

UNIVERSITY OF WISCONSIN SYSTEM
INSTRUCTIONS FOR SUBMITTING PAYMENT FOR COBRA PREMIUM ASSISTANCE

Name of AEI: _____

Date: _____

Your *Request for Treatment as an Assistance Eligible Individual* (AEI), form ET-2314 UWS, has been approved. You (and/or your dependents, if applicable) meet the eligibility requirements of a qualified beneficiary under the American Recovery and Reinvestment Act (ARRA) as listed on form ET-2314 UWS.

You will receive COBRA premium assistance for the plans listed below. The portion of the premium that you are required to pay is also indicated below.

Plan Name	Coverage Level	Your Portion of Premium	COBRA Coverage Effective Date

The application included dependents: No Yes

Coverage for dependent(s) is: Approved Denied Approved for some/denied for others (explain below):

During the 15-month period that you are eligible for the COBRA premium assistance, you must follow the instructions provided below regarding payment of premiums. The UW Service Center must receive your portion of the monthly premium no later than the due date on the vendor invoice to ensure that the benefit plan receives the total payment in a timely manner. **Coverage may be terminated if the plan doesn't receive timely payment so please make your payment as soon as possible after you receive the billing but no later than 10 business days before the due date on the vendor invoice.** Time is needed to process your payment and forward the full premium to the vendors by the due date.

Billing Instructions

1. Make a copy of the bill from the insurance company. The bill from the insurance company will list the full monthly cost to continue coverage. You need to send a payment only for the portion of the premium listed above. Send the copy of the invoice and a **cashier's check or money order** made payable to the "University of Wisconsin" in the amount shown above to:

*University of Wisconsin
 Attn: COBRA Subsidy
 21 N. Park St., Suite 5101
 Madison, WI 53715*

If you elect to continue multiple benefit plans, you may send one cashier's check or money order for the premium due for all of the continued plans combined. You will need to include copies of each billing statement. **Personal checks will not be accepted.**

Premium is due by the first of the month of coverage. There is a 30-day grace period for late payment after which coverage ends and there is no opportunity to re-enroll. You are responsible for knowing when your premiums are due, as your insurance plan may not automatically remind you of the due date. If you have questions about your payment please call Matt Martinelli at 608-890-2556 or email to mmartinelli@ohr.wisc.edu.

2. The UW Service Center will then add its portion of the premium and remit it to the insurance plan.
3. The UW Service Center will notify you in the 14th month of the COBRA premium assistance to alert you that the assistance is ending in one month.

4. If you have additional months of COBRA eligibility and wish to continue the coverage at the end of the COBRA premium assistance period, the insurance plan will continue to bill you for the full cost of the continued coverage. After the COBRA premium assistance has ended you will send the premiums due directly to the insurance plan at the address they provide. You have the right to pay premium(s) on a monthly basis.

Remember! Once you become eligible for other group health insurance or Medicare, you remain eligible to continue your benefits through COBRA provisions, but you are no longer eligible to receive the COBRA premium assistance towards the premium of any of the continued benefit plans. Upon eligibility for other group insurance or Medicare, you must complete a Participant Notification form and send it to both your former employer and plan(s). This form is available online at: www.uwsa.edu/hr/benefits/ins/partnotify.pdf or you may contact your former employer for a paper copy. Once you enroll for other group health insurance, you are no longer eligible to continue these benefit plans.

***Who Are My Eligible/Ineligible Dependents?**

For the purposes of the COBRA premium assistance, individuals who are assistance eligible individuals (AEI) include only the involuntarily terminated employee, his/her spouse, natural or adopted children and legal wards.

How Do My Dependents Who are Not Eligible for COBRA Premium Assistance Impact the Amount of COBRA Premium Assistance That I Receive?

If non-assistance eligible dependents were covered under a benefit plan prior to your termination of employment, they may continue the coverage but are not eligible for COBRA premium assistance as they are not AEIs. This may impact the amount of COBRA premium assistance you will receive. If the cost of covering the non-AEI(s) adds to the cost of coverage, the premium assistance will be reduced by the additional cost of coverage for the non-AEIs. The adjustment has been made in proportion to the additional premiums due. The amount that you will owe after the premium has been adjusted is shown on the front of this notice.

Example: You, your son (an AEI) and your domestic partner (a non-AEI) have elected to continue Anthem DentalBlue coverage. You currently pay the Employee & 2+ premium. Because your domestic partner is a non-AEI and therefore not eligible for the premium subsidy, the amount used to determine the amount of the premium subsidy will instead be based upon the Employee & 1 premium rate for you and your son. The amount of the premium subsidy will be reduced by the difference between the Employee & 2+ and the Employee & 1 premium.

Had your coverage included two or more AEIs, the non-AEI(s) would not impact the amount of premium because you're already paying the Employee & 2+ premiums for the coverage for your AEIs.

Example: You, your spouse (an AEI) and your stepchild (a non-AEI) have elected to continue your health insurance. Because there are only single or family premium rates and you have one AEI, your premium subsidy is not impacted by the coverage for your stepchild and no adjustment to the premium subsidy is necessary.

Income Limitations

If the amount of your modified adjusted gross income for the year exceeds certain levels, all or part of the premium reduction may be recaptured by an increase in your income tax liability for the year. If your annual income is more than \$125,000 (or \$250,000 for married couples filing a joint federal income tax return) the subsidy is phased out until it is eliminated for those with an adjusted gross income of \$145,000 or more (or \$290,000 for married couples filing a joint federal income tax return).

This notice does not fully describe continuation coverage or other rights under the State of Wisconsin group health insurance program.