C"hgf gtcn'my "eqo o qpn{"tghgttgf "vq"cu"õEQDTCö"tgs wktgu"vj cv'o quv"go r m{gtu"ur qpuqtkpi "i tqwr "j gcnj "r ncpu"qhgt" employees and their families the opportunity for a temporary extension of health coverage (called COBRA "continuation coverage"), at group rates and <u>at full cost</u>, in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of this law.

periqf **(b)** Some of these options may cost less than COBRA. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. You can learn more about many of these options at <u>www.healthcare.gov</u>.]

If you are an employee of Boston College covered by one of its health plans, you have a right to choose COBRA continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part). Generally, you would be able to maintain your individual or family coverage **for up to 18 months.**

If you are the spouse of an employee covered by one of these plans, you have the right to choose continuation coverage for yourself if you lose group health coverage under the plan for anylegal

separation from your spouse4) Your spouse becomes eligible for Medicare

In the case of a dependent child of an employee covered by a Boston College health plan, he or she has the right to continuation coverage if the group health coverage is lost for any of the following five reasons:

- 1) The death of a parent
- 2)

If you do not choose continuation coverage, your group health insurance coverage will end. If you choose continuation coverage, Boston College is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under that plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months.

<u>Social Security Disability Extension</u> The 18 months can be extended for an additional 11 months, to a maximum of 29 months, for all qualified beneficiaries if the Social Security Administration determines a qualified beneficiary was disabled on the date of the qualifying event or during the first 60 days of continuation coverage. K/ku/y g/dgpghkekctkguø/tgur qpukdkkk{" to provide a copy of the disability determination to **Voya Financial** within 60 days after the date of determination and before the original 18 months expire. This extension applies separately to each qualified beneficiary. If the disabled