

PLEASE KEEP THIS IMPORTANT INFORMATION

This memorandum is to inform you and your covered family members of your rights concerning the continuation of your group health benefits if your coverage would terminate because of certain events. Listed below are the events that could cause you and/or your spouse and children (if any) to lose group health coverage and the length of time coverage in the JHU, School of Nursing group health plans can be continued should one of these events occur.

COBRA Qualifying Event	Length of Time Coverage Can Be Continued
Employment Terminates (except for gross misconduct)	18 months for subscriber & covered family
Hours are Reduced	18 months for subscriber & covered family
Called to active military duty	24 months for subscriber & covered family
Disabled at the time of employment termination	29 months for subscriber & covered family
Death of subscriber	36 months for surviving spouse/children
Divorce or legally separated from spouse	36 months for spouse losing coverage
Becomes entitled to Medicare	36 months for covered family
Dependent child no longer qualifies as a dependent child under the plan	36 months for child losing coverage

Please note: It is possible for an individual to have more than one qualifying event. Should a subsequent event (other than employment termination or reduction in hours) occur while covered by continuation coverage, the length of time you and/or your covered family members can continue coverage is 36 months from the date of the first event.

You must notify the SON, if you become divorced or legally separated or if your child no longer qualifies as a dependent under the terms of the JHU, School of Nursing health plan. This notification must be made no later than 60 days following the qualifying event in order to be eligible for continuation coverage. Upon timely notification, SON will provide the required continuation enrollment form(s) to your family member(s) losing coverage due to the qualifying event.

You and your covered family members will have 60 days from the date coverage would otherwise terminate (or the date the continuation election form is provided to you, whichever is later) to elect continuation coverage by submitting a completed continuation election form.

Any person electing to continue coverage must pay the full cost of coverage under the COBRA option. The SON will inform you and/or your dependents of the cost of the coverage when the enrollment form is sent to you. Payments for coverage must be made by the first of each month and no later than the 30-day grace period from that due date. The initial payment must be made no later than 45 days from the date continuation coverage was elected. Coverage will not be reinstated until the initial payment has been made.

The cost of coverage is subject to change annually and you will be notified by the SON.

Continuation coverage (a.k.a. COBRA) will terminate under the following circumstances:

- When the maximum period for continuation coverage expires (18, 24, 29, or 36 months based on the qualifying event); or
- If the premium is not paid on a timely basis; or
- If the covered person becomes covered by another employer's group health plan through employment or otherwise (provided the new plan does not limit or exclude coverage for pre-existing conditions); or
- The covered person becomes entitled to Medicare; or
- The School of Nursing stops providing any health benefits to students and fellows.

If you have any questions, please contact the by calling SEAM 1-877-419-5131 or complete a SEAM case <https://support.sis.jhu.edu>