

COBRA Frequently Asked Questions | Member FAQ

Consolidated Omnibus Budget Reconciliation Act (COBRA)

What is COBRA?

COBRA is a law that permits employees who have lost medical or dental coverage to continue participation in their group benefit plan(s) on a self-pay basis through their former employer.



Please Note: Benefit Strategies will address your questions and concerns regarding COBRA compliance, payments and guidelines. **For self-service assistance please register as a secure member portal user at <https://premiumbilling.benstrat.com>.**

Benefit Strategies Online Portal Features for Members:

≡ MENU
What features are available through the self-service member portal?

PROFILE

- PERSONAL INFO
- PRODUCT SELECTIONS
- REGISTRATION INFO

\$ PAYMENT INFO

- PAYMENT SCHEDULE
- PAYMENT SUMMARY
- PAYMENT HISTORY

% PREFERENCES

✉ COMMUNICATIONS >

MESSAGE

Your next payment of \$1,490.00 is due Aug 01, 2017

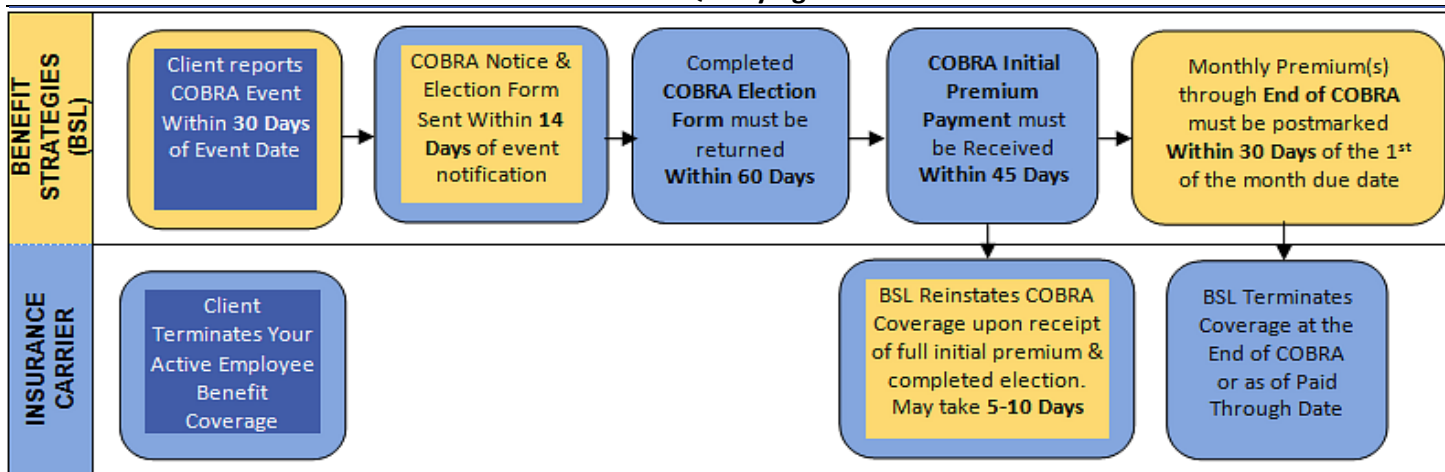
\$ MAKE PAYMENT

Jul 26, 2017	Reinstatement Notice	View
Jul 10, 2017	COBRA Termination Notice	View
Jun 09, 2017	Late Payment Reminder	View

⏪ ⏴ Page 1 GO of 2 ⏵ ⏩

Through the member portal you have **secure 24/7 access to make your COBRA election, view and make payments, set up recurring ACH payments for no charge, access your demographic information, view benefit plan and coverage dates, view communications mailed to you.** You can also change information or request assistance.

Standard COBRA Qualifying Event Process:



Frequently Asked COBRA Questions

When does benefit coverage get reinstated, or become active, under COBRA?

Benefit Strategies, LLC will notify the carrier and/or employer of COBRA election upon receipt of completed enrollment paperwork and full initial payment. Please Note: This process may take up to 5-10 business days after payment is received in this office. Benefit Strategies will start the reinstatement process only when premiums are paid current.

How soon do I have to respond to the COBRA Election and notification letter?

You have 60 days from the date of your COBRA letter to elect continuation of coverage. During this time your coverage is in a "pending state".

§ Participants may authorize Benefit Strategies, LLC to initiate debit entries from checking or savings accounts for recurring scheduled payments via ACH. Recurring ACH COBRA premium payments are pulled monthly, with no charge for ACH processing.

Can my medical/dental/Rx claims still be processed like normal during this “pending state”?

No, your medical/dental/prescription cards are inactive until you submit your completed enrollment form and appropriate premium payment to Benefit Strategies, LLC. For “rejected or unpaid bills” you will likely need to inform the provider of services to re-submit the claim for consideration.

How long does COBRA last?

Assuming one pays all required premiums, COBRA coverage starts on the date of the qualifying event, and the length of the period of COBRA coverage will depend on the type of qualifying event which caused the qualified beneficiary to lose group health plan coverage. For “covered employees,” the only qualifying event is termination of employment (whether the termination is voluntary or involuntary) including by retirement, or reduction of employment hours. In that case, COBRA lasts for 18 months.

If the qualifying event is the death of the covered employee, divorce or legal separation of the covered employee from the covered employee’s spouse or the covered employee becoming entitled to Medicare, COBRA for the spouse or dependent child lasts for 36 months. Refer to your election notice for the specific dates and COBRA time period relevant to your qualifying event.

COBRA continuation coverage may be terminated if we don’t receive “timely payment” of the premium. What is the grace period for monthly COBRA premiums? After election and initial payment, qualified beneficiaries have a 30-day grace period to make monthly payments (that is, 30 days from the due date).

Can I get reimbursed for medical/dental expenses incurred during this “pending state”?

Yes. After you have enrolled, call the insurance carrier and ask for their procedure for reimbursement of claims that were paid out-of-pocket that will need to be submitted for review.

I declined COBRA continuation coverage, but I have changed my mind and want to elect COBRA and it’s before the end of the 60-day election period. Can I still elect COBRA continuation coverage?

Yes, you can. A qualified beneficiary who waives COBRA continuation coverage can revoke the waiver at any time before the end of the election period. However, coverage need only be provided prospectively — that is, it can start on the date the waiver was revoked. Waivers and revocations of waivers are considered made on the date they are sent to the employer or plan administrator.

I was terminated mid-month and given a COBRA election form at that time. Our group health plan carries me until the end of the month. An employee has 60 days to elect COBRA coverage, but when does that period begin running — on the last day of work or the last day of the month when coverage is ended?

The qualifying event for COBRA purposes is the employee’s loss of employment date. However, the election period does not end until 60 days from the sent date of the election form to the employee or until 60 days after the loss of coverage, whichever is later. In this case, the 60-day election period starts to run on the last day of the month.

I need on-going medical care and have medications to take. What can I do?

We recommend that you make your election as soon as possible so not to inconvenience you, your pharmacy or your providers. Prescriptions can be purchased paying the full amount, until your election is received and processed and coverage becomes effective. Online election is available.

In my 12th month of COBRA I become disabled. Am I eligible for the disability extension that expands the usual 18 months of continuation health care coverage to 29 months?

No. Under COBRA rules, a qualified beneficiary is eligible for extended coverage only if he or she was disabled during the first 60 days of COBRA; the disability must occur during this period or have already been in existence then. The beneficiary also needs a determination from the Social Security Administration (SSA) that he or she was disabled for SSA purposes. It’s not enough to be considered disabled under the employer’s long-term disability plan. The SSA determination can be made any time before the end of the initial 18-month COBRA period, but the disability must have existed during the first 60 days of COBRA coverage.

Who can I talk to if I still have questions?

Mailing Address: Benefit Strategies P.O. Box 1300 Manchester, NH 03105-1300	Toll Free: 1-855-483-3539 Fax: 603-232-1854 Email: hvdflex@benstrat.com	Hours of Operation: 8:00 am to 6:00 pm Monday -Thursday 8:00 am to 5:00 pm Friday Live Chat: Text 888-401-3539 or visit www.benstrat.com
---	--	---

CONTACT US