Continuation of Health Care and Dental Coverage Notice
Fall 2018

You are receiving this Notice because your coverage under the RCAB Health and/or Dental Plan(s) will end due to one of the following:

- End of Employment
- Death of employee
- Entitlement to Medicare
- Reduction in hours of employment
- Divorce or legal separation
- Loss of dependent child status

This notice has important information about your right to continue your health and/or dental coverage under the RCAB Health Plan, as well as other health coverage options that may be available to you. Please read the information in this notice very carefully before you make your decisions. If you chose to elect Continuation of Coverage (COC), you should use the enclosed Election Form.

The medical and dental plans of the Archdiocese of Boston Health Benefit Trust are church plans and as such are exempt from COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). COBRA is a law that allows employees losing coverage due to a qualifying event to elect to continue their health and dental insurance coverage(s) through the employer's plan at group rates.

As a service to our staff members and their eligible dependents, the Archdiocese provides a form of continuation of coverage, for a period of **up to 12 months**. If you were an employee and your coverage was extended past the month in which the termination event occurred (*e.g.*, per the RCAB Severance Policy), even if paid for by your former employer, the maximum period for your COC will be reduced. Please note that staff members **age 65 and over (*i.e.*, those who are Medicare eligible)** are **not eligible** to elect continuation of Health Plan coverage. For those who age 64 and electing COC, this coverage will terminate the last day of the month prior to the participant's 65th birthday.

Coverage for eligible participants begins the first of the month following the coverage termination date. The Participant is responsible for payment of the unsubsidized monthly premium, plus an applicable administrative fee of up to 2% of the monthly premium.

Note that the RCAB Health Plan will be changing administrators from Tufts Health Plan to Blue Cross Blue Shield of Massachusetts, effective October 1, 2018. Enclosed is the Summary of Benefits and Coverage (SBC) for the RCAB Health Plans with both Tufts and Blue Cross. The Health Plan will offer two options with Blue Cross, Enhanced and Basic. Unless the Basic Plan is selected on the Election Form, any former employee/enrolled family member who was enrolled in the Tufts Plan and who remains enrolled in COC effective October 1, 2018 will be automatically enrolled in the Blue Cross Enhanced Plan effective that same date.

Visit www.bostoncatholicbenefits.org/dental/dental.htm for information on the dental plan.

You may have other options available to you when you lose group health coverage.

You may be eligible to buy an individual plan through the Health Insurance Marketplace. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Please see the enclosed document titled **New Health Insurance**

Marketplace Options and Your Health Coverage or visit www.HealthCare.gov or call 1-800-318-2596 for additional information. For Massachusetts residents, you can also visit www.mahealthconnector.org or call 1-877-MA-ENROLL (1-877-623-6765).

You should also explore additional coverage options you may have, including:

- Coverage through a spouse's or parent's plan (you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible, even if that plan generally doesn't accept late enrollees)
- Medicare and/or Social Security (www.medicare.gov or www.socialsecurity.gov)

If you wish to elect COC for the RCAB Health and/or Dental Plans:

- Complete the enclosed election form and return it, with payment for the first month of coverage, to the Benefits Office (contact information is listed below) **within 60 days of your coverage termination date**.
- If you enroll in the Tufts Health Plan with an effective date prior to October 1, 2018 and you wish to become enrolled in the Blue Cross Basic Plan effective October 1, 2018, mark the appropriate box next to the Basic Plan option you choose.
- If you are currently enrolled in the family plan as an active employee, you have the option of enrolling in the individual plan for purposes of COC.
- Payments are due no later than the 25th of the month for the following month's coverage. Payments not made in a timely manner will result in the cancellation of coverage.
- Please make checks payable to: RCAB Health Benefit Trust. On the memo line of the check, please indicate the month the payment is being submitted for along with the full name of the participant who has elected COC.
- If you wish to cancel your Health and/or Dental Plan coverage prior to exhausting the maximum continuation benefit period, please notify the Benefits Office in writing, specifying the month you would like to terminate your coverage. Coverage will end at 11:59 pm on the last day of the month indicated in the cancellation notice.

Note: Once your coverage has been terminated, reinstatement through COC will not be permitted.

Contact Information

Benefits Administration Office
Mailing Address: RCAB Benefits Office, 66 Brooks Drive, Braintree, MA 02184
Phone Number: 617-746-5642
Fax: 617-779-4567
E-mail: benefits@rcab.org

For questions about this Notice or Continuation of Coverage options, please contact the RCAB Health Plan Administrator, Carol Gustavson, at (617) 746-5830 or cgustavson@rcab.org.

Continuation of Health Care and Dental Coverage
Election Form

Name _____ Phone#_____

E-mail Address_____

Home Address _____

By selecting one or more options and signing below, I acknowledge that I understand the Notice enclosed with this form and am aware of my rights concerning the election of continuation of the Archdiocese of Boston Health and/or Dental Plan coverage. I understand that if I terminate my Continuation of Coverage before the expiration of 12 months of coverage, reinstatement through Continuation of Coverage will not be permitted.

Coverage Type	Monthly Premium
□ Tufts Individual Health Plan* (for coverage through 9/30/2018)	$ 813.96
□ Tufts Family Health Plan* (for coverage through 9/30/2018)	$ 2,037.96
□ Blue Cross **Enhanced** Individual Health Plan (for coverage effective **on or after 10/1/2018**)	$ 793.56
□ Blue Cross **Enhanced** Family Health Plan (for coverage effective **on or after 10/1/2018**)	$ 1,986.92
□ Blue Cross **Basic** Individual Health Plan (for coverage effective **on or after 10/1/2018**)	$ 710.34
□ Blue Cross **Basic** Family Health Plan (for coverage effective **on or after 10/1/2018**)	$ 1,178.50
□ Individual Dental	$ 48.32
□ Family Dental	$ 110.64

You must enclose payment for the first month of COC with the Election Form in order to activate your coverage.
**As explained in the Notice, enrollment in a Tufts Plan will automatically become enrollment in a Blue Cross Enhanced Plan, at the same family enrollment level, effective October 1, 2018, for any participant remaining on COC after September 30, 2018. If enrollment in the Basic Plan is desired instead of the Enhanced Plan, the appropriate box next to the Basic Plan should be checked.*

Dependents to be Enrolled (please use additional paper or reverse if needed):

SSN	**Name**	**DOB**
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Participant Signature Date

The cost for Plan coverage is subject to change. The Archdiocese of Boston Health Benefit Trust and the Plan Administrator retain the right, in its/their sole discretion, to change, amend, or discontinue these benefits.