

UPMC Benefit Management Services

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For more information about UPMC *Benefit Management Services*
and our many services, call 1-888-499-6922,
visit www.upmchealthplan.com, or contact your broker.

UPMC COBRA Advantage



What is COBRA?

Who needs to provide COBRA?

Why choose UPMC COBRA Advantage?

We have your answers.

What is COBRA coverage?

The Consolidated Omnibus Budget Reconciliation Act (**COBRA**) is a federal law that Congress passed in 1986. It requires most group health plans to provide temporary continuation of group health coverage to covered employees and their dependents when health coverage is lost in certain circumstances.

Who needs to provide COBRA coverage?

If you are a private-sector employer group with at least 20 employees who work more than 50 percent of your typical business day and you offer a group health plan, then you are subject to COBRA requirements. Full- and part-time employees are counted in the number of employees.

There is also mini-COBRA, which is offered to covered individuals in group health plans with 2–19 members. This option, which became effective July 2009, varies by state.

A group health plan is any arrangement that an employer establishes or maintains to provide employees and their families with medical care. You are required to offer COBRA for the following types of group health care coverage:

- Medical
- Dental
- Vision
- Health care flexible spending accounts (FSA)
- Health care reimbursement accounts (HRA)
- Prescription drug plans
- Employee assistance programs (if benefits are more than referrals)

COBRA Administration
+
UPMC COBRA Advantage
=
Compliance

Why should I choose UPMC COBRA Advantage for my COBRA administration?

There are many reasons to choose UPMC COBRA Advantage as your COBRA administrator. You will receive the same excellent customer service, easy administration, and efficient reporting that you have come to expect from UPMC Health Plan.

Customized Billing and Payment Collection

- Monthly participant billing and premium collection.
- Flexible remittance options so the employer group can choose how the premium will be paid.
- Compliance with non-payment and subsequent late payment notices.

Detailed Account Monitoring and Reporting

- Monitoring and tracking, including the 60-day election period, 45-day initial premium payment period, ongoing 30-day grace period, and coverage cessation.
- User-friendly monthly activity and summary reports.
- Archived documentation.

Member and Client-Focused Communication

- The COBRA qualifying event package includes a personalized election form.
- Employers can communicate qualifying events by electronic file transfers, fax transmission, or through the employer portal.
- UPMC COBRA Advantage can help employers with open enrollment mailings and carrier updates.

Superior Customer Service

- Dedicated and experienced COBRA administrators.
- 24/7 online access to account information.
- Electronic data exchanges with carriers for seamless membership updates.
- UPMC Health Plan earned the award for “Highest Member Satisfaction among Commercial Health Plans in Pennsylvania” in 2011, according to a study on member experience by J.D. Power and Associates, a global marketing information company that represents the voice of the customer.*

Total Integration with UPMC Health Plan

- The employer is kept compliant without having to be involved with the transition from active employee to COBRA coverage.
- UPMC COBRA Advantage integrates with all UPMC Health Plan services, providing a seamless bundled approach to total health care.
- Both employer and member have one-stop access via phone and web-portal to our array of products and services — now including COBRA administration.

COBRA services are available to any UPMC Health Plan commercial group. For more information, contact UPMC Health Plan Broker and Employer Group Services at 1-888-499-6922.

Qualifying Event	Qualified Beneficiary	Maximum Period of Continuation Coverage
Termination of Employment (for reasons other than gross misconduct)	Employee Spouse Dependent Child	18 months
Reduction in Hours	Employee Spouse Dependent Child	18 months
Employee Enrollment in Medicare	Spouse Dependent Child	36 months
Divorce or Legal Separation	Spouse Dependent Child	36 months
Death of Employee	Spouse Dependent Child	36 months
Loss of “Dependent Child” Status Under the Plan	Dependent Child	36 months

*UPMC Health Plan received the highest numerical score among commercial health plans in Pennsylvania in the proprietary J.D. Power and Associates 2011 U.S. Member Health Insurance Plan StudySM. Study based on 33,039 total member responses, measuring 11 plans in the Pennsylvania-Delaware Region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed December 2010-January 2011. Your experiences may vary. Visit jdpower.com.