



4/30/2024

Sample
1100 Fairview Ave. N.
Seattle, WA 98109

Dear _____:

COBRA Specific Rights Notice

On 4/21/2024, you experienced an event of _____ which constitutes a qualifying event under the Fred Hutchinson Cancer Center group health plan(s). As a result, your coverage, and that of your covered dependent(s), if any, will end on the date(s) set forth on the COBRA Continuation Election Form accompanying this letter. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) this entitles you and your covered dependent(s) if any, to elect to continue coverage (referred to as COBRA coverage) under the plan(s) enrolled as an active member(s). The first day of COBRA coverage and maximum continuation period ("Last Day of COBRA") is determined by plan. Please refer to your COBRA Election Form enclosed to determine your first day of COBRA coverage and maximum continuation period ("Last Day of COBRA").

How to Elect COBRA Coverage

Under COBRA, you have a limited number of days to elect continuation coverage. Each qualified beneficiary has a separate right to elect COBRA. Your election window is determined by plan and is calculated from the date your coverage under the plan is lost because of the event described above or the date of this notice of your election rights is sent to you, whichever is later. To elect to continue COBRA coverage, you must complete and submit the enclosed election Form to Navia Benefit Solutions no later than the Election Period End date ("Last Day to Elect") listed on the enclosed COBRA Election Form. COBRA gives you the right to elect coverage independently, you or your dependent children, if any, may elect single coverage and not include those individuals who do not wish to continue coverage. Failure to do so will result in loss of the right to elect COBRA coverage under the Plan.

In addition to COBRA coverage, other health coverage options may be available to you, such as coverage through the Health Insurance Marketplace at www.healthcare.gov or 1-800-318-2596. You may also be eligible to enroll in coverage through Medicaid or another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

Payment of COBRA Coverage Premiums

The current amount of this premium and the due date for payment are explained in the enclosed COBRA Election Form. The premium may change in the future. We have used the information supplied by Fred Hutchinson Cancer Center to calculate your maximum continuation period under the plan(s) you were insured prior to your qualifying event. If there is a discrepancy between our calculation and the underwriting insurance carrier, the insurance carrier always governs. Please contact your insurance carrier(s) to determine the exact end of your maximum continuation period.

Length of COBRA Coverage Period

If you or your dependent child(ren), if any, elect coverage, it can last for a maximum continuation period ("Last Day of COBRA") described in the enclosed COBRA Election Form beginning on the date of the qualifying event or the loss of coverage, whichever is later. The first day of COBRA continuation coverage is determined by plan. The continuation period may be extended for the following reasons:

Newborns and Adoptees

A child who is born to or placed for adoption with you during a period of COBRA coverage will be eligible to become covered under the plan. In accordance with the terms of the Fred Hutchinson Cancer Center group health benefits plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to Fred Hutchinson Cancer Center of the birth or adoption.



Early Termination of COBRA Coverage

COBRA coverage may terminate early if:

- (1) The required premium payment is not paid when due.
- (2) After the date of your COBRA election, you or your dependent child(ren), if any, become covered under another group health plan.
- (3) COBRA coverage may also be terminated for any reason the plan would terminate coverage of a participant or beneficiary not receiving COBRA coverage (such as fraud).

Continuation coverage under COBRA is provided subject to your eligibility. The Fred Hutchinson Cancer Center Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage. To be sure that you and your dependent child(ren), if any, receive the necessary information concerning your rights, you should keep the Fred Hutchinson Cancer Center Plan Administrator and Navia Benefit Solutions informed of any address changes.

COBRA Continuation Coverage and Medicare

In general, if you do not enroll in Medicare Part A or B when 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 do not enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and have a gap in coverage if you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before COBRA continuation coverage ends, your continuation coverage may be terminated. 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 sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." If you terminate COBRA continuation early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period and may be without health coverage in the interim. When you've exhausted COBRA continuation and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period even if the Marketplace open enrollment has ended. If you sign up for Marketplace coverage instead of COBRA, you cannot switch to COBRA continuation coverage.

Please be advised of your right to obtain a copy of the Summary Plan Description (SPD) for your group health plan by contacting the Fred Hutchinson Cancer Center Human Resource Department at (206) 667-4700. The SPD contains a complete description of your benefits.

This notice is a summary of your COBRA rights. For answers to specific questions, please contact our Customer Service Department at (425) 452-3490 during business hours.

Sincerely,

Navia Benefit Solutions

COBRA CONTINUATION COVERAGE ELECTION FORM

Fred Hutchinson Cancer Center



**IMPORTANT: PLEASE RETAIN A COPY OF THIS COBRA ELECTION FORM FOR FUTURE REFERENCE.
THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS UNDER COBRA.**

To continue coverage, you must complete and submit this election form to Navia Benefit Solutions no later than the Election Period End date ("Last Day To Elect") listed below. If this election form is not returned within the enrollment period described below for each plan, you will lose your right to elect coverage. After you have elected to continue coverage under COBRA, you must pay the Initial Premium, which includes the premiums for the period of coverage from your First Day of COBRA to the date of your election and any regularly scheduled monthly premiums that become due between your election date and the end of the Initial Premium Payment period. Your Initial Premium Period will end at the end of your Initial Grace Period which is listed below and which is measured as a number of days after the date of your election. To become "fully enrolled" under COBRA, you must "pay your account to current" no later than the end of your Initial Grace Period. You may certainly though "pay to current" and become fully enrolled under COBRA before the end of your Initial Grace Period. Paying to current is defined as paid to the month in which it currently is.

If you waive coverage under COBRA before the end of the enrollment period, you can change your mind and continue coverage by submitting your completed election form before the end of the enrollment period described below for each plan.

If you have questions about COBRA or need assistance to complete your election form, please contact our Customer Service Department at (425) 452-3490 during business hours.

Qualified Beneficiary(QB):

Sample
1100 Fairview Ave. N.
Seattle, WA 98109

Event Date: 4/21/2024
Event Type: Termination of Employment
Second Event: No

Employee: Sample

COBRA gives you the right to elect coverage independently. You, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

Premium Information:

Plan Name	Coverage Level	Monthly Premium
Dental Plan A FHC	QB Only	\$57.12
Premera Plan B FHC	QB Only	\$954.72
Total Premium:		\$1,011.84

Continuation Information:

Plan Name	First Day of COBRA	Last Day of COBRA	# Months of COBRA	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
Dental Plan A FHC	5/1/2024	10/31/2025	18	6/30/2024	45	30
Premera Plan B FHC	5/1/2024	10/31/2025	18	6/30/2024	45	30

Election Options (Individuals Enrolled Prior to Qualifying Event):

Please indicate the COBRA continuation coverage you are electing by checking the applicable box(es).

Name	Relationship	Date of Birth	SSN
Sample	QB	07/01/xxxx	

Accept Waive Dental Plan A FHC
 Accept Waive Premera Plan B FHC



For your benefit, we are documenting up to your next 12 months of continuation premiums. Please be advised, this table is prepared based upon current information and current rates in effect and is subject to change based upon completed elections.

Projected Plan Premiums

Premium Due Date	Total Amount Owed
05/01/2024	\$1,011.84
06/01/2024	\$1,011.84
07/01/2024	\$1,011.84
08/01/2024	\$1,011.84
09/01/2024	\$1,011.84
10/01/2024	\$1,011.84
11/01/2024	\$1,011.84
12/01/2024	\$1,011.84
01/01/2025	\$1,011.84
02/01/2025	\$1,011.84
03/01/2025	\$1,011.84
04/01/2025	\$1,011.84

Completed election forms and premium payments should be remitted directly to the address below. Payment must be in the form of a check or money order. DO NOT send cash.

Navia Benefit Solutions
 P.O. Box 3961
 Seattle, WA 98124

[] I have read this form and the notice of my election rights. I understand my rights to elect continuation coverage and would like to take the action indicated above. I understand that if I elect continuation coverage, my continuation coverage will terminate under several circumstances according to COBRA regulations, including: non-payment of premium, the date I or a continued dependent become covered under another Group Health Plan or become entitled to Medicare after the COBRA election, or on the date which this Group Plan ends. I also understand that if I was determined to be disabled by the Social Security Administration within 60 days of my Qualifying Event, I may be eligible for extended continuation coverage and that any break in continued coverage of more than 63 days may cause loss of coverage portability.

I understand that future premiums are due the first of each month. I also understand that failure to pay the required premiums will result in termination of COBRA rights and coverage.

Signature _____ **Date** _____

*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.

New Member Login Notice



An integral part of our broad service offering is our Member Self-Service Portal (Member Portal). We have designed the Member Portal to be an information-rich and secure website empowering you with the tools and information to efficiently and accurately manage your continuation under the Fred Hutchinson Cancer Center group health plans. We encourage you to leverage the powerful tools contained in the Member Portal anytime, from any location. Examples of information and tools you'll find on the Member Portal include:

1. Payment Information (last received and next due)
2. Coverage Information (plans and critical dates)
3. Copies of all communications we've sent to you
- 4. Make Payments Online**

Below is your unique registration identification number needed to become an authorized user of our website. Please visit <https://COBRApoint.benaissance.com> and click on the NEW USER link and follow the registration process as described. Please note you will be asked to supply a second piece of identification which will be your social security number (SSN). In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

XXXXXXX

SCHEDULED ACH PREMIUM PAYMENT OPTION

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (425) 452-3490 during business hours. Our entire staff is looking forward to getting to work for you.

You can now elect online through your Member Self-Service Portal (Member Portal). Online election is available for you to elect any combination of plans for yourself and your dependents (if any) that you had before your Qualifying Event. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your COBRA Continuation Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <https://COBRApoint.benaissance.com> to register and complete your online election.



Health Care FSA, Life Insurance, Employee Assistance Program, Retirement Plan and Retiree Health Plan Information

Health Care FSA

If you are eligible to continue your Health Care FSA after your employment ends, more information will be provided in your COBRA packet provided by Navia. The option to continue your FSA through COBRA is only available if you haven't overspent your Healthcare FSA at the time of separation and will be on a post-tax basis.

Basic & Optional Life Insurance

Due to a qualifying event (reduction in hours, change in employment status, separation of employment) you are no longer eligible for Fred Hutch provided life insurance. This letter provides you notice that you may be eligible to continue your basic life and optional life insurance coverage. To be eligible for continuation coverage, you must have been actively at work on the date your employment or eligibility ended.

You will automatically receive information on continuing your life coverage, via US Mail directly from the life insurance carrier within two weeks of your coverage ending.

403(b) Retirement Plan

Options available to you when you leave employment

- Keep the funds in the retirement plan; your account will not be treated differently from active employees.
- Rollover (transfer) the funds to another employer's retirement plan or to an individual retirement account (IRA).
- Withdraw the funds (see tax implications below).

Tax implications of cash withdrawals

- Generally, cash withdrawals are taxed as ordinary income, and subject to federal and state income taxes (where applicable) when you receive them.
- Additionally, withdrawals before age 59 ½ are subject to a 10% early withdrawal penalty.
- Consult with a tax advisor to understand how the tax and penalty apply to your situation.

Tax withholding on withdrawals

- For federal and state tax purposes (where applicable), the Retirement Plan Vendor is required to withhold 20% of the taxable amount withdrawn.
- No withholding is required when you elect to have the withdrawal paid directly to an eligible retirement plan (rollover).
- An eligible retirement plan includes an IRA, a 403(b)/401(k) plan, or an eligible deferred compensation plan maintained by the state.

For additional information regarding your plan at Fidelity contact 1-800-343-0860 or www.netbenefits.com/atwork. If you still have funds remaining at TIAA you can contact TIAA at 1-800-842-2776 or www.tiaa.org/fredhutch.

Retiree Health Plan

You may be eligible to enroll in the medical and dental retiree plan if you are age 55 or older at retirement, you have completed at least 10 years of credited service at the Center, and, your age plus years of service equal 75 or greater. Credited service means continuous service as a salaried employee.

If you are under 65 years old, you can enroll in the COBRA plan for 18 months or until age 65, whichever comes first. You can then enroll in the Retiree Plan at the end of your COBRA eligibility or directly if you are over age 65. *If you have additional questions regarding continuation of coverage, please call the Benefits Team at 206.667.4100 or email benefitsteam@fredhutch.org.*

Employee Assistance Program (EAP)

EAP coverage, provided by CompPsych, will continue at no cost to you and your immediate family members for 36 months following termination of employment or any other COBRA qualifying event. You have unlimited 24/7 assistance by contacting 1-888-628-4824. You will still have access to all of the same great tools at guidanceresources.com (Username: LFGSupport | Password: LFGSupport1).