

CITY OF BAKERSFIELD'S COBRA CONTINUATION PLAN 2017

COBRA is a Federal law that states: the City must offer the same insurance to their former employees as they do to their current employees. You are entitled to be on Federal COBRA for the following period of time:

1. Former employee and/or family: 18 months for Dental and Medical
2. Children who no longer qualify for insurance under the plans guideline and former spouses: 36 months for Dental and Medical

Upon the termination of the Federal COBRA law, any participant who began their Federal COBRA after January 1, 2003 and are eligible for either 18 or 29 months, may elect an additional 7 or 18 months or a total of no more than 36 months through Cal-COBRA which is administered by the health plan. CalCOBRA applies to medical only.

COBRA CONTINUATION PLAN:

- _____ I wish to continue my coverage as indicated below under the COBRA continuation plan.
 _____ I **DO NOT** wish to continue my coverage under the COBRA continuation plan.
 _____ My dependents wish to continue coverage as indicated below under the COBRA continuation plan.
 _____ My dependents **DO NOT** wish to continue coverage un the COBRA continuation plan.

I would like the following coverage: (Please circle)

MEDICAL

(Includes Mental Health,
Prescription drugs, & Vision)

	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
Blue Shield PPO Plan	\$570.20	\$1,142.40	\$1,714.65
Blue Shield HMO Plan Access+ (Full Network) Plan	\$577.81	\$1,161.25	\$1,696.51
Blue Shield HMO TRIO (Narrow Network) Plan	\$471.82	\$948.21	\$1,385.05
Kaiser Permanente HMO Plan	\$457.73	\$915.49	\$1,294.59
Kaiser Permanente Deductible HMO Plan	\$339.56	\$679.09	\$960.11

VISION - Medical Eye Services

Children ages 19 to 23 only not in school

	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
Exam, Frame & Lenses (for PPO plan)	\$4.93	\$9.90	\$12.90
Frame & Lenses (for HMO plan)	\$3.52	\$7.04	\$9.15

DENTAL

	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
United Concordia PPO Dental Plan	\$36.70	\$75.44	\$125.74
United Concordia DMO Dental Plan	\$21.16	\$38.80	\$61.18

Please complete and return this form to: City of Bakersfield - 1600 Truxtun Ave Bakersfield, CA 93301
Attn: Human Resources - Benefits Office

ALL RATES ARE MONTHLY AND CONTAIN A 2% ADMINISTRATION FEE AS ALLOWED BY LAW. YOU WILL RECEIVE A MONTHLY STATEMENT APPROXIMATELY 2 WEEKS BEFORE YOUR PAYMENT IS DUE. ALL PAYMENTS ARE DUE ON THE FIRST OF THE MONTH.

Print Name: _____

Date: _____

Signature: _____

Phone: _____

Address: _____

Soc.Sec. # _____

This form is for informational purposes only. Unless your COBRA is paid current your insurance will not be activated. You will receive a COBRA letter once we have received your official termination date. Remember it is your responsibility to respond to that letter according to the COBRA guidelines. If you do not receive a COBRA letter or forms within 30 days from your termination date please contact this office immediately at 661-326-3773.