Continuation Coverage Rights Under COBRA

You're getting this notice because you recently gained coverage under the Collegiate Association Resource of the Southwest (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Collegiate Association Resource of the Southwest.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of

COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Contact Collegiate Association Resource of the Southwest and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **medicare.gov/medicare-and-you**.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Patient Protection Model Disclosure

The Collegiate Association Resource of the Southwest health plan through Blue Cross Blue Shield of Texas generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the number on the back of your Blue Cross Blue Shield ID card or go to **bcbstx.com**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of

Labor at **askebsa.dol.gov** or call 1-866-444-3272.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State directly for more information on eligibility:

Alabama – Medicaid
myalhipp.com
1-855-692-5447

Alaska – Medicaid
The AK Health Insurance Premium Payment Program
myakhipp.com
1-866-251-4861
customerservice@myakhipp.com
Medicaid Eligibility: **health.alaska.gov/dpa/pages/default.aspx**

Arkansas – Medicaid
myarhipp.com
1-855-692-7447

California – Medicaid
Health Insurance Premium Payment (HIPP) Program: **http://dhcs.ca.gov/hipp**
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: **healthfirstcolorado.com**
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: **https://hcpf.colorado.gov/child-health-plan-plus**
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): **mycohibi.com**
HIBI Customer Service: 1-855-692-6442

Florida – Medicaid
flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

Georgia – Medicaid
medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
678-564-1162, Press 1
GA CHIPRA Website: **medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
678-564-1162, Press 2

Indiana – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
in.gov/medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration
1-800-403-0864
Member Services: 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)
Medicaid Website: **hhs.iowa.gov/programs/welcome-iowa-medicaid**
Medicaid Phone: 1-800-338-8366
Hawki Website: **hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki**
Hawki Phone: 1-800-257-8563
HIPP Website: **hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp**
HIPP Phone: 1-888-346-9562

Kansas – Medicaid
kancare.ks.gov
1-800-792-4884
HIPP Phone: 1-800-967-4660

Kentucky – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: **chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx**
1-855-459-6328
kihipp.program@ky.gov
KCHIP Website: **https://kynect.ky.gov**
1-877-524-4718
Kentucky Medicaid Website: **https://chfs.ky.gov/agencies/dms**

Louisiana – Medicaid
medicaid.la.gov or **ldh.la.gov/lahipp**
1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

Maine – Medicaid
https://www.mymaineconnection.gov/benefits/s/?language=en_US
1-800-442-6003
Private Health Insurance Premium: **maine.gov/dhhs/ofi/applications-forms**
1-800-977-6740
Maine relay 711

Massachusetts – Medicaid and CHIP
mass.gov/masshealth/pa
1-800-862-4840
TTY: 711
masspremassistance@accenture.com

Minnesota – Medicaid
mn.gov/dhs/health-care-coverage/
1-800-657-3672

Missouri – Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

Montana – Medicaid
dphhs.mt.gov/montanahealthcareprograms/hipp
1-800-694-3084
hhshippprogram@mt.gov

Nebraska – Medicaid
accessnebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada - Medicaid
http://dhcfp.nv.gov
1-800-992-0900

New Hampshire – Medicaid
dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 15218
dhhs.thirdpartyliabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP
Medicaid Website: **state.nj.us/humanservices/dmahs/clients/medicaid**
Medicaid Phone: 1-800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP Website: **njfamilycare.org/index.html**
CHIP Phone: 1-800-701-0710

New York – Medicaid
health.ny.gov/health_care/medicaid
1-800-541-2831

North Carolina – Medicaid
medicaid.ncdhhs.gov
919-855-4100

North Dakota – Medicaid
hhs.nd.gov/healthcare
1-844-854-4825

Oklahoma – Medicaid and CHIP
insureoklahoma.org
1-888-365-3742

Oregon – Medicaid and CHIP
healthcare.oregon.gov/pages/index.aspx
1-800-699-9075

Pennsylvania – Medicaid and CHIP
pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1-800-692-7462
CHIP Website: **https://www.pa.gov/agencies/dhs/resources/chip**
CHIP Phone: 1-800-986-5437

Rhode Island – Medicaid & CHIP
eohhs.ri.gov
855-697-4347, or 401-462-0311 (Direct RIte Share Line)

South Carolina – Medicaid
scdhhs.gov
1-888-549-0820

South Dakota - Medicaid
dss.sd.gov
1-888-828-0059

Texas – Medicaid
hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1-800-440-0493

Utah – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP): **medicaid.utah.gov/upp/**
upp@utah.gov
1-888-222-2542
Adult Expansion:**medicaid.utah.gov/expansion/**
Utah Medicaid Buyout Program: **medicaid.utah.gov/buyout-program/**
CHIP: **chip.utah.gov/**

Vermont– Medicaid
dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

Virginia – Medicaid and CHIP
coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
1-800-432-5924

Washington – Medicaid
hca.wa.gov
1-800-562-3022

West Virginia – Medicaid and CHIP
dhhr.wv.gov/bms
mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-699-8447

Wisconsin – Medicaid and CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

Wyoming – Medicaid
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-3272

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved 0MB No. 1210-0149 (expires 12-31-2026)

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace").To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.96%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.96% of the employee's household income.[-1,2]