

Town of Upton

COBRA Rates July 1, 2018

Premium Rates	Monthly Rates	
	Individual	Family
Medical HMO	\$964.76	\$2,508.41
Medical PPO	\$1164.11	\$3026.72
Dental	\$46.15	\$118.24
COBRA Premium Rates Including 2% Administration Fee	Monthly Rates	
	Individual	Family
Medical HMO	\$984.06	\$2558.58
Medical PPO	\$1187.39	\$3087.25
Dental	\$47.07	\$120.60

COBRA election notice: within 14 days after being notified by the employer or qualified beneficiary of the qualifying event

- Notice to qualified beneficiaries of their right to elect COBRA coverage upon occurrence of qualifying event
- Qualified beneficiaries may be covered employees, covered spouses and dependent children
- Qualified beneficiary must be given at least 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under the group health plan due to the qualifying event
- Plans must provide at least 45 days after the election for making an initial premium payment (mailing date)
- If a qualified beneficiary fails to make any payment before the end of the initial 45-day period, the plan can terminate the qualified beneficiary's COBRA rights
- The plan should establish due dates for any premiums for subsequent periods of coverage, but must provide a minimum 30-day grace period for each
