

For groups of 51+ employees

# Employer Handbook

Welcome to ConnectiCare

# Table of Contents

How to reach us .....	2
Getting started .....	4
Staying informed .....	5
Getting answers .....	6
Billing and payment .....	7
Eligibility .....	13
Enrollment procedures .....	15
Terminating coverage .....	16
Managing the transition to Medicare .....	22

# Let's Get Started

We're here to help you and your employees make the most of your benefits, get the right care, and receive the support you need.

This handbook is for large group employers with 51 or more full-time employees. It provides basic information on important administrative topics such as plan highlights, rules, and processes. The rules and processes are general guidelines and may vary by plan. Please check your plan documents for complete information or contact your Account Manager.

For additional information:

- **Get in touch.**

Use the contact list on page 2.

- **Register for our ConnectiCare employer portal.**

Depending upon your permissions level, you can access plan documents, perform a variety of member transactions, view your employee roster, pay your bill, and send secure messages.

- **Review your plan documents.**

Take a closer look at your Membership Agreement, Certificate of Coverage, and other important documentation.

- **Go to [connecticare.com](https://connecticare.com).**

Visit our website to access general ConnectiCare information.

**Thank you for choosing ConnectiCare. You've made the right choice for you and your employees.**

# How to Reach Us

Get responsive, accessible support, and exceptional service for both you and your employees.

## Telephone Numbers for Employers

For questions about:	Contact:
Premium Billing Member/Dependent Eligibility Membership Verification	Phone: <b>866-204-3132</b> Fax: 860-678-5255
Worksite Wellness Programs	Please contact your Wellness Account Manager or email <a href="mailto:admin@wellsparkhealth.com">admin@wellsparkhealth.com</a> .
Large Group Sales & Renewals (51 or more eligible employees)	Please contact your ConnectiCare Account Manager or Sales Representative.

## Telephone Numbers for Employees

For questions about:	Contact:
Member Services: <ul style="list-style-type: none"><li>• Eligibility</li><li>• ID cards</li><li>• Benefits, Claims, and Coverage</li><li>• Referrals</li><li>• Provider Participation</li></ul>	Phone: <b>860-674-5757</b> or <b>800-251-7722</b>
Behavioral Health Treatment for Mental Health or Alcohol and Substance Use (Provided by Optum)	Phone: <b>888-946-4658</b>
Telemedicine (Provided by Teladoc®)	<a href="https://teladoc.com/connecticare">teladoc.com/connecticare</a> Phone: <b>800-835-2362</b> (TTY: 711)
Emergency Hospital Admissions (Notify ConnectiCare about emergency treatment within 24 hours of emergency admissions, if possible.)	Phone: <b>860-674-5870</b>

# How to Reach Us

## Mailing Addresses

	P.O. Box	Postal Address
General Correspondence Sales & Marketing Questions & Complaints	P.O. Box 4050	ConnectiCare, Inc. & Affiliates 175 Scott Swamp Road (Insert P.O. Box from left here) Farmington, CT 06034
Enrollment Forms/Correspondence	P.O. Box 4058	
Medical Claims (Connecticut)	P.O. Box 546	
Utilization Review Appeals	P.O. Box 4061	
ConnectiCare of Massachusetts, Inc. Medical Claims (Massachusetts)	P.O. Box 522	
Premium Payments (Not applicable for Level Funding Solutions)	→	ConnectiCare, Inc. P.O. Box 21852 New York, NY 10087-1852

# Getting Started

It's easy to get started with ConnectiCare using our simple online registration process.

## Register on the secure employer website.

Go to [employer.connecticare.com](https://employer.connecticare.com) to sign in to the employer portal and click "Request Access." You will be asked to provide information such as e-mail address, group ID, and billing ZIP code. Please contact your Account Manager if you have any questions or issues signing in.

Depending on your account permissions, you can:

- Pay bills online and set up autopay.
- View and download invoices and payment history.
- Send secure messages to communicate with our service teams directly from the portal.
- View subscriber and member details.
- View and download plan documents.
- Order an ID card, change or terminate a plan, choose a primary care provider (PCP), transfer or reinstate a member, and more.

## Help your employees get started.

Offer employees support and encourage them to take the steps below to get started with their new ConnectiCare plan. (Note: To register, members will need their ID number.)

- Register on our member portal at [my.connecticare.com](https://my.connecticare.com).
- Navigate through a new, user-friendly dashboard.
- Play a personalized welcome video.
- Check preauthorization status.
- View claims history and payment summaries.
- Export Explanations of Benefits (EOBs).
- View, print, or request an ID card.
- Receive wellness resources.
- View pharmacy benefits.
- Estimate costs with a treatment cost calculator.
- Send secure messages to Member Services.
- Search for in-network care providers

### Teladoc<sup>®</sup> Primary360



With this enhanced telemedicine benefit, members have access to virtual non-emergency general medical care, primary care, mental health services, and dermatology.\* Just download the Teladoc app and enroll at [teladoc.com/connecticare](https://teladoc.com/connecticare).

\* Restrictions apply. For primary care, members must be age 18 or older; for mental health services, you must be age 13 or older. Not all services are available 24/7.

# Staying Informed

In addition to providing administrative support, you can count on ConnectiCare to provide you and your employees with online and in-person help.

## Employers:

### ConnectiCare Connection

Once you're registered on the employer portal, you'll receive a quarterly roundup of stories important to you and your ConnectiCare member employees.

Your Account Manager will also keep you or your broker informed about important ConnectiCare product and service announcements and any legislative updates that may affect your group.

## Employees:

Visit the secure member portal at [my.connecticare.com](https://my.connecticare.com).

Employees can register on the member portal for tools and resources to help them better manage their benefits. They'll also receive an informative monthly email with helpful tips, news, and important updates about coverage.

# Getting Answers

## Service is our calling card.

ConnectiCare has been internationally recognized for quality customer service. Our Member Services department is open 8 a.m. to 6 p.m., Monday through Friday. Associates can answer your employees' questions and, when needed, help them find doctors in their network and in their neighborhoods.

## In-person help at ConnectiCare Centers.

When it comes to health insurance, getting one-on-one help can make all the difference. ConnectiCare Centers are staffed with friendly, knowledgeable associates who can help your employees with things like:

- Saving on prescriptions.
- Finding places to get care.
- Estimating the cost of a test or procedure.
- Understanding claim summaries.



Employees can go to [connecticare.com/about/care-centers](https://connecticare.com/about/care-centers) for hours and directions and to make appointments.



# Billing and Payment

Information to help you understand your invoice and payment options.

## Things to consider when reviewing your invoice:

- Eligibility changes may not appear on your bill if we do not receive and process the Enrollment/Change transaction before the date the bill was created.
- You can update enrollment via your employer portal. Eligibility discrepancies can also be corrected by submitting an Enrollment/Change form by mail to P.O. Box 4058, Farmington, CT 06034 or by fax to **860-678-5255**. You can also send it electronically to [enrollfax@connecticare.com](mailto:enrollfax@connecticare.com) by secure email.
- You must pay the premium shown on the invoice. Any corrections/adjustments will be reflected on the following invoice as soon as they are processed.
- Retroactive changes will only be allowed for up to **60 days** from the date of the change. An employer must notify us prior to the date a member's coverage is to end.
- To view your invoice online, enter your group ID and the subgroup ID found on your new account structure.
- **All premiums** are due and payable on the first of the month for which coverage is applicable and the first day of a calendar month thereafter. The grace period for payment lasts until the end of the calendar month for which the premium is due. For example, if your July premium is due July 1, the grace period is until July 31.

## Wash method

Our billing system works on a “wash method” for new hires and terminated employees, in accordance with the following ConnectiCare new-hire eligibility and termination guidelines:

- **New hires and additions:**  
If an effective date is on or before the 15th of the month, we will bill for the entire month.  
If the effective date is after the 15th, there will be no premium charge for that month.
- **Terminations:**  
If a termination date is on or before the 15th of the month, there will be no premium charge for that month. If the termination date is after the 15th, we will bill for the entire month.

---

Make sure to register at [employer.connecticare.com](http://employer.connecticare.com)  
to view your complete billing and rate information,  
as well as your payment history.

---

# Billing and Payment (cont'd)

**Payment options** (allow 5-7 business days for your payment to post to your account)

## Employer Portal

Sign in to [employer.connecticare.com](https://employer.connecticare.com) to manage your billing and payment options. This is our most preferred method of payment.

## ACH/Wire Payment

JPM Chase New York N.Y.  
ABA# 021000021  
Credit: ConnectiCare  
Account #: 338621805  
Ref: Originators Name & ID Number

## Level Funding Solutions ACH/Wire Payment:

CICI SF Operating  
Account ABA #011900571  
Account #009429241721

## Standard Mail

Mail a check along with payment coupon to:  
ConnectiCare  
P.O. Box 21852  
New York, NY 10087-1852

Please note: No other correspondence should be sent to these addresses.

# Billing and Payment (cont'd)

P.O. Box 4058, Farmington, CT 06034-0508

**ConnectiCare**

Page # of #

FOR BILLING INQUIRIES:  
Call 866-204-3132  
COVERAGE PERIOD:  
05/01/20 - 05/31/20

CC I LARGE BUSINESS TEST GROUP 300  
1102911  
John A. Sample  
123 Main St.  
Sample, CT 00000

**ConnectiCare**  
**COMMERCIAL STATEMENT**

1 DUE DATE	NAME	2 GROUP/ACCOUNT #	INVOICE #	3 INVOICE DATE	4 AMOUNT DUE
05/01/2020	CCI LARGE BUSINESS TEST GROUP 1102911	1102911 000	00405321135	04/14/2020	\$2,332.75

**IMPORTANT MESSAGE:**

View your invoice and payment history at [www.connecticare.com/employer](http://www.connecticare.com/employer)

Total amount due may include producer commission or service fees.

**REMINDER NOTICE:**  
When making payments, please:  
1) Remit the below coupon with your premium payment.  
2) Make your checks payable to: ConnectiCare, Inc.  
3) Include your Account Number on your check.  
4) Please see reverse side for Grace Period and other information.  
5) Payments received after this invoice date will be reflected on your next invoice.

**Mail all other correspondence to:**  
ConnectiCare  
P.O. Box 4058, Farmington, CT 06034-4058  
(enrollment forms, termination requests and address changes)

**PLEASE TEAR OFF AND RETURN THIS PORTION WITH PAYMENT IN ENCLOSED ENVELOPE**

Invoice #	00405321135	Amount Due
Due Date	05/01/2020	\$2,332.75
Group/Account #	1102911 000	Amount Enclosed

CCI LARGE BUSINESS TEST GROUP 1102911  
John A. Sample  
123 Main St.  
Sample, CT 00000

Please send payment to: **5** ConnectiCare, Inc.  
P.O. Box 21652  
New York, NY 10067-3652

3110291100004050120004053211350000064325536

## Understanding your Fully Insured premium invoice summary

Terms to help you understand our newly designed monthly invoices:

- 1. Due date:** When your premium needs to be paid in full.
- 2. Group/Account number:** The first seven numbers represent your Group ID number. You may want to note this number in your monthly payment.
- 3. Invoice date:** When your invoice was created. Any transactions after this date, like payments made or changes to employees covered, will not be reflected. To see payment history, sign in to the employer portal on [employer.connecticare.com](http://employer.connecticare.com). Please note, your monthly invoices will be mailed around the middle of each month.
- 4. Amount due:** What you owe for the current month and any past balances.
- 5. Payment address:** Address to send your premium payment to.

For a complete breakdown of your invoice, login to the Employer Portal at [employer.connecticare.com](http://employer.connecticare.com).

# Billing and Payment (cont'd)

## Understanding your Administrative Services Only (ASO) Level Funding Solutions invoice

Your ASO Level Funding Solutions invoice includes the following tabs:

- 1** Invoice — Displays the group's account number, invoice date, coverage period, payment due date, and electronic remittance payment details, if applicable. This tab also shows a high-level summary of the total monthly amount billed for each product.
- 2** Payment Information — Outlines the service fees, premiums, and expected claim fund billing requirements.
- 3** Summary — Summarizes the group's invoice fees for the current coverage period and retrospective activity, such as enrollment changes and/or terminations provided on a retroactive basis for a prior coverage period.
- 4** Invoice Detail Tabs — The PEPM (Per Employee Per Month) Current Fees Detail or PMPM (Per Member Per Month) Current Fees Detail tabs show the total administrative charges billed on a per employee/member basis (as applicable) by product name/type.
  - ASL Current Premium Detail shows the aggregate stop-loss premium billed to the group, based on a subscriber rate for the coverage period.
  - SSL Current Premium Detail shows the specific stop-loss premium billed on a subscriber basis for the coverage period.
- 5** If the group has any retroactive activity, such as enrollment changes and/or terminations provided on a retroactive basis for a prior coverage period, the following additional tabs will be included:
  - PEPM Retro Fees Detail
  - SSL Retro Premium Detail
  - ASL Retro Premium Detail
  - TRO Retro Premium Detail
  - ECF Retro Claim Fund Detail

# Eligibility for Connecticut Plans

Who is Eligible?	
Member Type	Eligibility
<b>Employees</b> (also called subscribers or members)	<p><b>Employees who meet the employer’s requirements for eligibility.</b></p> <p>For HMO plans, the employee must live or work in the service area.</p> <p>For POS plans and FlexPOS plans, the employee does not have to live or work in the service area.</p>
<b>Spouses</b> (also called dependents or members)	<p>The employee and spouse are in a legally valid marriage and the spouse resides with the employee or in the service area.</p> <p>This may include a partner under a legally valid civil union or domestic partnership recognized by the State of Connecticut who resides with the employee.</p>
<b>Children</b> (also called dependents or members)	<p>Children under age 26 are covered under their group’s defined dependent child age limit and will need to meet one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Natural children.</li> <li>• Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before adoption is final, children are eligible when the employee becomes legally responsible for at least partial support.</li> <li>• Children (natural or adopted) of the employee’s spouse, or for whom the spouse is the legal guardian.</li> <li>• Children for whom the employee is a legal guardian.</li> </ul> <p>Coverage for a handicapped child* may be extended beyond the age when coverage would normally end if the child meets all of the following requirements:</p> <ul style="list-style-type: none"> <li>• They reside in the service area or with the employee.</li> <li>• They are unable to support themselves by working because of a cognitive or physical handicap as certified by the child’s physician.</li> <li>• They are chiefly dependent on the employee or spouse for support and maintenance due to the cognitive or physical handicap.</li> </ul>

\*An Application for Continuation of Coverage for a Disabled Dependent Child must be completed and submitted upon enrollment.

# Eligibility for Massachusetts Plans

Who is Eligible?	
Member Type	Eligibility
<b>Employees</b> (also called subscribers or members)	<p><b>Full-time employees</b> who meet the employer’s requirements for eligibility.</p> <p>For HMO plans, the employee must live or work in the service area.</p> <p>For POS plans, the employee does not have to live or work in the service area.</p>
<b>Spouses</b> (also called dependents or members)	<p>The employee and spouse are in a legally valid, existing marriage, and the spouse resides with the employee or in the service area.</p> <p>In the event of a divorce or legal separation, an employee’s spouse may continue coverage as an Eligible Dependent until either the employee or the spouse remarries, or until the time provided by the divorce judgment, whichever comes first.</p>
<b>Children</b> (also called dependents or members)	<p>Children under age 26* are covered under their group’s defined dependent child age limit and will need to meet one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Natural children.</li> <li>• Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before adoption is final, children are eligible when the employee becomes legally responsible for at least partial support.</li> <li>• Children (natural or adopted) of the employee’s spouse, or for whom the spouse is the legal guardian.</li> <li>• Children for whom the employee is the legal guardian.</li> </ul> <p>Coverage for a handicapped child** may be extended beyond the age when coverage would normally end if the child meets all of the following requirements:</p> <ul style="list-style-type: none"> <li>• They reside in the service area or with the employee.</li> <li>• They are unable to support themselves by working because of a cognitive or physical handicap as certified by the child’s physician.</li> <li>• They are chiefly dependent on the employee or spouse for support and maintenance due to the cognitive or physical handicap.</li> </ul>
<b>Grandchildren</b>	<p>Grandchildren (natural children of eligible dependent children) are covered as long as dependent children continue to be covered as eligible dependents. Please refer to your membership agreement for any additional eligibility or coverage requirements.</p>

\*In Massachusetts, coverage for dependent children will end on the day the child turns 26. For court-ordered child support, the employer must decide whether an employee or spouse may enroll a child for whom health insurance is court-ordered.

\*\*An Application for Continuation of Coverage for a Disabled Dependent Child must be completed and submitted upon enrollment.

# Eligibility

## Adding a new hire

The ConnectiCare employer portal allows you to quickly add a new hire to your group. ConnectiCare will enroll new hires on the Effective Date stated on the enrollment/change form, provided both of the following are true:

- The Effective Date is the day your new employee(s) become eligible for coverage.
- The Enrollment Application is completed and signed within 31 days of the date your new employee(s) became eligible for coverage.

You may also use the ConnectiCare employer portal to order new enrollment packets.

## Adding/Removing dependents

Easily add or remove dependents from the ConnectiCare Employer Portal. Note that groups who use EDI (Electronic Data Interface) should not be making changes via the employer portal. Members must notify ConnectiCare in writing within 31 days of any change that could affect coverage, including:

- Subscriber gets divorced.
- Member gives birth.
- Member moves outside the service area.

Dependent Type	Enrollment Time Frame
New spouse, civil union partner, or domestic partner	<b>Within 31 days</b> from date of marriage or civil union. Coverage is effective on the date of marriage or civil union, or any date after,* but no later than the 1st of the month following the 31st day after the qualifying event.
New child	<b>Within 61 days in CT or within 31 days in MA</b> from date of birth, adoption, guardianship, or marriage resulting in stepchildren. Coverage is effective on the date of birth, adoption,* guardianship, or marriage resulting in stepchildren.

*\*If the adoption is not final, the date the child starts living with the subscriber or depending on them for support is used to establish time frame.*

# Eligibility (cont'd)

## **Adding/removing dependents (cont'd)**

If the subscriber misses a deadline, they must wait until the next annual open enrollment period or a Special Enrollment Period. The Special Enrollment Period is the 31-day period that follows the end of the member's coverage under another plan or the occurrence of a qualified life event. Refer to the Membership Agreement, Certificate of Coverage, or other plan documents for more detailed information.

## **What happens when coverage changes?**

- Members submit an enrollment/change form to you for all additions and deletions, even when it won't change their payroll deduction.
- If a dependent becomes ineligible and their coverage ends automatically, we will send a notice of termination directly to the member. We will also send you a copy of the dependent's notice of termination.

---

The information provided regarding eligibility are general rules; some plans may vary. Check with your Account Manager if you have any questions.

---



# Enrollment Procedures

Use the ConnectiCare employer portal to enroll employees.

## When are applications due?

**30 DAYS** before the plan's effective date.

## What about COBRA participants?

Employers must notify COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) participants about the annual open enrollment. If a former employee elects COBRA, we must receive a COBRA election form signed by the person electing coverage; an employer cannot elect COBRA on behalf of a former employee.

## What enrollment materials are available?

Visit the secure employer website to view a variety of materials, including:

- Provider directories.
- Enrollment/change forms.
- Transition of Care forms.

## Can employers enroll employees online?

**YES.** Employers can process additions, terminations, and changes in the employer portal.

The benefits include:

- More timely processing; the whole process takes 24 to 48 hours.
- Routine audits of your data are compared to ConnectiCare's records.
- Controls to better address privacy of information.

# Terminating Coverage

## Group coverage termination

If your group wishes to terminate its policy, you will need to provide written notification 30 days before the identified termination date. You must submit this signed notification on company letterhead with the signature of the authorized group representative and include the requested date for policy termination.

In addition, your group policy will terminate as soon as possible if any of the following events occur:

- At the end of the grace period if the employer fails to make any premium payments that are due, or at another date after the grace period that we specify in writing.
- If the company commits fraud or willfully conceals or misrepresents any material fact or circumstance when applying for coverage with ConnectiCare.
- In the event the employer fails to comply with service area requirements, employer contribution requirements, or group participation rules.
- In the event that we terminate coverage for all employees in accordance with applicable state law.
- On the date the company is liquidated, ceases to operate, or no longer covers or employs any eligible employees.
- On the date agreed upon by the company and ConnectiCare.

---

A group termination is effective on the last day of the month requested. Termination requests should be sent to your Account Manager.

---

# Terminating Coverage (cont'd)

## Member-initiated termination

Employees or dependents may only terminate coverage during the annual open enrollment period, unless they have a qualifying event. Employees or dependents that want to terminate their coverage outside the annual open enrollment period must submit the request to their Human Resources department in writing within 31 days of the qualifying event.

The employer must continue to offer ConnectiCare to its active employees and do one of the following:

- Complete and sign an enrollment/change form.
- Process employee terminations online at [employer.connecticare.com](https://employer.connecticare.com).

These procedures must be used for all terminations, whether or not the employee/dependent is eligible for COBRA coverage (see the following pages for more information about COBRA). If the employee decides to continue coverage, it will be reinstated to the date of termination once a change form indicating election of continuation coverage is submitted. For large groups where ConnectiCare handles COBRA billing, we will reinstate coverage once we receive a COBRA election form. We produce the first COBRA invoice when the next COBRA billing cycle is scheduled, and mail the invoice to the COBRA participant.

Membership terminations can be processed retroactively for up to 60 days, subject to ConnectiCare's approval.

---

Remember, it is your responsibility to  
make sure employees provide  
you the necessary documentation.

---

# Terminating Coverage (cont'd)

## Premium credit for terminated employees

(For Connecticut fully insured employer groups only)

Under a Connecticut law effective Oct. 1, 2009, if an employee is terminated by his/her employer for any reason other than a layoff, or if the employee voluntarily terminates their own employment, the employer may decide not to pay the health insurance premium for the employee and the employee's covered dependents, starting with the day that is 72 hours after the termination of employment. Credits for any refundable premium amounts will appear on the next premium statement processed after we receive your request. You must make your request for the premium credit by completing ConnectiCare's Premium Credit for Terminated Employees form. To obtain a copy of this form, visit [connecticare.com/employers/resources/forms](https://connecticare.com/employers/resources/forms).

ConnectiCare must receive this form within 72 hours of the employee's termination or you will not be eligible for the credit. When you request the credit, you will have to certify that the employee's termination falls within the legal requirements for receiving the credit. **By law, it is your responsibility to pay the former employee any part of the credited premium that they contributed for coverage.** You are not permitted under the law to request a credit where a collective bargaining agreement requires you to pay any premium beyond the date of termination.

## COBRA continuation coverage

In accordance with the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (referred to here as COBRA) and Connecticut and Massachusetts state law, subscribers and members have the right to continue coverage when it ends due to a qualifying event such as a layoff, reduction in work hours, or termination of employment, or divorce.

**COVID-19:** On May 4, 2020, the U.S. Department of the Treasury and the Department of Labor (DOL) extended the COBRA election period to 60 days from the end of the outbreak period (yet to be determined at this writing) instead of 60 days from receiving a COBRA notice. The qualified beneficiary who elects COBRA within the extended time period will be enrolled retroactively and required to pay multiple months of COBRA coverage in order to be enrolled.

Subscriber and member coverage may continue for up to a number of months, depending on the type of qualifying event involved. Please note:

- For Connecticut fully insured group plans, coverage may continue for up to 30 months when it ends due to the subscriber's reduction in work hours, a leave of absence, or if employment is terminated for reasons other than gross misconduct.
- For Massachusetts group plans, coverage may continue for up to 18 months when it ends due to the subscriber's reduction in work hours, a leave of absence, or if their employment is terminated for reasons other than gross misconduct.

---

Terminations may not appear on your next bill if we do not receive the enrollment/change form before the end of the billing cycle.

The termination will be reflected on the following bill.

---

# Terminating Coverage (cont'd)

## COBRA continuation coverage (cont'd)

- For a disabled person, coverage may continue from 18 to 29 months, as long as that person meets certain requirements. See the appropriate Membership Agreement, Certificate of Coverage, and other plan documents for more details.
- For both Connecticut and Massachusetts group plans, coverage may continue for up to 36 months for:
  - A covered child who is no longer an eligible dependent.
  - A covered spouse and dependents if the subscriber dies.
  - A covered spouse if the subscriber and spouse divorce or separate.
  - A covered spouse and dependents if coverage ends when the subscriber becomes eligible for Medicare.
- Subscribers or members enrolled in a Connecticut fully insured group plan who lose group health coverage at age 62 or older, and who are eligible to get Social Security benefits at the time of termination, may continue their group coverage until they are eligible for Medicare — instead of the usual COBRA continuation period.

Connecticut and Massachusetts state laws also mandate that COBRA rights and privileges apply to all employers covered by ConnectiCare, regardless of the employer size or whether the employer's plan is subject to ERISA (Employee Retirement Income Security Act) or COBRA.

The employer is responsible for notifying members of their COBRA rights and administering the COBRA rules. Some employers have hired ConnectiCare to perform certain billing services for COBRA premiums (see "COBRA Billing"). You will find a more detailed discussion of COBRA rules and provisions in the Membership Agreement, Certificate of Coverage, or other plan documents.

### Exceptions:

- Continuation of group coverage with ConnectiCare is not available for employees or dependents who were not eligible for coverage or waived coverage on the employer's health plan.
- States may have additional continuation of coverage rules. Members should review their Membership Agreement or other plan documents for more details.

# Terminating Coverage (cont'd)

## COBRA continuation coverage (cont'd)

### Employer/Employer TPA (Third Party Administrator) responsibilities:

- Bill and collect COBRA premium, unless ConnectiCare is hired for this function.
- Send change form or other notification to terminate an employee according to the terms of your policy (for example, at the end of the month or on the date of termination).
- Determine if plan is required to offer COBRA.
- Determine member eligibility for extension or continuation of COBRA coverage.
- Notify terminating members and any other eligible covered dependents of their right to continue coverage in accordance with the provisions of COBRA.
- Determine duration of COBRA coverage.
- Inform employees of COBRA eligibility due to company closure or bankruptcy.
- Determine and/or advise of qualifying event(s) for employees, spouses, and dependent children.
- Notify us within 60 days when an eligible employee elects COBRA continuation coverage. The member will then have 45 more days to send payment.
- Notify existing COBRA participants of plan and rate changes affecting their coverage.
- Conduct any other duties or responsibilities assigned to the COBRA administrator.
- Communicate COBRA election time frames to eligible subscriber/member.

## COBRA billing

Contact your Account Manager if your group would like ConnectiCare to handle billing members with COBRA continuation coverage. We will execute a Contract Administration Agreement that outlines our mutual responsibilities, and we will bill the member at 102% of the group rate.

# Terminating Coverage (cont'd)

## COBRA continuation coverage (cont'd)

### ConnectiCare's responsibilities as COBRA Bill Administrator:

- Bill the COBRA participant for the initial and any retroactive premium.
- Communicate premium payment time frames.
- Monitor premium payment time frames.
- Bill the COBRA participant for subsequent monthly premium.
- Distribute late notices as applicable to COBRA participants.
- Terminate COBRA participant for nonpayment.
- Distribute a termination of COBRA coverage notice to the participant 60 days prior to COBRA expiration date.
- Upon request, but no more than twice a year, provide employer group with a list of members on COBRA, complete with COBRA eligibility expiration dates.

### Important:

When electing COBRA continuation coverage, employees have 45 days from the date of the election to make the first payment of premium. The first payment must include payment for coverage as of the member's effective date of COBRA election. For example, if the election to continue coverage is made 60 days following the qualifying event and payment is made 45 days following the election, a total of three months, premium must be paid on that date.

The following can help answer questions employers and members may have about COBRA:

- **FAQ about COBRA continuation of health coverage:**  
<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra>
- **Notice of changes under HIPAA to COBRA:**  
<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/notice-of-changes-under-hipaa-to-cobra-continuation-coverage-under-group-health-plans>

---

The information provided regarding terminating coverage are general rules; some plans may vary. Check with your Account Manager if you have any questions.

---

# Managing the Transition to Medicare

## For employees nearing age 65

When an employee and/or dependent spouse reaches age 65, they may be eligible for a change in coverage. They will also need to determine their primary and secondary health insurer. Refer to your plan documents for details.

As an employer, it is your responsibility to educate your employees and their dependent spouses about Medicare benefits as they near 65. Medicare is the federal health insurance program for people who are 65 or older, as well as younger people with certain disabilities or end-stage renal disease. Your plan documents will provide some guidance on how to counsel your employees about Medicare options.

Some of the areas you will need to review with your employees and/or their dependent spouses include:

- Eligibility requirements.
- Application process.
- How Medicare relates to your health plan.

You should also review your responsibilities with your company's legal advisor.

**To learn more, go to [connecticare.com/employers/resources/employer-support](https://connecticare.com/employers/resources/employer-support), or call your Account Manager.**

---

ConnectiCare's Medicare sales department  
can also assist with any questions.

---



# We're here to help.

Thanks again for choosing ConnectiCare.

We value your business and strive to give you  
our highest level of service, every day.

Think of us not just as an insurance company, but also  
as a valuable resource in the health of your bottom line.

**Call your Account Manager**  
**if there is anything else we can do to help.**





175 Scott Swamp Road, Farmington, CT 06034-4050

[connecticare.com](https://connecticare.com)

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc; coverage for plans offered on Access Health CT is underwritten by ConnectiCare Benefits, Inc.; In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc. ©2022 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission.

©2023 ConnectiCare, Inc. & Affiliates

LGEMPLADMIN 0223