (5437)

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### **Rhode Island – Medicaid and CHIP**

Website: [eohhs.ri.gov](https://eohhs.ri.gov)

Phone: (855) 697-4347 or (401) 462-0311 (Direct Rlte Share Line)

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### **South Carolina – Medicaid**

Website: [scdhhs.gov](https://scdhhs.gov)

Phone: (888) 549-0820

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### **South Dakota – Medicaid**

Website: [dss.sd.gov](https://dss.sd.gov)

Phone: (888) 828-0059

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### **Texas – Medicaid**

Website: [hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program](https://hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)

Phone: (800) 440-0493

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### **Utah – Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP) website: [medicaid.utah.gov/upp](https://medicaid.utah.gov/upp)

Phone: (888) 222-2542

Email: [upp@utah.gov](mailto:upp@utah.gov)

Adult Expansion website:

[medicaid.utah.gov/expansion](https://medicaid.utah.gov/expansion)

Utah Medicaid Buyout Program website:

[medicaid.utah.gov/buyout-program](https://medicaid.utah.gov/buyout-program)

CHIP website: [chip.utah.gov](https://chip.utah.gov)

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### **Vermont – Medicaid**

Website: [dvha.vermont.gov/members/medicaid/hipp-program](https://dvha.vermont.gov/members/medicaid/hipp-program)

Phone: (800) 250-8427

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### **Virginia – Medicaid and CHIP**

Website: [coverva.dmas.virginia.gov/learn/premium-assistance/famis-select](https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select)

Website: [coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs](https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)

Medicaid/CHIP phone: (800) 432-5924

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### **Washington – Medicaid**

Website: [hca.wa.gov](https://hca.wa.gov)

Phone: (800) 562-3022

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### **West Virginia – Medicaid and CHIP**

Website: [dhhr.wv.gov/bms](https://dhhr.wv.gov/bms)

Website: [mywvhipp.com](https://mywvhipp.com)

Medicaid phone: (304) 558-1700

CHIP toll-free phone: (855) MyWVHIP (699-8447)

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### Wisconsin – Medicaid and CHIP

Website: [dhs.wisconsin.gov/badgercareplus/p-10095.htm](https://dhs.wisconsin.gov/badgercareplus/p-10095.htm)

Phone: (800) 362-3002

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### Wyoming – Medicaid

Website:

[health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/](https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/)

Phone: (800) 251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human  
Services Centers for Medicare & Medicaid  
Services

[www.cms.hhs.gov](https://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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# Continuation Coverage Rights Under COBRA

## Introduction

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.

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 enrollees.

## 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."

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 your district, 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;
- Commencement of a proceeding in bankruptcy with respect to the employer; 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: All qualified beneficiaries and provide the required documents to the Plan Administrator.**

#### **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:

## **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. Notice needs to be given to the Plan Administrator by the qualified beneficiary within 30 days of the notice by Social Security.

## **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 Administrator 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.

## **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, Medicaid, 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](http://www.healthcare.gov).

## **If you have questions**

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](http://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](http://www.HealthCare.gov).

## **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Plan contact information**

Please contact your RESIG Benefits Specialist II at 5760 Skylane Blvd., Ste. 100, Windsor, CA 95492 or (707) 836-0779.



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