

State of Florida (People First)

A letter to continue Health, Dental, Vision coverage through COBRA will be mailed to the address on file shortly after termination date.

Health COBRA premium rates can be found [here](#).



People First Service Center • 866-663-4735 • Hours: Mon – Fri 8 a.m. to 6 p.m. ET

People First ID: [REDACTED]

Dear [REDACTED]

This notice contains important information about your right to continue your health, dental, vision, health reimbursement account (HRA), and/or healthcare or limited purpose flexible spending account (FSA) coverage in the State Group Insurance Plan (the Plan), as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace (Marketplace) at www.HealthCare.gov or by calling (800) 318-2596. You may be able to get coverage through the Marketplace that costs less than COBRA continuation coverage. Please read this information very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice. We use the pronoun "you" in this notice (including in the enclosed Election Form) to refer to each of the individuals named below.

You can continue health, dental, vision, and/or health reimbursement account (HRA) through COBRA for 18 months or 36 months depending on your qualifying event. You can continue your healthcare or limited purpose FSA through the end of the current calendar year. To elect COBRA continuation coverage, complete the enclosed Election Form and submit it to us following the instructions at the top of the Election Form. If you do not elect COBRA continuation coverage, your coverage under the Plan will end on [REDACTED] due to Termination of employment. This event that caused you to lose coverage under the Plan is called your "qualifying event" in this notice, and the date of that event, as shown, is the date of your qualifying event.

If elected, COBRA continuation coverage for health, dental, vision and/or HRA can last up to 18 months or 36 months depending on your qualifying event (see "How long will continuation coverage last" later in this notice). If you continue your coverage it will begin on [REDACTED] and can last through [REDACTED].

You do not have to send any payment with the Election Form. Important additional information about payment for COBRA continuation coverage is included in the pages following the Election Form. Your COBRA Premium Chart in this package has information about your premium costs.

COBR Last Updated 04-13-2019