

ARCHDIOCESAN CONTINUATION OF COVERAGE PROVISION 7/1/2023 – 6/30/2024

You may continue the UnitedHealthcare *medical, prescription, Delta dental, and vision* benefits that are in force for you and/or your dependents upon the occurrence of certain events that would normally result in termination of coverage under the Plan. If you have any questions, please contact the Office of Human Resources at benefits@archstl.org.

Continuation of Coverage Provisions

Any individual who has been covered under this Plan for *3 months or longer* may elect to continue coverage. Anyone who is covered under another group health care plan at the time he or she becomes eligible for our Continuation of Coverage Plan or even is eligible for Medicare cannot participate in this Continuation of Coverage Plan. Anyone who is covered under a signed separation/severance agreement can participate in the Continuation of Coverage plan for the limited time of the agreement. You may continue medical, prescription, dental, and vision coverage under the Plan for yourself and your covered dependents for up to 18 months if your coverage terminates for any of the following reasons:

- If your employment terminates for any reason other than your gross misconduct; or
- If your working hours are reduced and you are no longer considered eligible for coverage under the Plan.

Continuation coverage may extend from 18 months to 29 months for a participant and/or dependent who is disabled (as defined by the Social Security Administration) at the time of termination or reduction of hours, provided that such participant and/or dependent has given notice of the disability within 60 days of the Social Security determination and requested the extended continuation period before the end of the first 18 months. Your dependents' coverage may be continued for up to 36 months if their coverage terminates for any of the following reasons:

- If you should die; or
- If you become divorced or legally separated from your spouse; or
- If your dependent child no longer meets the definition of an eligible dependent child under the Plan.
- If employees terminate after Medicare entitlement, the spouse/dependents are entitled to Continuation of Coverage for the longer of:
 - 18 months from the date of the qualifying event (employee resignation/termination)
 - 36 months from the date the employee became entitled to Medicare.

However, if the employee terminates employment just one month before Medicare entitlement, the spouse and dependents are entitled to Continuation of Coverage for up to 18 months.

Qualifying Events for Mid-Year Changes

A qualified Continuation of Coverage participant receives the same benefits and choices such as the right to make changes during the open enrollment period or other qualifying events within 31 days of the event. Submission of the required paperwork to the Archdiocese of St. Louis Office of Human Resources at Benefits@archstl.org would be necessary for Archdiocesan approval.

Revised 9/2023

When Continued Coverage Ends

The continued coverage will end for any person when:

- The cost of continued coverage is not paid on or before the date it is due; or
- That person becomes entitled to Medicare due to their age or their Social Security Medicare disability approved benefit; or
- The Plan terminates for *all* employees; or
- That person has been in the continued coverage plan for applicable maximum time frame.
- **That person submits a cancellation form. Coverage will terminate at the end of the month.**
- **Premiums are not pro-rated. Coverage is eligible in full month increments.**

Notice of Responsibilities

Within 60 days of termination or the qualifying event, it is your responsibility to submit the required enrollment form and banking information to WEX Health, if you intend to enroll in the continued coverage provision plan. The effective date of continued coverage and applicable premiums is the date after your regular active employee coverage ended, not the date the paperwork is signed or submitted. Coverage and premiums are retroactive to that date. *If you, your spouse, or child fail to properly notify WEX within the 60 day period, you, your spouse, or your dependent child will be unable to purchase continued coverage.* It is your responsibility or that of your spouse to notify WEX, if you become divorced or legally separated. It is your responsibility or that of your covered child to notify WEX if your dependent child no longer qualifies as a covered dependent under the Plan.

Cost of Continued Coverage: Any person who chooses to continue coverage under the Plan will be required to pay the entire cost of that coverage (including any portion you now pay and any portion your employer now pays). These premiums may change annually on 7/1. **Your payments for continued coverage must be made within 30 days after the initial election, and thereafter each month within the current billing month or your coverage will end.** The participant must submit payment for all premium charges on a timely basis. The health insurance plan will be terminated at the end of the last premium paid month if subsequent payments are not received.

Continuation of Coverage Plan Rates 7/1/2023- 6/30/2024	Participant Only	Participant + 1 Dependent	Participant + Family
UHC Standard	\$600	\$1,326	\$1,791
UHC Premier	\$879	\$1,763	\$2,223