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## EMPLOYEE SERVICES

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## **COBRA** <sup>[1]</sup>

### **Employee**

Employees who lose coverage in a CU medical plan, dental plan, vision plan and/or the health care flexible spending account may enroll in COBRA continuation of coverage for the plan(s) in which they were enrolled, for the following reasons:

- termination of employment (for reasons other than gross misconduct): 18 months of coverage
- reduction of work hours: 18 months of coverage

A COBRA packet will be mailed to the employee's home by our third-party administrator, ASI.

### **Dependent of a Covered Employee**

A dependent of a covered employee enrolled in a medical plan, dental plan, vision plan and/or the health care flexible spending account may choose COBRA continuation of coverage for the plan(s) in which he/she was enrolled for one of the following reasons:

- termination of covered employee: 18 months of coverage
- reduction of covered employee's work hours: 18 months of coverage
- death of employee: 36 months of coverage
- divorce, legal separation, or termination of relationship: 36 months of coverage
- employee becomes Medicare-eligible (dependent only): 36 months of coverage
- child loses eligibility: 36 months of coverage

ASI, CU's third-party COBRA administrator, will mail a COBRA packet to the affected employee's home.

[COBRA Continuation Coverage Rights - Annual Notice](#) <sup>[2]</sup>

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### **COBRA Disability Extension**

A qualified beneficiary (employee or dependent) under COBRA may be eligible for an

additional 11 months of coverage (for a total of 29 months) if:

- he/she was offered COBRA coverage due to the employee's termination of employment or reduction in hours;
- the Social Security Administration determines that he/she is disabled; (PERA members without sufficient Social Security must have a disability determination from PERA)
- he/she is disabled at any time during the first 60 days of COBRA continuation of coverage; **AND**
- he/she notifies the plan administrator (ASI) of the disability determination within 60 days of the date it's issued and before the end of the original 18-month period of COBRA continuation of coverage.

**Download the COBRA cost sheet.** [3]

**Groups audience:**

Employee Services

**Right Sidebar:**

ES: Benefits Contact

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**Source URL:** <http://www.cu.edu/employee-services/cobra>

**Links:**

[1] <http://www.cu.edu/employee-services/cobra>

[2] <http://www.cu.edu/docs/cobra-continuation-coverage-rights>

[3] <http://www.cu.edu/docs/cobra-rate-sheet>