

COBRA Fact Sheet 2025

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (Continuation of Health, Dental, Vision)

Federal law requires that employees and/or their qualified dependents be given the opportunity to purchase continued group health coverage (medical, dental, vision, or any combination) following certain events that result in the loss of coverage.

In addition, there may be other coverage options for you and your family through the Health Insurance Marketplace (Marketplace). Key parts of the Affordable Care Act took effect in 2014; you should be able to buy coverage through the Marketplace. The Marketplace in California is known as “Covered California.” Through Covered California, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through Covered California. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Who may be eligible under what qualifying event?

Dependent(s) may continue coverage for up to 36 months following:

- 1) Loss of dependent status (age 24, age 26)
- 2) Divorce or legal separation
- 3) Death of covered employee

What is required?

Medical, dental, and vision coverage end once you no longer meet eligibility requirements. You may, however, continue this coverage by notifying the City of San Jose - Retirement Services that you wish to continue coverage through COBRA. You must enroll in COBRA within sixty (60) days of the qualifying event or notification, whichever comes later. **Each COBRA participant is responsible for all unpaid premiums (both City’s and employee’s portion of the cost, plus a 2% administration fee for health, dental, and/or vision) beginning with the first month you lost coverage. In order to maintain your coverage, you must pay the appropriate COBRA premium(s) each month (by the 1st of the month you are covering).** You cannot reinstate coverage under COBRA if your coverage has been allowed to lapse. A change in circumstances (new employment, remarriage, newly Medicare eligible, or coverage under another plan) may **disqualify** you for continued coverage. Through COBRA you may choose to continue medical coverage only, dental coverage only, vision coverage only, or any combination for which you are eligible.

What is the cost of continued coverage? Please refer to page 2 for plan premiums (cost).

Who is a qualified dependent?

For purposes of COBRA, a qualified dependent is defined as any individual who, on the day before the qualifying event, was a covered spouse, domestic partner or a covered dependent child of an employee; or who was born to or adopted by the employee during the COBRA continuation period.

Current COBRA costs per month are listed below. COBRA Payments **must** be received by the 1st day of the month of coverage. Please note: These rates will be payable to P & A Group. Instructions will be distributed by P & A following enrollment.

	<u>HEALTH PLANS</u>	<u>SINGLE</u>	<u>ADMIN FEE</u>	<u>TOTAL</u>
<u>KAISER (Sr. Advantage) Medicare</u>	Kaiser will bill directly	\$294.02	\$5.88	\$299.90
<u>KAISER (\$25 COPAY)</u>	Kaiser will bill directly	\$924.42	\$18.49	\$942.91
<u>KAISER (\$1500 DEDUCTIBLE)</u>	Kaiser will bill directly	\$756.94	\$15.14	\$772.08
<u>KAISER (HIGH DEDUCTIBLE)</u>	Kaiser will bill directly	\$637.74	\$12.75	\$650.49
<u>ANTHEM (\$20 COPAY) HMO TRADITIONAL</u>	Payable to P & A Group*	\$1134.92	\$22.70	\$1157.62
<u>ANTHEM (\$20 COPAY) HMO SELECT</u>	Payable to P & A Group*	\$987.26	\$19.75	\$1007.01
<u>ANTHEM (\$1500 DEDUCTIBLE) HMO SELECT</u>	Payable to P & A Group*	\$761.12	\$15.22	\$776.34
<u>ANTHEM (\$100 DEDUCTIBLE) PPO CLASSIC</u>	Payable to P & A Group*	\$3014.62	\$60.29	\$3074.91
<u>ANTHEM (\$100 DEDUCTIBLE) PPO SELECT</u>	Payable to P & A Group*	\$2818.62	\$56.37	\$2874.99
<u>ANTHEM (\$2500 HIGH DEDUCTIBLE) PPO CLASSIC</u>	Payable to P & A Group*	\$1736.42	\$34.73	\$1771.15
	<u>DENTAL PLANS</u>	<u>SINGLE</u>	<u>ADMIN FEE</u>	<u>TOTAL</u>
<u>DELTA DENTAL PPO</u>	Payable to P & A Group*	\$ 50.88	\$1.02	\$51.90
<u>DELTACARE HMO</u>	Payable to P & A Group*	\$ 24.44	\$0.49	\$24.93
	<u>VISION PLANS</u>	<u>SINGLE</u>	<u>ADMIN FEE</u>	<u>TOTAL</u>
<u>VSP SIGNATURE PLAN</u>	Payable to P & A Group*	\$ 11.46	\$0.23	\$11.69
<u>VSP CHOICE PLAN</u>	Payable to P & A Group*	\$ 12.04	\$0.24	\$12.28

*** P & A Group will provide a variety of payment options.**

In order to preserve your coverage, you must pay the full COBRA premium(s) by the 1st of each month (i.e. payment due on April 1st for April coverage).