



**ARCHDIOCESE
OF NEW YORK**

NOTICE OF RIGHTS TO CONTINUE HEALTH COVERAGE

This notice advises you of your rights to continue your health coverage under the New York State Continuation Coverage Law. Under this law, you and your covered dependents are eligible for Continuation of Health coverage provided your employment was terminated, or you were transferred to an employment class in which you are ineligible for coverage. You and/or your covered dependents can elect to continue coverage under the plan for up to 36 months from the date your coverage terminated, provided you pay the required premiums.

Covered dependents include a child born to or legally adopted by a covered employee during the period of New York Continuance. Qualified beneficiaries may elect to change their coverage upon the birth or adoption of a new child while under continuance. **Covered dependents are eligible for coverage for up to 36 months if one of the following events occurs:**

- Death of the employee
- Change in dependent status (i.e., dependent child reaches age 26)
- Divorce or legal separation
- Dependent would otherwise lose coverage (i.e., when the employee becomes entitled to Medicare)

The spouse of an employee eligible for Medicare may continue coverage until he or she becomes eligible for Medicare. Documentation that the spouse is not yet eligible for Medicare must be sent to Employee Benefit Connections (EBC) within 31 days of the employee becoming Medicare-eligible.

Disabled individuals are eligible for up to 36 months of continuation coverage.

Continuation coverage is not available to you if you are entitled to Medicare or become covered under another group health plan with no limitations or exclusions concerning any pre-existing conditions you or your dependents may have.

If you decide to elect this coverage, you must submit your application along with your first month's premium to the EBC within the latter of 60 days of your coverage termination or 60 days of the receipt of your employer's termination notification letter. **Note: Subsequent premiums are due on the first of each month. If you submit your application later than 45 days from the effective date of your Continuation of Coverage, you must submit payment for all months due with your application.**

Your continuation coverage will terminate when one of the following occurs:

- the period of continuation coverage has elapsed
- coverage under the policy would have otherwise ended
- you do not pay the monthly premium within the 31-day grace period
- the Archdiocese of New York terminates and does not replace the plan
- (If you lose your disability status) either at the end of the original 36-month period or 31 days after Social Security determines that you are no longer disabled

Continuation of health benefits under the New York State Continuation Coverage Law is not in effect until the qualified beneficiary elects the coverage. However, once elected, the coverage is retroactive to the date of the qualifying event. Qualified beneficiaries must pay the designated premiums for their continuation coverage in a timely fashion. If you decline continuation coverage or if you do not elect coverage within the 60-day notification period, you will no longer be entitled to this benefit.

The premium rates are subject to change each year on January 1st and may also change on the first of any given month if warranted by a plan change. When benefits end, there is no conversion option.