

Inspira Financial Health, Inc. for
ABC Sample Company
FLEX DEPARTMENT
PO BOX 3039
OMAHA, NE 68103-3039
866-372-3539(TTY:711)

September 18, 2024

BRAD TEST, and Family, if applicable

1 MAIN STREET
BRISTOL, CT 06010

Dear BRAD TEST, and Family, if applicable,

Losing employer sponsored group health coverage due to employment or dependent status changes can cause uncertainty, so it's good to know you have options when it comes to your health benefits. This notice is to inform you of your rights to continue health coverage under the ABC Sample Company Group Health Plan (the Plan) through COBRA. If you choose to enroll in COBRA, you must either enroll online or complete the enclosed **COBRA Continuation Enrollment Form(s)** and postmark before 11/17/2024. If you do not complete the enrollment process by this date, you'll lose your right to elect COBRA coverage.

Here's what you need to do:

Choose your coverage

Carefully review this packet and decide if COBRA is right for you.

Option 1: COBRA continuation coverage

You can extend your current coverage for a limited period. For details on coverage length, eligible dependents, and your rights, review the **COBRA Continuation Coverage Notice** section of this notice. You can find rate information on the enclosed **COBRA Continuation Enrollment Form(s)**. If COBRA is right for you, continue to the **Enroll and pay** section below.

-or-

Option 2: Other coverage options

There may be other cost-effective solutions available through another employer plan, the Health Insurance Marketplace ([healthcare.gov](https://www.healthcare.gov)), or Medicare ([medicare.gov](https://www.medicare.gov)). To learn more, review the **Other coverage options** section of this notice.

Important note: If you decide not to enroll in COBRA, **no action is required.**

Enroll and Pay

To activate your COBRA coverage, enroll before 11/17/2024 and submit your premium payment(s) within 45 days of enrollment. To learn more about owed premium payment(s), review the **When and how must payment for continuation coverage be made?** section of this notice. Your coverage will not be reinstated until both your enrollment and payment(s) are received. It can take up to 14 days after receipt for coverage to be reinstated. If you have questions about insurance cards, deductibles, copays, or out-of-pocket maximums while under COBRA coverage, contact your insurance carrier directly as policies may vary.

Important note: If you do not enroll online or your mailed enrollment is not postmarked before 11/17/2024, you'll lose your right to elect COBRA coverage.

You have two options to enroll and pay.

Option 1: Online

- If you already have an account with Inspira, log in to mybenefits.inspirafinancial.com. If you're new to Inspira, visit mybenefits.inspirafinancial.com and select "Create Profile" to set up your online account.
- After you log in, choose "Enroll Online." Review the **Online account access** section of this notice for more information.
- After enrolling, you can pay your premium(s) online via ACH transfer. You can also set up automatic payments. Review the **Payment options** section of this notice for more information.

Important note: You cannot enroll online if you are declining coverage for yourself but are electing coverage for your dependents.

-or-

Option 2: Mail

- If you're unable to enroll online, complete the enclosed **COBRA Continuation Enrollment Form(s)** and postmark it before 11/17/2024. Be sure to mail your premium payment(s) with your form(s).
- If you'd like to set up automatic payments, complete and mail the **Automatic Contribution Payment Form** with your enrollment.
- If you prefer to mail your premium payments each month, you'll receive a coupon booklet once we process your enrollment and payment(s).

Questions?

If you have additional questions about COBRA coverage or how to enroll after reviewing the entirety of this notice, visit bit.ly/COBRA-FAQs or download our **COBRA Quick Reference Guide** at bit.ly/COBRA-QRG. You can also log in to mybenefits.inspirafinancial.com and click on "Help & Support." From there, you can access frequently asked questions and contact us via live chat or email.

Can't find what you're looking for? Call us at 866-372-3539(TTY:711). We're here to help Monday through Friday, 7 a.m. to 7 p.m. CT.

COBRA Continuation Coverage Notice

Please read the information contained in this notice very carefully. This notice provides important information concerning your rights and what you have to do to continue your health care coverage under the Plan for you and your covered dependents, if any, as defined on the enclosed Family Member Enrollment Form. If you have any questions concerning the information in this notice or your rights to coverage, you should contact the COBRA Administrator at:

Inspira Financial Health, Inc.
FLEX DEPARTMENT
PO BOX 3039
OMAHA, NE 68103-3039

Coverage Overview

If you do not elect to continue your health care coverage by completing the enclosed COBRA Continuation Enrollment Form and returning it to us, your coverage under the Plan will end due to Termination of Employment on the following Coverage Ending Dates:

Type	Coverage	First Date Without Coverage
MED	AETNA PPO MEDICAL	09/01/2024
RX	Aetna PPO RX	09/01/2024
EAP	AETNA EAP	09/01/2024

We have been advised each of the following qualified beneficiaries should be offered continuation under the Plan:
BRAD TEST

Because of the above qualifying event that will end your coverage under the Plan, you are entitled to continue your health care coverage for up to 18 months from your qualifying event date of 08/31/2024. If you elect to continue your coverage under the Plan, your continuation coverage will begin on the COBRA Begin Date below and can last until the COBRA End Date below:

Type	Coverage	COBRA Begin Date	COBRA End Date
MED	AETNA PPO MEDICAL	09/01/2024	02/28/2026
RX	Aetna PPO RX	09/01/2024	02/28/2026
EAP	AETNA EAP	09/01/2024	02/28/2026

Important Information you need to know

Federal law requires most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including special enrollment rights. Specific information describing continuation coverage can be found in the Plan's summary plan description (SPD), which can be obtained from your employer at:

ABC Sample Company
123 NORTH STREET
SUITE 54
ATLANTA, GA 75265

Also, since each covered dependent has an equal right to accept or decline the coverage being offered to them, and if not all members of your family who are eligible for the coverage wish to continue coverage, please indicate that as well on the Family Member Enrollment Form, if enclosed. Should some but not all of your dependents wish to continue coverage, you are welcome to call Inspira Financial to obtain information about specific premium amounts due.

Other coverage options

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Learn more about the Marketplace below.

What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you’ll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children’s Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won’t limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage qualifies as a “special enrollment” event. **After 60 days the special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation 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.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage once your election period ends.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period¹ to sign up, 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 don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. 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 are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

If you have any questions about the coverage, its length, or the premiums due, or your rights to COBRA continuation coverage, please call us at 866-372-3539(TTY:711). We're available Monday through Friday, 7 a.m. to 7 p.m. CT.

Sincerely,

Inspira Financial Health, Inc.
866-372-3539(TTY:711)

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start> .

Important information about your COBRA continuation coverage rights

What is continuation coverage?

Federal law requires most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including special enrollment rights. The persons listed on your qualifying event letter included in this packet have been identified by the Plan as qualified beneficiaries entitled to elect continuation coverage. Specific information describing continuation coverage can be found in the Plan’s summary plan description (SPD), which can be obtained from your employer at the address listed on your COBRA Election Notice included in this packet.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of a loss of coverage due to an employee’s death, divorce or legal separation, the employee’s entitlement to Medicare or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the listed qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan, if a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage for a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify Inspira Financial of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide timely notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability must have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must notify Inspira Financial of that fact within 60 days of the *later* of 1) the SSA’s determination of disability (the date of the SSA award letter); 2) the date of your qualifying event; 3) the date of your loss of coverage; or 4) the date you were notified of the requirement (the date of your qualifying event letter). The notification must also be provided before the end of the first 18 months of continuation coverage. All the qualified beneficiaries indicated within this notice who have elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify Inspira Financial of that fact within 30 days of SSA’s determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee, the covered employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child’s ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying

event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify Inspira Financial within 60 days after a second qualifying event occurs.

How can you elect continuation coverage?

Each qualified beneficiary indicated within this notice has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment rights at the end of the continuation coverage if you get continuation coverage for the maximum time available to you.

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

When and how must payment for continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the COBRA Continuation Enrollment Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of the continuation coverage from the time your coverage under the Plan would have otherwise terminated through the month you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact Inspira Financial to confirm the correct amount of your first payment.

Your first payment for continuation coverage should be sent to the COBRA Administrator listed on your COBRA Continuation Enrollment Form.

The carriers will be notified to retroactively reinstate coverage once Inspira Financial receives both the COBRA Continuation Enrollment Form and the premium payment. It may take the insurance carriers approximately 7-10 business days for coverage to be reinstated and for providers to verify benefits.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of each month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

You will not be sent monthly premium notices. Inspira Financial will provide payment coupons for the current plan year. These coupons are provided as a courtesy only. If you do not receive payment coupons, contact Inspira Financial immediately and a duplicate set will be sent to you. It is your responsibility to pay your premiums on or before the due date regardless of whether or not coupons have been received. The total amount due is clearly stated on the COBRA Continuation Enrollment Form.

Periodic payments for continuation coverage should be sent to the COBRA Administrator listed on your COBRA Continuation Enrollment Form.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than its due date but during its grace period, your coverage under the Plan may be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

If information is available about alternative coverage (coverage in lieu of continuation coverage, or individual conversion rights), it will appear here: NONE AVAILABLE

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description (SPD) or from the Plan Administrator. You can get a copy of your summary plan description from your former employer at the address listed on the qualifying event letter included in this packet.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep your plan informed of address changes

In order to protect your family's rights, you should keep the COBRA Administrator informed of any changes in the address of family members. You should also keep a copy, for your records, of any notices you sent to the COBRA Administrator.

Online Account Access

If you have an account with Inspira, log in to mybenefits.inspirafinancial.com. If you're new to Inspira, select "Create Profile" to set up your online account.

Enroll in COBRA online

To enroll, log in to mybenefits.inspirafinancial.com and choose "Enroll Online."

- If you've been offered coverage for yourself and your dependent(s) but only electing the coverage for your dependent(s), you won't be able to enroll online. You must complete the COBRA Continuation Enrollment Form and mail to the address on the form.
- If your last date to postmark your election falls on a Saturday or Sunday, your last day to enroll online will be on that prior Thursday. If your last date to postmark your election falls on a holiday your last day to enroll online will be two business days prior to the holiday.

Once you enroll, you can make payments, view payment and billing activity, set up account notifications and more.

Payment Options

If your employer allows one-time and/or automatic online payments, you can set up payments from your checking or savings account through the Inspira website.

To get started, log in to mybenefits.inspirafinancial.com and select "Make a payment." When you make your first payment, you'll need to link the checking or savings account that you'd like to use for payment.

Automatic payments

To set up automatic payments for your COBRA premiums, select "Enroll in automatic payments." If you enroll in automatic payments, you'll no longer receive a statement or coupons in the mail.

Note: One-time and automatic payments must be set up with a U.S. bank account. Inspira Financial cannot accept wire transfers.

Set up your account notifications

Log in to mybenefits.inspirafinancial.com and go to "Account Settings." Then select "Account notifications." From there, you can choose the notifications you want to receive and how to receive them. You can change your notification preferences at any time. To help ensure you receive notifications from Inspira Financial, add eNotify@inspirafinancial.com to your address book.

Important: If your employer allows alerts from Inspira Financial via text message and if you wish to receive alerts from Inspira Financial via text message, please make sure you have an SMS/text messaging-enabled mobile phone. Message and data rates may apply (depending on your carrier).

This page intentionally left blank

COBRA Continuation Enrollment Form

Inspira Financial Health, Inc. for ABC Sample Company

BRAD TEST
1 MAIN STREET
BRISTOL, CT 06010

Qualifying Event: Termination of Employment
Participant ID: 39106
Qualifying Event Date: 08/31/2024

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

If Electing Online:

- If electing online via: mybenefits.inspirafinancial.com please refer to the “online account access document” included in this package.
- The initial premium includes all payments due from your first day of COBRA through the current month. For example, if your first day of COBRA coverage is in the month of July and you are making your initial premium payment in August; your first payment should include the premiums due for the months of July and August.
- You are allowed to delay the premium payment for up to forty-five days after your online COBRA Election has been made. Any claims submitted for expenses incurred following the date of the qualifying event may be held in suspense until all premiums which are due have been paid.
- The initial premium needs to include any premium in the pro-rated column as well as your first full monthly premium.
- Future premiums are due on the first of each month thereafter and should be paid online and/or mailed on or before the due date. Failure to pay premiums by specified premium due dates may terminate your participation in the Plan.

If Electing by Mail:

- This Enrollment Form must be postmarked before **11/17/2024**.
- Please be sure to include this completed form with your initial payment. **DO NOT** send your initial payment without this form to ensure accurate enrollment.
- The initial premium includes all payments due from your first day of COBRA through the current month. For example, if your first day of COBRA coverage is in the month of July and you are making your initial premium payment in August; your first payment should include the premiums due for the months of July and August.
- You are allowed to delay the premium payment for up to forty-five days after you have signed, dated, and submitted your COBRA Continuation Enrollment Form. Any claims submitted for expenses incurred following the date of the qualifying event may be held in suspense until all premiums which are due have been paid.
- The initial premium needs to include any premium in the pro-rated column as well as your first full monthly premium.
- Future premiums are due on the first of each month thereafter and should be mailed on or before the due date. Failure to pay premiums by specified premium due dates may terminate your participation in the Plan.
- **Make checks payable to Inspira Financial Health, Inc. and mail along with completed form to:**

Inspira Financial Health, Inc.for
ABC Sample Company
FLEX DEPARTMENT
PO BOX 3039
OMAHA, NE 68103-3039
866-372-3539(TTY:711)

- Enclosed is my check for \$_____. 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 coverage.

Please indicate the coverage you are electing by checking the applicable box(es) below:

Enroll	Type	Plan	Coverage Level	Monthly Premium	Effective Date
<input type="checkbox"/>	MED	AETNA PPO MEDICAL	Single	\$306.00	09/01/2024
	* EAP	AETNA EAP	Single	N/A	09/01/2024
	* RX	Aetna PPO RX	Single	N/A	09/01/2024

Alternate coverage available:

Enroll	Type	Plan	Coverage Level	Monthly Premium	Effective Date

You may pick and choose any combination of the above plans. Rates are subject to change as costs of the benefits increase or decrease, generally at the beginning of each plan year. **“Plans with an asterisk (*) are not available to be elected or declined separately from the primary plan listed with it.”**

IMPORTANT: If you are a dependent/spouse of the employee and electing coverage independently of the employee please note that on this election form.

LIST OF ELIGIBLE DEPENDENTS YOU MAY COVER

Social Security Numbers are required for ALL enrolled participants in order to provide proper eligibility reporting to the carriers. Please include a valid Social Security Number for each participant, including you. Your Social Security Number should be entered in the space provided at the top of this form.

Last Name	First Name	SSN	Birth Date	Gender

Signature and Payment required see below:

I HEREBY REQUEST ENROLLMENT IN THE HEALTH BENEFITS CONTINUATION PLAN FOR MYSELF AND ELIGIBLE QUALIFIED DEPENDENTS LISTED ON THIS FORM AND AGREE TO PAY THE PREMIUM AS REQUIRED. I UNDERSTAND THAT CONTINUATION COVERAGE MAY TERMINATE UNDER SEVERAL CIRCUMSTANCES, INCLUDING: THE DATE I OR A CONTINUED DEPENDENT BECOME COVERED UNDER ANOTHER GROUP HEALTH/DENTAL/VISION/HCRA PLAN, BECOME ENTITLED TO MEDICARE, OR ON THE DATE ON WHICH THE GROUP HEALTH/DENTAL/VISION/HCRA PLAN ENDS. I ALSO UNDERSTAND THAT IF I WAS DISABLED AT THE TIME OF MY QUALIFYING EVENT, I MAY BE ELIGIBLE FOR EXTENDED CONTINUATION COVERAGE.

Signature: _____ Date: _____

Inspira Financial Health, Inc. for
ABC Sample Company
FLEX DEPARTMENT
PO BOX 3039
OMAHA, NE 68103-3039
866-372-3539

17

September 18, 2024

BRAD TEST, and Family, if applicable
1 MAIN STREET
BRISTOL, CT 06010

Dear BRAD TEST, and Family, if applicable

Under federal law, known as the Health Insurance Portability and Accountability Act of 1996, you are entitled to a Certificate of Health Coverage upon your eligibility for COBRA continuation coverage or, if not eligible for COBRA continuation coverage, upon your losing coverage under a group health plan. It is our understanding that one of these events has occurred and therefore enclosed is your Certificate of Group Health Plan Coverage.

In the event you need to provide evidence of prior health insurance coverage, we encourage you to keep your Certificate in a safe place that is easily accessible. You may use the information on your Certificate to reduce or eliminate a preexisting condition exclusion period with another health insurance carrier.

If you have any questions about the coverage, its length or the premiums due, please call us at 866-372-3539. Representatives are available from 8:00 to 5:00 CST.

Sincerely,

Inspira Financial Health, Inc.
.

IMPORTANT – KEEP THIS CERTIFICATE. This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

Preexisting condition exclusions. Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions." A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break.

Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

Right to get special enrollment in another plan. Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

Beginning April 1, 2009, group health plans may also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible , or
- Become eligible for a state's premium assistance program under Medicaid or CHIP

For these new enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in an employer's group health plan. Note that this new 60-day extension does not apply to enrollment opportunities other than the Medicare/CHIP eligibility change

Prohibition against discrimination based on a health factor. Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

Right to individual health coverage. Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

- I.- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- II.- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- III.- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- IV.- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- V.- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job.

Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

State flexibility. This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

For more information. If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for "Protecting Your Health Insurance Coverage"). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL's interactive web pages - Health Elaws, or <http://www.cms.hhs.gov/hipaa1>.

This page intentionally left blank

Inspira Financial Health, Inc. for
ABC Sample Company
FLEX DEPARTMENT
PO BOX 3039
OMAHA, NE 68103-3039

September 18, 2024

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

IMPORTANT - KEEP THIS CERTIFICATE. This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

Participant Name: BRAD TEST

Benefit Plan Name: AETNA EAP
Level of Coverage: Single
Date of First Coverage: N/A
Has 18 Months of Continuous Coverage: No
Waiting Period Prior to First Coverage: 0 days
Last Day Covered by Plan: 08/31/2024

Benefit Plan Name: AETNA PPO MEDICAL
Level of Coverage: Single
Date of First Coverage: N/A
Has 18 Months of Continuous Coverage: No
Waiting Period Prior to First Coverage: 0 days
Last Day Covered by Plan: 08/31/2024

Benefit Plan Name: Aetna PPO RX
Level of Coverage: Single
Date of First Coverage: N/A
Has 18 Months of Continuous Coverage: No
Waiting Period Prior to First Coverage: 0 days
Last Day Covered by Plan: 08/31/2024

If you have any questions about the coverage, its length or the premiums due, please call Inspira Financial Health, Inc. at 866-372-3539 during regular business hours.

Sincerely,

Inspira Financial Health, Inc.

This page intentionally left blank



**AUTOMATIC CONTRIBUTION PAYMENT
ELECTRONIC FUNDS TRANSFER (EFT)**

I authorize Inspira Financial Health, Inc. ("Inspira") to initiate debit and/or credit entries to the account designated below for payment of my monthly insurance benefit contributions. This agreement will remain in full effect until Inspira receives written instruction from me to rescind this authorization.

PART 1: PARTICIPANT INFORMATION

Name: BRAD TEST Participant ID: 39106

Signature _____ Date: _____
:

IMPORTANT: You will receive a confirmation letter, with the effective date denoted, once your EFT is set up by Inspira. Please continue to mail payments until you have received the confirmation.

PART 2: FINANCIAL INSTITUTION

Name of Financial Institution: _____

Account Type: Checking Savings Other

ABA Routing Number:

Account Number:

The bank routing number can be found in the lower left hand corner of your check and is usually the first 9 digit number. Your bank account number is usually found next to the routing number, as shown on the illustration below.



Attach a copy of a voided check to this form and mail to:

Inspira Financial Health, Inc.
FLEX DEPARTMENT
PO BOX 3039
OMAHA, NE 68103-3039

This page intentionally left blank