

Continuation of Coverage Policy Effective 7/1/04

The duration of continuation of coverage for the Archdiocese of New Orleans regardless of the circumstances is a maximum of 12 months.

Continuation shall only be available to an employee or dependent who has been continuously insured under the group policy, or for similar benefits under any other group policy that it replaced, during the period of three consecutive months immediately prior to the date of termination.

Continuation shall not be available for any person who is or could be covered by any other arrangement of hospital, surgical, medical coverage for individuals in a group or eligible for Medicare, within 31 days immediately following the date of termination, or whose insurance terminated because of fraud or because he failed to pay any required contribution for the insurance, or who is eligible for continuation under the provision of the Consolidated Omnibus Budget Reconciliation Act of 1987 (COBRA). Continuation rights will not apply to dental, vision, or any other benefits provided under the group policy in addition to its hospital, surgical, or major medical benefits.

An employee or dependent electing continuation shall pay to the group policyholder or his employer, in advance, the amount of contribution required by the policyholder or employer, but not more than the full group rate for the insurance applicable to an active employee or dependent under the group policy on the due date of each payment. The employee or dependent shall not be required to pay the amount of the contribution less often than monthly. In order to be eligible for continuation of coverage the employee or dependent shall make a written election of continuation, in advance, to the policyholder or employer on or before the date on which the employee's or dependent's insurance would otherwise terminate. Such form shall be as prescribed in this Section.

Continuation of insurance under the group policy for any person shall terminate on the earliest of the following dates:

- The date 12 months after the date of the employee's or dependent's insurance under the policy would otherwise have terminated because of termination of employment or membership.
- The date ending the period for which the employee or dependent last makes his required contribution, if he discontinues his contributions.
- The date the employee or dependent becomes, or is eligible to become covered for similar benefits under any arrangement of coverage for individuals in a group.
- The date on which the group policy is terminated.

The qualifying events for employees are:

- Voluntary or involuntary termination of employment; or Reduction in the number of hours of employment, resulting in a loss of coverage under the policy.

The qualifying events for spouse are:

- Voluntary or involuntary termination of the covered employee's employment;
- Reduction in the hours worked by the covered employee, resulting in a loss of coverage under the policy;
- Covered employee's becoming entitled to Medicare;
- Divorce from the covered employee; or
- Death of the covered employee

The qualifying events for dependent children are:

- Loss of "dependent child" status under the plan rules; or
- Death of the covered employee

Duration of benefit, regardless of the circumstances is a maximum of 12 months.