

Category: 300

Number: 382

Policy: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (C.O.B.R.A.)

Purpose: The purpose of this policy is to define and serve as primary document for Consolidated Omnibus Budget Reconciliation (C.O.B.R.A.). The policy establishes procedures for employees who may become eligible for C.O.B.R.A.

Authority: St. Clair County Board of Commissioners. Administrative policies shall be subject to revision or termination by the Board of Commissioners at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Application: This policy speaks primarily to County Officials, Appointed, Elected and Confidential and Non-Union Employees (CANUE) covered under St. Clair County's group health and/or dental plan. Employees who are members of Unions should consult the applicable collective bargaining agreement. Where a collective bargaining agreement is silent, this policy will apply.

Responsibility: The Human Resources Director or designee shall be responsible for the administration and enforcement of this policy.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

It is the responsibility of the Human Resources department, at the time an employee or an employee's dependent(s) no longer qualify for group health care coverage and/or dental care coverage, to send the employee or dependent(s) a letter detailing their C.O.B.R.A. rights and obligations. The employee or the employee's dependent must comply with all conditions outlined in the COBRA detail letter in order to assure implementation of coverage.

For further information, an employee may contact the Human Resources Department by telephone at (810) 989-6910 or by email at humanresources@stclaircounty.org.

Review: The Administrator/Controller has reviewed and approved this policy as to substance and Corporation Counsel has reviewed and approved as to legal content. The Human Resources Director shall periodically review this policy and make recommendations for changes as needed.

Adopted: May 7, 2020