

COBRA Walkthrough Guide

Who is this guide for? Brokers and employers enrolling former employees in COBRA/Continuation coverage

Initiating COBRA/Continuation Coverage for Eligible Employees

DC Health Link cannot provide guidance regarding employer responsibilities and requirements under COBRA or DC Continuation laws. The laws surrounding COBRA and DC Continuation coverage are complex, and there are complicated notice requirements associated with these programs for which the employer is responsible. DC Health Link recommends that employers work directly with their brokers and tax/legal advisors in administering COBRA or DC Continuation Coverage.

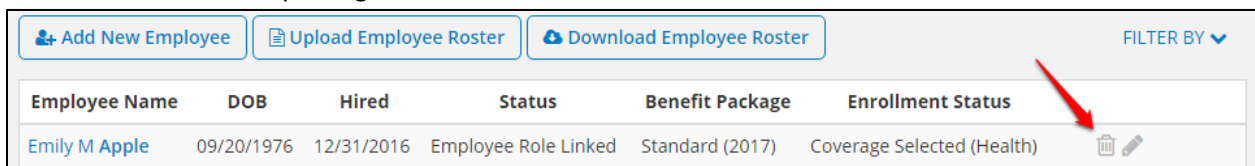
Requirements to use COBRA/Continuation Coverage Functionality

- The employee must be terminated from the roster
- The employee must have had enrollment in their account, employees without enrollments or with waivers cannot be initiated as COBRA
- Employee's termination date is within the past 6 months.

If a qualified beneficiary, or other eligible individual, elects to enroll in COBRA or DC Continuation Coverage and has made the first premium payment please see the instructions below on how to initiate COBRA.

Employers will need to terminate the employee from the company as they would normally terminate an employee at the end of employment.

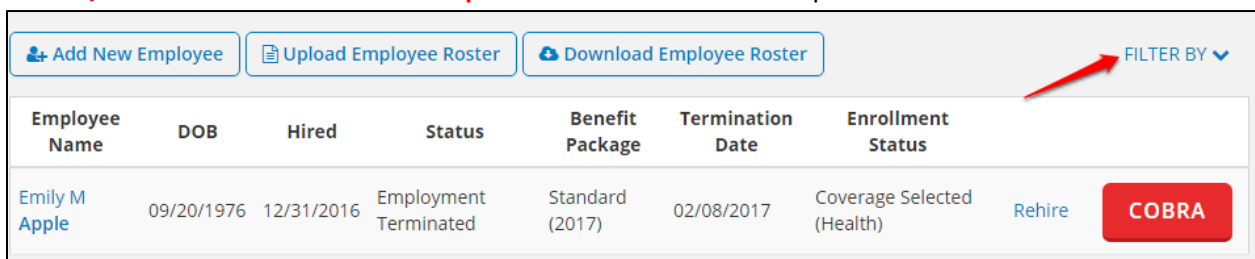
COBRA/Continuation Enrollment - Step 1: Terminate the employee on the roster by clicking on the trash can button and inputting the date of termination.



Employee Name	DOB	Hired	Status	Benefit Package	Enrollment Status
Emily M Apple	09/20/1976	12/31/2016	Employee Role Linked	Standard (2017)	Coverage Selected (Health)

NOTE: If the employee has already been terminated, please use the "Filter By" function to find all the terminated employees of the company.

COBRA/Continuation Enrollment - Step 2: Click the "FILTER BY" dropdown and choose "terminated".



Employee Name	DOB	Hired	Status	Benefit Package	Termination Date	Enrollment Status
Emily M Apple	09/20/1976	12/31/2016	Employment Terminated	Standard (2017)	02/08/2017	Coverage Selected (Health)

COBRA/Continuation Enrollment - Step 3: Click the red “COBRA” button. This will prompt the effective date of COBRA coverage to appear. By clicking “Submit” you are confirming the COBRA effective date and are initiating the COBRA enrollment.

Employment Termination Date: 02/08/2017	COBRA/Continuation Effective Date:	<input type="text" value="03/01/2017"/>	<input type="button" value="Submit"/>
--	------------------------------------	---	---------------------------------------

NOTE: The effectuation date for COBRA/DC Continuation coverage is first of the month following the employee’s termination date. If the date that is given is not correct, please reach out to 1-855-532-5465 with information on why the effective date is incorrect.

Once COBRA has been initiated the employee will appear as “Cobra Linked” on the main page of the roster

Employee Name	DOB	Hired	Status	Benefit Package	Enrollment Status
Emily M Apple	09/20/1976	12/31/2016	Cobra Linked	Standard (2017)	Coverage Selected (Health)

You are able to click on the employee’s name to verify that COBRA was successfully initiated. Scroll down to the bottom of the employees details to view the enrollment. The Market Type will display as Employer Sponsored COBRA/Continuation and the premiums will be paid in full by the employee.

Health Enrollment

2017 HEALTH COVERAGE DISTRICT DOG CARE Coverage Enrolled

Carefirst

BluePreferred PPO Platinum 500

Premium: \$529.85/month Effective Date: 03/01/2017

Plan Selected: 03/01/2017 (1:03PM) Plan Type: PPO Platinum NATIONWIDE NETWORK

Benefit Group: Hired On: 12/31/2016

Plan End: Market Type: Employer Sponsored COBRA/Continuation

DC Health Link ID: 802293

Covered: Emily

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Emily Apple	self	40	\$529.85	\$0.00	\$529.85
TOTALS			\$529.85	\$0.00	\$529.85

[Summary of Benefits and Coverage](#)

[Plan Contact Info](#)

Past Enrollments



Termination Date	Plan Name	Market	Coverage	Premium	Effective Date	Covered	Status
02/28/2017	BluePreferred PPO Platinum 500	Employer Sponsored	Health	\$0.00/month	01/01/2017	Emily	Coverage Terminated

NOTE: Outside of the employer’s annual open enrollment period, COBRA and DC Continuation participants can only elect the same plan they were enrolled in as active employees when re-enrolling

after being hired as a New Hire. COBRA employees are able to report valid qualifying life events in their account to waive coverage, add or drop dependents and change plans.

During a groups open enrollment period COBRA employees are able to switch plans or waive coverage.

Terminating COBRA/Continuation Coverage – Step 1: If an employee’s COBRA coverage needs to be terminated, please terminate the employee from the roster with the correct date of termination. Employers are only able to terminate a COBRA employee within the past 60 days.

Add New Employee	Upload Employee Roster	Download Employee Roster	FILTER BY ▾			
Employee Name	DOB	Hired	Status	Benefit Package	Enrollment Status	 
Emily M Apple	09/20/1976	12/31/2016	Cobra Linked	Standard (2017)	Coverage Selected (Health)	

How to Enroll an Employee into COBRA/Continuation Coverage at a Groups Initial Application Period

Groups that had coverage outside DC Health Link may have employees eligible for COBRA/Continuation Coverage.

Initial Groups - Step 1: Add the employee to the roster as a COBRA/Continuation Coverage employee by checking COBRA/Continuation Coverage box.

Add New Employee

Enter employee information. Select 'Add Family Member' if applicable. When you're finished, select 'Create Employee' to continue.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	NONE	▾
DATE OF BIRTH	SOCIAL SECURITY	GENDER		<input type="radio"/> Male <input type="radio"/> Female	
HIRE DATE	<input type="checkbox"/> IS OWNER? Owner?	BENEFIT PACKAGE	SELECT BENEFIT PACKAGE ▾		

Check the box if this person is already in enrolled into COBRA/Continuation outside of DC Health Link

Initial Groups - Step 2: Enter the COBRA begin date for the employee. Regardless of the date that is entered, the employee is will receive the groups' coverage start date.

Check the box if this person is already in enrolled into COBRA/Continuation outside of DC Health Link

COBRA Begin Date

ADDRESS

ADDRESS LINE 1

CITY

SELECT KIND

Feb 2017

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

ZIP

Email

The employee will show as “COBRA Eligible” on the roster until they create an account and match.

[Add New Employee](#)
[Upload Employee Roster](#)
[Download Employee Roster](#)
FILTER BY

Employee Name	DOB	Hired	Status	Benefit Package	Enrollment Status
Kate Barlow	02/09/1990	04/05/2016	Cobra Eligible		
Sam Michael	12/03/1967	05/03/2010	Eligible		

NOTE: When the employee shops for plans they will see all the plans offered to them by their employer at a 0% employer contribution.