Published on *University of Colorado* (https://www.cu.edu)

COBRA [1]

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 [2]

To confirm the correct amount of your first payment or with any other questions concerning COBRA continuation of coverage, **contact ASI COBRA at 1-877-388-8331**.

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 & Wellness - Contact

Source URL:https://www.cu.edu/employee-services/benefits-wellness/leaving-cu/cobra

Links
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