

COBRA Initial Notification

As a full-time employee of Constellation Schools, you are eligible to participate in all employee benefit plans. Whether or not you participate in the health and dental insurance plans, we are obliged to notify you of your rights as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

This explanation serves as notification to you and your eligible family members and is intended to summarize your rights and obligations under the benefits continuation provision of COBRA. Please take the time to read this notice carefully and keep it with other important papers, as you may need to refer to it in the future.

TO QUALIFY FOR COBRA COVERAGE

EMPLOYEES: As an employee of *Constellation Schools* covered by the Group Health Plan, you have the right to elect this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

RETIREES: As a retiree, spouse of a retiree, or dependent child of a retiree, of *Constellation Schools*, covered by the Group Health Plan, you have the right to elect this continuation coverage if you lose your group health coverage because *Constellation Schools* declares Chapter 11 bankruptcy and you lose your group health care coverage within one year before or after the bankruptcy proceedings.

SPOUSES: As the spouse of an employee covered by *Constellation Schools*, you have the right to choose continuation coverage for yourself if you lose group health coverage under *Constellation Schools* for any of the following reasons:

- The death of your spouse who was an employee of *Constellation Schools*
- A termination of your spouse's employment (for reasons other than gross misconduct)
- A reduction in your spouse's hours of employment
- Divorce or legal separation from your spouse
- Your spouse becomes entitled to Medicare

DEPENDENT CHILDREN: In the case of a dependent child of an employee covered by the Group Health Plan, he or she has the right to continuation coverage if group health coverage under the Group Health Plan is lost for any of the following reasons:

- The death of a parent who was an employee of *Constellation Schools*

- A termination of a parent's employment (for reasons other than gross misconduct)
- A reduction in a parent's hours of employment with *Constellation Schools*
- A parent who was an employee of *Constellation Schools* becomes entitled to Medicare
- The dependent ceases to be a "dependent child" under the Group Health Plan

YOUR NOTICE OBLIGATIONS

Under the law, the employee or a family member has 60 days from (1) the date of the event or (2) the date on which coverage would be lost, whichever is later, to inform the office of the *Constellation Schools*, of the employee's divorce or legal separation, or of the employee's child losing dependent status under the Group Health Plan. Failure to give notice within the time limits can result in COBRA coverage being forfeited.

TO ELECT COVERAGE

When the office of the Group Health Plan Administrator is notified that one of these events has happened, a formal COBRA continuation offering will be sent to the employee, spouse and eligible dependents. The employee and spouse have independent election rights. The employee, spouse and dependents have 60 days from either (1) the date coverage is lost under the *Constellation Schools* sponsored Group Health Plan or (2) the date of the notice, whichever is later, to respond informing the Plan Administrator that they want to elect continuation coverage. There is no extension of time for this election period.

If an employee, spouse or dependent does not elect continuation coverage within this election period, then rights to continue group health insurance will end.

If an employee, spouse or dependent chooses continuation coverage and pays the applicable premium, *Constellation Schools* is required to provide coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated active employees or family members. If *Constellation Schools* changes or ends group health coverage for similarly situated active employees, your coverage will also change or end.

DURATION OF COBRA COVERAGE

Termination or Reduction in Hours. If group health coverage was lost because of a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, the continuation coverage period is 18 months from the date of the qualifying event, if elected.

Employees, Spouses or Dependents with Disabilities. The 18 months of continuation coverage can be extended to 29 months if the Social Security Administration determines that the employee, spouse or dependent child was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act. Disabilities that occur

after the qualifying event do not meet the criteria for the extended COBRA coverage period.

The employee, spouse or dependent must obtain the disability determination from the Social Security Administration and notify the office of the Plan Administrator of the result within 60 days of the date of disability determination and before the close of the initial 18 month period. The employee, spouse or dependent has 30 days to notify the office of the Plan Administrator from the date of a final determination that he or she is no longer disabled.

Multiple Events. The 18-month continuation period can also be extended, if during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependent child ceasing to be a dependent). The 18 months of continuation coverage will be extended to 36 months from the date of the original qualifying event. Upon the occurrence of a second event, it is the employee's, spouse's, or dependent's responsibility to notify the office of the Plan Administrator within 60 days of the event and within the original 18-month COBRA period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

Other Qualifying Events. If group health coverage was lost because of the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be a dependent child under the *Constellation Schools* sponsored Group Health Plan, then the continuation coverage period is 36 months from the date of the qualifying event, if elected.

COBRA CANCELLATION

The law provides that continuation coverage may be cut short for any of the following reasons:

- *Constellation Schools* no longer provides group health coverage to any of its employees
- The premium for continuation coverage is not paid in a timely manner
- The employee, spouse or dependent becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing conditions
- The employee or spouse becomes entitled to Medicare
- The employee, spouse or dependent extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled.
- The employee, spouse or dependent notifies the office of the Plan Administrator that they wish to cancel continuation coverage.

PREMIUMS

An employee, spouse or dependent does not have to show that they are insurable in order to choose continuation coverage. But an employee, spouse or dependent must

have been actually covered by the group health plan the day before the qualifying event in order to elect COBRA coverage.

An employee, spouse or dependent may have to pay all of the applicable premium, which generally can no exceed 102% of the plan costs for a 12-month period. An exception exists for coverage of employees with disabilities during the extension from the 19th month to the 29th month. During that time 150% of the plan cost may be charged. The group health plan may increase the cost that must be paid for COBRA coverage if the applicable premium increases.

There is a 30-day grace period following the date regularly scheduled monthly premiums are due. Only in the case of mental incapacity is any further extension permitted, since the group health plan does not permit extensions.

CONVERSION PRIVILEGES

At the end of the continuation coverage period, the employee, spouse or dependent must be allowed the option to enroll in an individual conversion health plan provided under the Group Health Plan if such conversion plan is available.

FURTHER INFORMATION

If you have any questions about the law or your obligations, *please contact:*

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