

San Bernardino County COBRA Reference (Consolidated Omnibus Budget Reconciliation Act)

The Consolidated Omnibus Reconciliation Act (COBRA) is a federal mandate that protects covered employees and certain dependents from losing group health insurance due to specific life changing events. Group health insurance includes medical and dental coverage and may also include vision, medical expense reimbursement (FSA), and psychological coverage, if applicable.

Qualified Beneficiary - For purposes of COBRA, a qualified beneficiary is defined as any individual who, on the day before the qualifying event, is covered under the group health plans maintained by San Bernardino County by virtue of being on that day either a covered employee, the spouse of a covered employee, or a dependent child of the covered employee.

For purposes of COBRA, Domestic Partners are not considered Qualified Beneficiaries, but can be enrolled in COBRA coverage subject to election, eligibility, and plan rules applicable to a Qualified Beneficiary.

Qualified Beneficiaries are entitled to COBRA continuation of group health insurance benefits for a limited period of time. The length of coverage is dependent upon the occurrence of certain qualifying events that result in a loss of coverage. Only those plans in which an employee is enrolled at the time of a qualifying event will be eligible for COBRA continuation coverage. Qualifying events which may trigger COBRA eligibility include, but are not limited to: termination of employment, retirement, reduction in work hours, termination of a spouse's employment, or a child who ceases to be a "dependent child" under the terms of the health plan(s).

Once the Employee Benefits and Services Division, Human Resources (EBSD) has been notified that a qualifying event has occurred, a COBRA Qualifying Event Notice for Active Employees and their Dependents will be sent to the affected employee at the address on record. Qualified Beneficiaries are afforded a 60 day election period for COBRA continuation coverage. Additionally, Qualified Beneficiaries who experience a qualifying event during a COBRA coverage period must contact EBSD and provide any required documentation within 60 days of the event. All COBRA enrollments, premium collection and plan administration are handled directly by EBSD. Employees should be referred to EBSD with any questions or to enroll in COBRA.

COBRA rules and regulations are subject to changes in Federal or State law, if any provision contained in these procedures is found to be in conflict with the current laws, applicable Federal or State laws shall prevail.

For more information, please contact EBSD at (909) 387-5552.