



AMERICAN BENEFITS GROUP

My COBRA Resource

COBRA Administration Broker Portal

A Broker's guide to accessing multiple clients online, anytime, anywhere.

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LOGGING IN

The broker entity allows a user to access multiple clients through a web portal with one user name and password. The broker representative has the ability to enter member information and review reports.

A **Registration Code** will be generated when the broker representative is entered into the system by ABG. A New Member Login Notice will be emailed or mailed to broker representative with the information needed to register. The broker will choose a User Name and Password upon registration.



The image shows the 'Log In' form for myCOBRAResource. At the top, it says 'POWERED BY AMERICAN BENEFITS GROUP'. The form has a blue header with 'Log In' in white. Below the header, there are two input fields: 'User name:' and 'Password:'. There is a checkbox labeled 'Remember me'. Below the checkbox, there are two blue links: 'Forgot my password' and 'New user registration'. At the bottom right of the form is a 'Log In' button. A red arrow points from the left towards the 'Forgot my password' link.

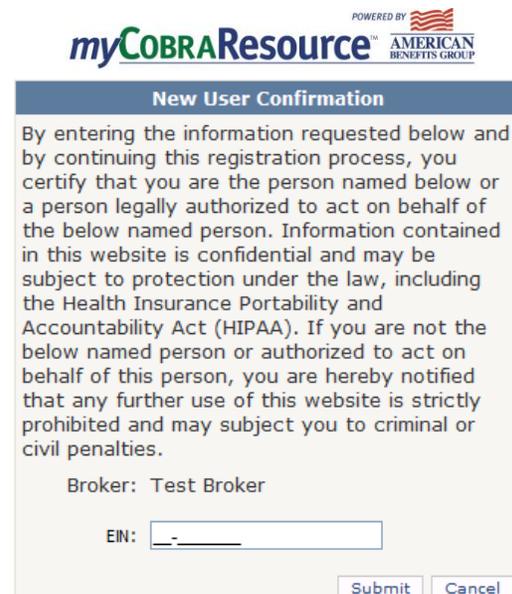
The Broker user will complete the following steps:

- Enter **Registration Code**



The image shows the 'New User Registration' form for myCOBRAResource. At the top, it says 'POWERED BY AMERICAN BENEFITS GROUP'. The form has a blue header with 'New User Registration' in white. Below the header, there is a 'Registration code:' label and an input field. At the bottom right, there are 'Submit' and 'Cancel' buttons.

- Enter **EIN or Tax ID Number**



The image shows the 'New User Confirmation' form for myCOBRAResource. At the top, it says 'POWERED BY AMERICAN BENEFITS GROUP'. The form has a blue header with 'New User Confirmation' in white. Below the header, there is a paragraph of text: 'By entering the information requested below and by continuing this registration process, you certify that you are the person named below or a person legally authorized to act on behalf of the below named person. Information contained in this website is confidential and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the below named person or authorized to act on behalf of this person, you are hereby notified that any further use of this website is strictly prohibited and may subject you to criminal or civil penalties.' Below the text, there is a 'Broker: Test Broker' label and an 'EIN:' label with an input field. At the bottom right, there are 'Submit' and 'Cancel' buttons.

- Accept the User Agreement

New User License Agreement

COBRApOint USER AGREEMENT

PLEASE READ THIS AGREEMENT CAREFULLY. IT GOVERNS YOUR ACCESS TO AND USE OF THE COBRApOint Website and the services and materials provided on the COBRApOint Website (collectively "COBRApOint").

BY SELECTING "I ACCEPT" OR BY ACCESSING COBRApOint, YOU AGREE TO THE TERMS, CONDITIONS AND LIMITATIONS OF THIS AGREEMENT. IF YOU DO NOT AGREE TO BE BOUND BY ALL OF THE TERMS, CONDITIONS AND LIMITATIONS OF THIS AGREEMENT, YOU MUST PROMPTLY CEASE ALL USE OF COBRApOint.

1. About COBRApOint.

COBRApOint is a web portal that facilitates your access to and monitoring of Consolidated Omnibus Budget Reconciliation laws ("COBRA") administration and benefits information. COBRApOint is comprised of four web sites intended for four user types- COBRA compliance administrators, insurance brokers, employers, and COBRA and other continuation of benefits participants - (collectively the "Website.") You are only authorized to access and use the website applicable to your user type.

COBRApOint is provided for your information and convenience only. COBRApOint is provided "as is." We are not a third-party administrator pursuant to this agreement and accept no liability with respect to the provision of COBRA administration or benefits.

Please select the checkbox to indicate your acceptance of this agreement.

Submit

- Choose & Enter User Name and Password

Note: The user name is required to be unique.

POWERED BY  myCOBRAResource™ AMERICAN BENEFITS GROUP

Portal User Name and Password

Please choose a User Name and password to access the site.

NOTE: Your password must be at least 8 characters long, and must contain at least 1 number and 1 special character.

User name:

New password:

Confirm:

Submit Cancel

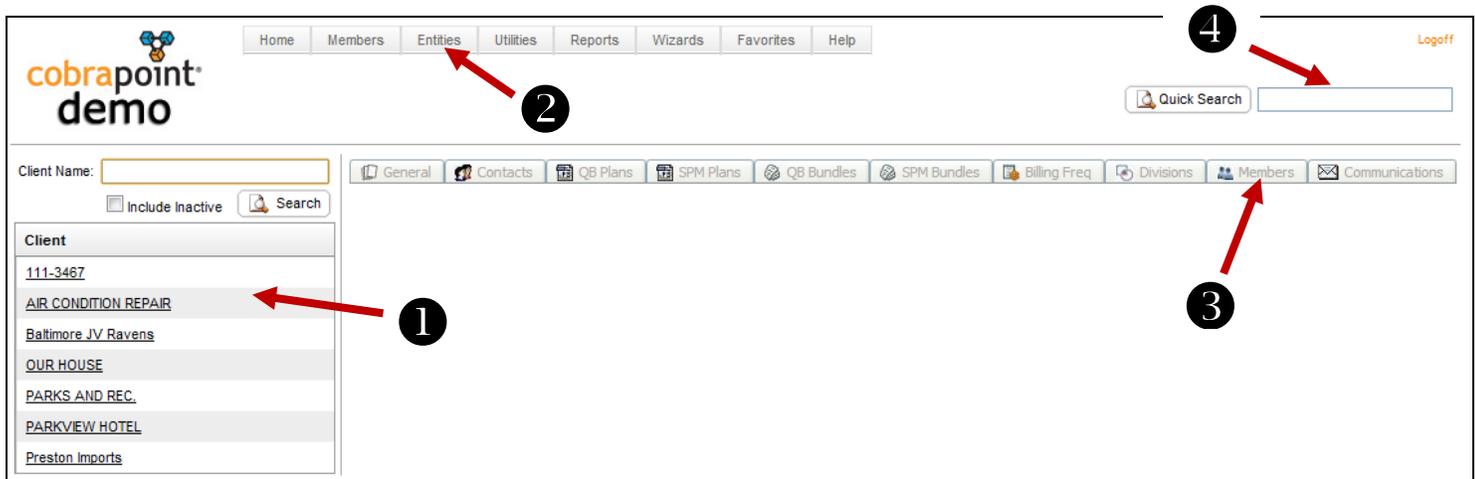
FORGOT PASSWORD

The **Forgot my password** functionality will be displayed on the login screen of the client portal. The user will be prompted to reenter their original registration number and EIN. If the user does not have their unique registration number, please contact your COBRA administrator for this information.

Once the user properly enters their registration number and EIN, you will be reminded of the user name and prompted to enter a new password.

THE BROKER PORTAL

1. Upon entry into the Broker Portal, associated clients will be displayed on the left side.
2. Clients and Client Divisions can be accessed through the **Entities** tab.
3. All member types can be accessed through the **Members** tab.
4. The Quick Search function will allow a Google like search of the entire Broker Portal.



BROKER PORTAL FUNCTIONALITY

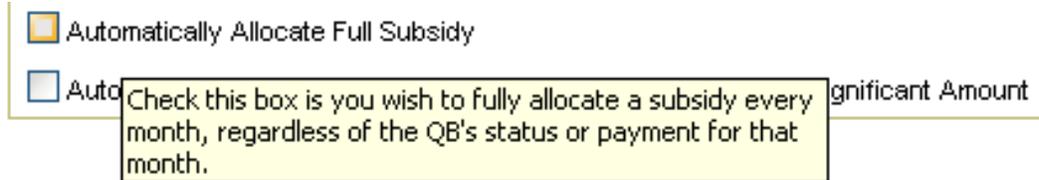
Broker user will have the ability to perform the following through the Broker Portal

- View Clients and Client Divisions
Including Contacts, Plans & Rates
- Enter NPMs, QBs and SPMs (if offering special billing)
Enter transactions for New Plan Members, Qualified Beneficiaries & Special Plan Members
- Edit NPMs, QBs and SPMs until the notice has been generated
Update New Plan Members, Qualified Beneficiaries & Special Plan Members
- View NPMs, QBs and SPMs after the notice has been generated
Look up New Plan Members, Qualified Beneficiaries & Special Plan Member records to verify dates, letters, dependents, plans, premiums due & paid
- Access to Import member files
Import New Plan Members, Qualified Beneficiaries & Special Plan Member files
- Access to Standard Reports
Run your own reports in different formats whenever you want

GENERAL INFORMATION

TOOL TIPS

By hovering over any field in COBRApoint, a tool tip will appear explaining the usage of this field.



SEARCH FUNCTION

The Global Quick Search box is located in the upper right hand corner of the main COBRApoint application. At any time a user may enter a partial word, one word, or multiple word search string and a "Google-like" return will result.



The Search tab on the main COBRApoint menu interface will take the user to an advanced search entry screen where more complex searches may be performed than through the Global Quick Search.

The following fields can be search for:

- QB Name
- Dependent Name
- NPM Name
- Email
- Social Security Number
- Date of Birth

SORT FUNCTION

Lists or Grids displayed in COBRApoint can be sorted by clicking on the heading of the grid.

Example: Clicking on Description will sort the list alphabetically. Clicking on the Date/Time Heading will sort it accordingly.

REQUIRED INFORMATION

COBRApoint requires certain data fields for accurate processing of COBRA. The system will not allow saving of an action without all of the required information. These fields are highlighted in red for ease of use.

A screenshot of the "Primary Address:" form. The fields "Address:", "City:", "St:", and "Zip:" are highlighted with red borders, indicating they are required. The "Address2:" and "Country:" fields have blue borders. The form is enclosed in a yellow border.

WIZARDS

COBRApont provides a number of wizards to assist users and ease the entry of commonly manually entered information. These wizards may be quickly accessed through the tab in the application, or within the appropriate section of COBRApont. (i.e. clicking on the “Add a new QB” link within the Members tab will open the appropriate wizard)

Reports	Wizards	Favorites	Help
Add a new QB Wizard			
Add a new NPM Wizard			

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts

Client Name: **ABC Test Company** Division: **ABC Test Company** ▼

Salutation: Choose... ▼ First Name: MI: Last Name:

Identification Information:
SSN: Individual Identifier:

Contact Information:
Email:
Phone: () - Phone 2: () -

Primary Address:
Address:
Address2:
City: St: Zip:
Country:

Demographics:
Gender: Male Female
DOB:
Tobacco Use: **Unknown** ▼

Employee Information:
Employee Type: **Unknown** ▼
Payroll Type: **Unknown** ▼
Years of Service:

Wizards will lead the user through a number of screens necessary to enter a record into COBRApoint. Users navigate through the wizard by using the **Next** and **Previous** buttons at the bottom of the screen.



When all necessary information is entered, users may save the record by clicking **Finish**. COBRApoint will not allow saving of the record without all necessary information completed.



The **Cancel** button allows users to exit the wizard without saving any previously entered information.



FAVORITES

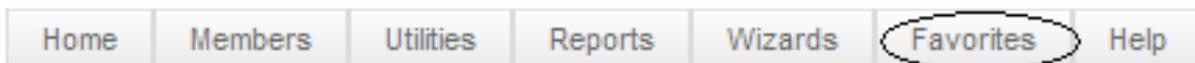
COBRApoint allows users to pick their **Favorite** records, which could be records that are accessed on a regular basis.

Favorites are based on a login, not at the database level. To add records to the Favorites list, complete the following steps:

- Access the record (QB, NPM or Client)
- Click on “Add to Favorites” Button



To access the Favorite List click on the **Favorites** Tab at the top of the screen.



This screen will display the following information:

- Favorite QBs
- Favorite NPMs
- Favorite SPMs
- Favorite Clients

COBRAPPOINT DAILY EVENTS

COBRApoint automatically processes all letters, carrier notifications, terminations, reinstatements and other necessary updates in the “Overnight Processing” which takes place after 8:00pm CST.

If you discover you have made a mistake on a transaction and it’s still within the same day the transaction was done and before 8:00 pm, CST, you may either correct it or delete it.

ACCESSING & REPRINTING GENERATED LETTERS

Letters are produced and mailed the next business day. COBRApoint stores all letters within the record to which address it was sent. These PDF files may be retrieved at any time by accessing the QBs Communication Tab and clicking on the link of the appropriate letter.

Date/Time ▼	Type	Description	Page Count
09/19/2007 12:15PM	Letter	Enrollment Confirmation Notice	2
09/19/2007 12:14PM	Letter	45 Day Notice With No Payment	1
09/19/2007 12:11PM	Letter	COBRA Specific Rights Notice Letter	10

Re-printing a letter will NOT reset any timeframes associated with the letter.

RUNNING REPORTS

From the Home menu, select Reports | Standard Reports

Reports can be run in the following formats:

- PDF – Adobe Reader Format
- CSV – Comma Separated Values Test File
- MDB – Microsoft Access Database File
- XML – XML File Format

All reports except the QB Summary Report are run real time. Due to the amount of information on the QB Summary Report it is run overnight and available the following morning.

STANDARD REPORTS

- **Carrier Notifications (Pending)**

A real-time report detailing items in the overnight processing queue which may be reported to the appropriate carrier contact

- **Carrier Notifications (Processed)**

A real-time report detailing items processed in the overnight processing which are to be reported to the carrier

- **Client by Postal Code**

A real-time report of clients and postal code, includes address, EIN, Division(s) & billing Start Date

- **Client List**

A real-time report of clients, including division(s), EIN and Billing Start Date.

- **Member By Postal Code**

A real-time of member type and postal code, includes members full name, address, SSN, QE date and status

- **Member Status**

Produces a current date/time report of all member insurance types with a pending or enrolled status and a report of all member insurance types with a status of terminated which had their status change to terminated during a user provided data range

- **New Plan Member (NPM)**

Produces a list of all NPM's that have a General Rights letter generated within the start and end dates requested

- **Paid Through**

A real-time report that shows the paid through date of all currently enrolled members

- **Plan Rate Renewal**

A real-time report that shows plans that renew in the next 30, 60, 90 days or have renewed within the past 30, 60, 90 days

- **QB Plan Members**

A real-time report that shows all members, QE information and account status

- **QB Summary Report**

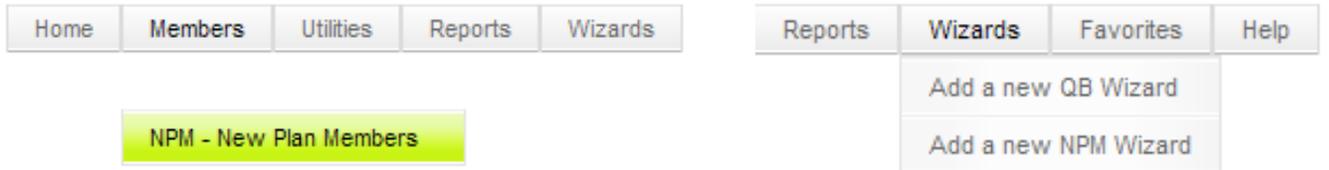
A report that shows QBs insurance by Type Status (Due to the amount of information, this report is an **overnight process**)

- **SPM Summary Report**

A report that shows QBs insurance by Type Status (Due to the amount of information, this report is an overnight process)

ADDING A NEW PLAN MEMBER (NPM)

Click on the “Add a new NPM” link to launch the Wizard or access the “Add a new NPM Wizard” through the Wizards Tab or through the Members Tab.



Entering the NPM will generate the Initial Notice of Rights under COBRA and HIPAA (General Rights) based upon the information entered.

The option of “Send General Right letter when finished” will always default and be checked. If choosing not to send the General Rights letter and sending a HIPAA Certificate, uncheck this box.

The screenshot shows the 'Add a new NPM Wizard' form. The form is divided into several sections: Client Name, Salutation, Identification Information, Contact Information, Mailing Address, and Other Data. The 'Send General Rights letter when finished' checkbox is checked.

1. General | **2. HIPAA Cert Data**

Client Name: **Letter Test Inc.** Division: **Letter Test Inc.**

Salutation: **Choose...** First Name: MI: Last Name:

Identification Information:
SSN: **- - -**
Individual Identifier:

Contact Information:
Email:
Phone: **() - - -** Phone 2: **() - - -**

Mailing Address:
Address:
Address2:
City: St: Zip:
Country:
 Use '& Family' addressing for mailings

Other Data:
Gender: Male Female
 Has become a QB
 Has waived all coverage
 Send General Rights letter when finished.

Navigation:

If the NPM has “Waived All Coverage” upon eligibility, checking this box will generate the Special Enrollment Rights under HIPAA letter. This letter is the last page of the General Rights letter, the Send General Rights letter box should always remain checked if the NPM has waived.

Other Data:

Gender: Male Female

Has become a QB

Has waived all coverage

Send General Rights letter when finished.

In the Mailing Address fields, if the NPM has elected family coverage with their election, the check box of “Use ‘& Family’ addressing for mailings” should remain checked. If the NPM elected single coverage, uncheck the box. This will determine how the letter is addressed.

Mailing Address:

Address:

Address2:

City: St: Zip:

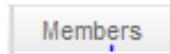
Country:

Use '& Family' addressing for mailings

Once the required fields and sections are completed, choose Finish at the bottom of the screen.

ADDING A NEW QB (QUALIFIED BENEFICIARY)

Select "QB-Qualified Beneficiaries" from the Members tab



Select "QB" & Click on the "Add a new QB" link or access the "Add a new QB Wizard" through the Wizards tab.



QB SPM NPM

Last Name:

First Name:

SSN:

Individual ID:

Member ID:

Include Inactive

 Search

 Add a new QB

 Refresh

GENERAL TAB

Fill out the **General** tab information remembering all fields highlighted in red are required fields.

NOTE: There can be multiple entries of the same QB with the same SSN. COBRAPoint has the following uniqueness constraints on QBs.

- There cannot be multiple entries of the same SSN in combination with the same Qualifying Event Date (QE Date) under the same Client.

1. General		2. Event	3. Plans	4. Dependents	5. Subsidies	6. Letter Inserts
Client Name: Letter Test Inc.		Division: Letter Test Inc.				
Salutation: Choose...	First Name:	MI:	Last Name:			
Identification Information:			Contact Information:			
SSN: _____			Email: _____			
Individual Identifier: _____			Phone: (____) ____-____		Phone 2: (____) ____-____	
Primary Address:						
Address: _____						
Address2: _____						
City: _____		St: _____	Zip: _____			
Country: _____						
Demographics:			Employee Information:			
Gender: <input type="radio"/> Male <input type="radio"/> Female			Employee Type: Unknown			
DOB: _____			Payroll Type: Unknown			
Tobacco Use: Unknown			Years of Service: _____			
Previous Next Finish Cancel						

EVENT TAB

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. State Inserts 7. Notes

Qualifying Event Information:
Category: Employee Dependent
Event Type: Choose...
Event Date:

HIPAA Information:
Original Enrollment Date:

Legacy OB:
 Legacy OB

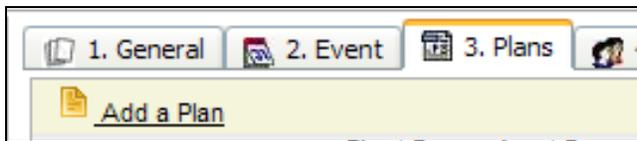
Previous Next Finish Cancel

TIP: The Event Type drop down populates with the appropriate reason, depending on the selected Category i.e. Employee or Dependent. If Employee is chosen the event types such as Termination or Retirement appear. When selecting Dependent, event types such as Divorce or Ineligible Dependent show in the drop down. Remember the QB is the person that is effected by the event; it could be one person or a whole family. If a whole family is effected by the event the QB is the Employee

PLANS TAB – Select *Add a Plan*

If the QB should have more than one plan, select the first plan, select the “coverage level” and click “Insert”. You may insert as many plans as applicable.

Only one plan per insurance type may be added. i.e. a QB cannot have 2 Dental Plans.

A screenshot of the 'Add a Plan' dialog box. The 'General' tab is selected. At the top, there are radio buttons for 'Plan' (selected) and 'Bundle'. Below this, there are two dropdown menus: 'Plan:' with 'Medical' selected and 'Coverage Level:' with 'QB Only' selected. There are two main sections: 'Insurance Type Information:' and 'First / Last Days of COBRA:'. The 'Insurance Type Information:' section has four rows of input fields: '# Months of Coverage:' (18), '# Days to Elect:' (60), '# Days to Make 1st Payment:' (45), and '# Days to Make Subsequent Payments:' (30). The 'First / Last Days of COBRA:' section has two rows: 'FDOC (First Day of COBRA):' (06/01/2008) and 'LDOC (Last Day of COBRA):' (11/30/2009). At the bottom left, there are 'Insert' and 'Cancel' buttons. At the bottom of the dialog, there are 'Previous', 'Next', 'Finish', and 'Cancel' buttons.

TIP: A QB can be saved without assigning a plan but no COBRA Specific Rights (SR) Notice will added in the letter queue. Once the user adds plans to the QB the SR Notice will generate.

DEPENDENTS TAB

Add all covered dependents under the **Dependents** tab.

The screenshot shows a software interface for adding dependents. The main tab is '4. Dependents', and the sub-tab 'Plans' is selected and circled in blue. The form includes the following fields and sections:

- Relationship:** Choose... (dropdown)
- Salutation:** Choose... (dropdown)
- First Name:** [Text Field]
- MI:** [Text Field]
- Last Name:** [Text Field]
- Identification Information:** SSN: [Text Field]
- Contact Information:** Email: [Text Field], Phone: () - - [Text Field], Phone 2: () - - [Text Field]
- Address:** Same As QB
- Demographics:** Gender: Male Female, DOB: [Text Field]
- HIPAA Information:** Enrollment Date: [Text Field]

At the bottom of the form, there are two buttons: 'Insert' (with a green checkmark icon) and 'Cancel' (with a red X icon). Below the form is a navigation bar with four buttons: 'Previous' (with a left arrow), 'Next' (with a right arrow), 'Finish' (with a green checkmark), and 'Cancel' (with a red X).

If a Dependent is entered for which an age/sex rated plan should be entered the date of birth and gender is required. Otherwise the age/sex rated plan will not be displayed as a selection option.

Before clicking Insert be sure to fill out the **Plans Tab** under the dependent as well – If plans are not added the COBRA Specific Rights (SR) Notice will print without listing the dependents causing the notice to be incorrect.

Only plans that have a coverage level higher than “QB Only” will be available when adding a dependent .

SUBSIDY TAB

Subsidy schedules are added under the **Subsidy** tab.

- Subsidy schedules can be entered for all plan types assigned to that QB.
- Multiple subsidy schedules can be added for different time frames.
- They may be entered as a percentage or a flat amount.

The screenshot shows a software interface with a tabbed menu at the top containing: 1. General, 2. Event, 3. Plans, 4. Dependents, 5. Subsidies (highlighted), and 6. Letter Inserts. Below the tabs is a dialog box titled "Subsidy Schedule".

Inside the dialog box, the following fields are visible:

- Subsidy Schedule Start: 06/01/2008
- Subsidy Schedule End: 06/30/2008
- Subsidy Schedule Amount Type: Percentage (dropdown menu)
- Amount: 100.00 %
- Insurance Type: Medical (dropdown menu)

At the bottom of the dialog box are two buttons: "Ok" (with a green checkmark icon) and "Cancel" (with a red X icon).

At the bottom of the entire window are four navigation buttons: "Previous" (with a left arrow icon), "Next" (with a right arrow icon), "Finish" (with a green checkmark icon), and "Cancel" (with a red X icon).

LETTER INSERTS TAB

State letters that are available to add to SR notice.

Letter Inserts	
<input type="checkbox"/>	California Specific Rights Letter Insert
<input type="checkbox"/>	Connecticut Specific Rights Letter Insert
<input type="checkbox"/>	Illinois State Continuation
<input type="checkbox"/>	Minnesota COBRA Subsidy Specific Rights Insert
<input type="checkbox"/>	Minnesota Continuation Specific Rights Insert
<input type="checkbox"/>	Minnesota Life Specific Rights Letter Insert
<input type="checkbox"/>	New York State Continuation
<input type="checkbox"/>	Oregon Specific Rights Letter Insert
<input type="checkbox"/>	Texas Specific Rights Letter Insert
<input type="checkbox"/>	VEBA Specific Rights Letter Insert

Special California Continuation Information

NOTICE TO TERMINATING EMPLOYEES

The California Department of Health Services will pay the private health insurance premiums for certain persons who are losing employment and have a high cost medical condition. In order to qualify for the Health Insurance Premium Payment (HIPP) program, you must meet ALL of the following conditions:

1. You must currently be on MediCal.
2. Your MediCal share of cost must be \$200 OR LESS.
3. You must have an expensive medical condition. The average monthly cost of your health care must be at least twice as much as the monthly insurance premiums. If you have a MediCal share-of-cost, that amount will be subtracted from your monthly health care costs to determine if paying the premiums is cost effective.
4. You must have a current health insurance policy, COBRA continuation policy, or a COBRA conversion policy in effect or available at the time of application.
5. Your health insurance policy MUST NOT exclude your high cost medical condition.
6. Your application must be made in time for the State to process and start payment.
7. Your health insurance policy MUST NOT be issued through the California Major Risk Medical Insurance Board.
8. You MUST NOT be enrolled in a MediCal related prepaid health plan, the San Mateo County Health Plan, the Santa Barbara County Health Initiative, the Solano Partnership Health Plan, or a County Medical Services Program (CMSP)
9. Your health insurance policy MUST NOT be provided by an absent parent.

FOR PERSONS DISABLED BY HIV/AIDS

Under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, persons unable to work because of disability due to HIV/AIDS and who are losing their private health insurance may qualify for the Health Insurance Continuation Program (CARE/HIPP) for up to 12 months provided they:

1. Have applied for Social Security Disability Insurance (SSI), State Disability Insurance (SDI), or other disability programs;
2. Are currently covered by a health insurance plan, which includes outpatient prescription drug coverage and HIV treatment services (individual, family, or group plans);
3. Are not currently on the AIDS Drug Assistance Program (ADAP);
4. Have a total monthly income below 250 percent of the current federal poverty level and;
5. Will be eligible for the MediCal HIPP Program within 12 months.

For additional information on CARE/HIPP, please call:

Northern California AIDS Hotline or Southern California AIDS Hotline
1-800-367-2437 (English/Spanish) 1-800-922-2437 (English)
1-800-922-2438 (Multi Language)

Special Connecticut Extension

Dear XXXX,

If you were eligible for Social Security benefits at the time of your qualifying event, you may be eligible for an extension of your health insurance until you become eligible for Medicare. Please complete the form below if you were eligible for Social Security benefits at the time of your qualifying event.

Return this completed form to:
American Benefits Group
PO Box 1209
Northampton, MA 01061

Note: Completion of this form is a legal acknowledgement that you were eligible for Social Security benefits at the time of your qualifying event. You may be required at a future date to supply documentation of your eligibility for Social Security.

By signing below, I certify that, as of my COBRA qualifying event date, I am or was eligible to receive Social Security benefits.

Social Security Eligibility Date _____

Signature _____ **Date** _____

Special Notice: Minnesota Continuation of Life Insurance Coverage

Under Minnesota Law, if you were an employee covered under your employer's group life insurance policy, you have the right to continue life insurance coverage for you and your dependents if you are no longer eligible for coverage under the group life insurance policy because your employment terminates or you experience a reduction in hours. This may not apply in cases where termination of employment was due to gross misconduct.

The law authorizes you to maintain your group life insurance benefits, in an amount equal to the amount of insurance in effect on the date you were terminated or experienced the reduction in hours, until you obtain coverage under another group policy, or for a period of eighteen (18) months, whichever is shorter. To do so, you must complete and return the enclosed enrollment form to the address listed in this letter within 60 days of the later of the date your coverage would end, or the date of this notice.

The total premiums due are shown on the enclosed Enrollment Form. You should pay the total premium due at the time you send in the Enrollment Form, in order to complete your enrollment; however, you are allowed to delay the premium payment for up to forty-five days after you have dated and submitted your Enrollment Form.

Future premiums are due each month thereafter, and should be mailed on or before the due date. Failure to pay premiums by the due date will result in the termination of your life insurance continuation.

Minnesota Continuation Requirements

Minnesota has adopted requirements that employees and their covered spouse and/or dependent child(ren) be provided continued coverage under certain employer sponsored group health plans. The Minnesota provisions are similar to the Federal "COBRA" requirements listed below but they are not the same. They apply to group insurance policies, subscriber contracts and to health maintenance organizations (HMO) coverages in Minnesota. However, the Minnesota continuation requirements do not apply to self-insured group health plans, including medical expense plans (unless sponsored by Minnesota state/local governmental employer). In addition, the Minnesota requirements do not have a twenty employee threshold.

The areas in which Minnesota law differs from COBRA include the following:

1. When the qualifying event is the death of a covered employee the Minnesota Continuation law allows a covered spouse and/or dependent child(ren) to continue medical coverage until coverage is obtained under another group health plan or until coverage would otherwise end under the plan.
2. When the qualifying event is the covered employee's divorce or legal separation and you notify your employer in a timely fashion, the Minnesota Continuation law allows a covered spouse and/or dependent child(ren) to continue medical coverage until coverage is obtained under another group health plan, Medicare or until coverage would otherwise end under the plan.
3. If you (the covered employee) become totally disabled while still employed and your employment ends because of your disability, Minnesota law prohibits your employer from discontinuing participation in group medical coverage for you and all of your covered family members for the entire period of time for which you (the covered employee) is totally disabled.
4. If you (the covered employee) become enrolled in Medicare, your covered spouse and dependent children may elect to continue medical coverage until coverage would otherwise end under the plan, until coverage is obtained under another group health plan or Medicare, or the date which is 36 months after continuation was elected.

In each of the above situations, state continuation coverage is more generous than Federal "COBRA" coverage. For additional information about your rights and obligations under the Plan and under Minnesota law, you should review the benefit documents for the group health benefit programs or contact your plan administrator (usually your former employer). For additional information on Minnesota Continuation laws please refer to the Minnesota Department of Health's website at www.health.state.mn.us, click on "Health Care and Coverage (insurance)" and then click on "How to continue your health care coverage (COBRA)".

Special Oregon Continuation Information

There is a specific Oregon Statute (applicable to only employers with 20 or more employees) that allows a spouse who is age 55 to 65 at the time of the qualifying event to remain on continuation until covered by another group health plan or until age 65 or eligible for Medicare, whichever happens first. Covered dependent children of the spouse may remain on the plan with the spouse as long as they are otherwise eligible under the terms of the plan.

If you feel you might be eligible for this extension under Oregon state law, please contact us at (800) 499-3539 during business hours. We will assist in providing you information on your rights and responsibilities under this specific state insurance regulation.

Notice for Texas Residents

If you meet certain criteria, Texas law requires your group health plan to allow you to continue coverage for six months. The six-month "continuation period" begins after any federal COBRA extension period ends.

To be eligible, you must have been continuously covered under your former employer's group health plan for at least three months immediately prior to your termination. If you meet these criteria, please contact our customer service department at (800) 499-3539 during business hours to obtain more information.

Finally, Texas law requires your plan to communicate information on the Texas Health Insurance Risk Pool (Health Pool). This pool is available to Texas residents who can't secure medical insurance due to their pre-existing medical conditions. To learn more, please contact the Health Pool at:

1-888-398-3927

TDD: 1-800-735-2989

URL: <http://www.txhealthpool.com>

Continuation Coverage for the VEBA Health Savings Plan

Continuation coverage is available under the VEBA Health Savings Plan in one of two forms: (1) continuation under federal law (a/k/a COBRA), or (2) continuation coverage in lieu of COBRA.

(1) COBRA continuation. Continuation coverage under the VEBA Health Savings Plan is generally available on the same terms and conditions as described in this letter, but there are several differences. Each qualified beneficiary (i.e., the participant and the participant's spouse and eligible dependents) is entitled to COBRA continuation coverage for a period of 18 months.

The level of coverage will be the participant's account balance at the time of the qualifying event (adjusted for investment earnings and losses), plus employer contributions (provided the employer makes contributions on behalf of similarly situated participants who have not experienced a qualifying event), minus reimbursements paid from the account. Contributions shall be made at the same times as they are made for similarly situated participants who have not experienced a qualifying event. The balance of the participant's account is available to all qualified beneficiaries electing continuation coverage on an aggregate basis.

If contributions will be made during the COBRA continuation coverage, the qualified beneficiaries must pay a premium for the coverage. That premium is indicated in the enclosed COBRA Continuation Coverage Election Form.

If you wish to continue coverage for your VEBA Health Savings Plan under COBRA, as described above, check the "Accept" box on the COBRA Continuation Coverage Election Form.

(2) Coverage in lieu. As an alternative to COBRA continuation coverage, qualified beneficiaries may choose to continue to access the participant's account via "coverage in lieu of COBRA". No additional contributions are made to the participant's account during the coverage in lieu and no premium is charged for the coverage. (Note, however, that the Plan may require you to pay administrative fees during your access.) The balance of the participant's account is available to all qualified beneficiaries selecting coverage in lieu of COBRA on an aggregate basis. Furthermore, if some qualified beneficiaries elect COBRA and others select coverage in lieu, all qualified beneficiaries will have access to the participant's account on an aggregate basis.

For the participant, coverage in lieu of COBRA shall be provided until the earlier of: (1) the date account balance reaches zero, or (2) the date of the participant's death. For a spouse of the participant, such coverage shall be provided until the earlier of: (1) the date account balance reaches zero, (2) the date of the participant's death, or (3) the date of the entry of a valid divorce decree. For a dependent of the participant, such coverage shall be provided until the earlier of: (1) the date account balance reaches zero, (2) the date of the participant's death, or (3) the date the dependent ceases to be a dependent under the terms of the Plan.

If you wish to select Coverage in lieu of COBRA, check the "Waive" box on the enclosed COBRA Continuation Coverage Election Form and write "Coverage in Lieu" on the form.

Minnesota COBRA Premium Subsidy

You may also qualify for the Minnesota COBRA Premium Subsidy. This subsidy pays 35% of the COBRA premium for eligible individuals. To qualify, you must:

- Sign up for COBRA health care coverage
- Be eligible for the federal COBRA subsidy
- Meet the income and asset limits for a Minnesota health care program. In general,

your household income and assets must be at or below these amounts:

Adults without children		
Household size	Gross income limit	Asset limit*
1	\$2,257 / month	\$10,000
2	\$3,037 / month	\$20,000

Adults with children and pregnant women**		
Household size	Gross income limit***	Asset limit*
2	\$3,340 / month	\$20,000
3	\$4,198 / month	\$20,000
More than 3	Add \$858 for each additional person	20,000

* Some assets such as a homestead, household goods, and retirement funds are not counted towards the limit.

** Pregnant women count as two.

*** Parents with income over \$50,000 per year may not be eligible.

If you qualify for the state subsidy, the state will pay it directly to the employer or plan administrator. For more information on the Minnesota subsidy or to get an application:

- Go to www.dhs.state.mn.us/healthcare/COBRA or
- Call the Minnesota Department of Human Services at (651) 431-3480 or toll-free at (888) 702-9968.

IMPORTANT

Applying for the Minnesota subsidy does not affect your rights and responsibilities under federal COBRA law and state continuing coverage law (Minnesota Statute, § 62A.17). If you want COBRA coverage, you must sign up for it within the time period stated on the COBRA notice from your former employer.

While your application for the Minnesota subsidy is being reviewed, you must pay any COBRA premiums that are due. If you do not pay the premium, you will lose your eligibility for COBRA coverage. The state cannot reimburse you for premiums that you may have to pay before becoming eligible for the state subsidy.

New York State Continuation

Under a law in the state of New York passed July 29, 2009, employees and their dependents who are eligible for federal COBRA coverage in fully insured medical plans which are issued in New York State may now have their medical coverage continued for up to 36 months. Specifically, the law (Chapter 236 of the Laws of 2009) applies to fully insured medical insurance policies or contracts which are issued, renewed, modified, altered, or amended on or after July 1, 2009. In most cases, this means the law applies to the medical insurance policies of employees and dependents whose employer is headquartered in New York State and goes into effect on the policy's annual renewal date.

Prior to this state law, the period of continuation depended on the reason for the loss of coverage. If the reason for the loss of coverage was the employee's termination of employment or a reduction in hours, the employee and any eligible dependents would be allowed to continue under the employer's group health plan for up to 18 months. Under this law, these employees will be eligible for the same 18 months of continuation under COBRA and an additional 18 months of continuation of their medical coverage only under NY state law for a total of 36 months continuation for their medical coverage.

For additional information regarding New York State continuation and your eligibility, please visit http://www.ins.state.ny.us/cobra/cobra_ext_36.htm or contact your insurance carrier.

Illinois State Continuation Coverage

You may be eligible to continue coverage under Illinois state continuation of coverage laws beyond what is allowed under federal COBRA laws.

If you are losing fully insured group coverage due to the termination of employment or reduction of hours, you may be eligible to continue that coverage for up to 12 months. To be eligible, you must have been covered under the group plan for at least three months prior to the termination of your employment.

If you are under the age of 55 and losing fully insured group coverage because of divorce or death of a spouse, you and your eligible dependents may be able to continue that coverage for up to 24 months. To be eligible, you must be covered under a fully insured group plan on the day before the divorce from or the death of the employee.

If you are 55 years or older and losing fully insured group coverage because of divorce, death, or retirement of your spouse, you and your eligible dependents may be eligible to continue your coverage until you are eligible for Medicare. To be eligible, you must be covered under a fully insured group plan on the day before the divorce from or the death or retirement of the employee.

If you are losing fully insured group coverage because you are aging off a plan, you may be eligible to continue your coverage for up to 24 months.