

COMBINED MEDICAID 307-1

Cobra 75

Supersedes: FMA 308-1 (01/01/08); MA 305-4 (07/01/05)

Reference: 26 CFR 54.4980B-7. ARM 37.82.101, .430

Overview: When cost effective, COBRA 75 Continuation health plan premiums are paid for individuals who are not Medicaid eligible, but who meet COBRA 75 non-financial and financial guidelines. TPL administers health insurance premium payments.

COBRA 75 applicants have only a 60 day window of opportunity to establish continued participation in a health care plan they would otherwise lose due to a qualifying event.

NONFINANCIAL REQUIREMENTS:

The following nonfinancial eligibility criteria must be met:

- 1. citizenship or alienage;
- 2. state residency;
- 3. Social Security number; and
- 4. Are eligible to receive continued health plan coverage through an employer with <u>at least 75</u> <u>employees</u> because of a qualifying event.

NOTE: Applicants do not have to meet categorical (i.e., aged, blind, disabled, pregnant, etc.) eligibility criteria.

FINANCIAL REQUIREMENTS:

Countable resources cannot exceed:

- 1. \$4,000 for one individual; or
- 2. \$6,000 for a family with two or more people.

Countable monthly income cannot exceed 100% of the federal poverty guidelines based on family size. **NOTE:** Appropriate ABD (Aged, Blind, Disabled) Medicaid income disregards and exemptions apply; ABD <u>deeming rules do **not** apply</u>.

QUALIFYING EVENT:

An event for which the insurance company may offer continued health insurance to covered individuals. Qualifying events include:

- 1. covered employee dies (the surviving spouse may continue participating in the health insurance plan as a private pay individual);
- 2. covered employee's employment is terminated or work hours reduced;
- 3. covered employee is divorced or legally separated from his/her spouse;
- 4. covered employee becomes eligible for Medicare benefits;
- 5. a dependent child attains the maximum age allowed by the insurance company and is no longer considered a dependent child under the applicable plan requirements; or
- 6. employer files for Chapter 11 bankruptcy.

DURATION OF BENEFITS:

COBRA benefits will end when one of the following occurs:

- 18 months after the qualifying event if that qualifying event is due to termination of employment or reduction in hours. For any other event, please submit to the Policy Specialist. Or...
- 2. The date the employer ceases to offer a group health plan. Or...
- 3. Upon enrollment in other health insurance or Medicare.

COST EFFECTIVENESS:

HIPPS/Cost effectiveness is determined by the TPL Unit.

TPL UNIT:

HIPPS/Cost effectiveness questions are directed to:

DPHHS HIPPS PO Box 202953 Helena, Montana 59620-2953 Phone: 1-800-694-3084 Fax: 1-800-444-1829 Email: <u>hhshippprogram@mt.gov</u>

Effective Date: October 01, 2017