



**GENERAL NOTICE OF YOUR RIGHTS
GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA**

**THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.
THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR COMPANY.**

Introduction

You are receiving this notice because you have recently become covered under a employer sponsored group health plan for the St. Croix Chippewa Indians of WI (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** When you become eligible for COBRA continuation coverage, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. This notice is intended to inform you, in a summary fashion, of your rights as a qualified beneficiary and your obligations under COBRA. Both you and your spouse, if applicable, should take the time to read this notice carefully. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee of St. Croix you will become a qualified beneficiary and have the right to choose COBRA coverage if you lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.



If you are the spouse of an employee of St. Croix, you will become a qualified beneficiary and have the right to choose COBRA for yourself if you lose coverage under the Plan for any of the following reasons:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment with St. Croix ends for any reason other than his/her gross misconduct;
4. Your spouse became entitled to Medicare benefits (under Part A, Part B, or both) prior to his/her qualifying event; or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries and have the right to choose COBRA if they lose coverage under the Plan for any of the following reasons:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment with St. Croix ends for any reason other than his/her gross misconduct);
4. The parent-employee became entitled to Medicare benefits (under Part A, Part B, or both) prior to his/her qualifying event;
5. The parents become divorced or legally separated; or
6. The dependent child ceases to meet the definition of a "dependent child" under the Group Health Plan.

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred.

The employer must notify the Plan Administrator of the following qualifying events:

1. The end of employment or reduction of hours of employment;
2. Death of the employee;
3. The employee's entitlement to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's ceasing to meet the definition of "dependent child" under the Plan) you must notify the Plan Administrator within 60 days after the qualifying event occurs. Please refer to the Plan Contact Information at the end of this letter for information on how to submit notification.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

Under COBRA, you have at least 60 days from the later of the date you would lose coverage because of one of the qualifying events described above or the date of notification of your rights under COBRA, whichever is later, to inform the Plan Administrator that you want to continue coverage under COBRA. If you elect COBRA, St. Croix is required to give you and your covered dependents, if any, coverage that is identical to the coverage provided under the plan to similarly situated employees or family members. Under COBRA, you may have to pay all or part of the premium for your continuation coverage. If you do not choose COBRA on a timely basis, your group health insurance coverage will end.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a qualified beneficiary to receive a maximum of 36 months of coverage.



Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be totally disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total of 29 months. 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. To benefit from this extension, you must notify the Plan Administrator of the SSA determination within 60 days of receipt and before the end of the original 18-month period. You must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled. Please refer to the Plan Contact Information at the end of this letter for information on how to submit notification.

Second qualifying event extension of 18-month period of continuation coverage.

If the original qualifying event was a termination or reduction in hours and your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children may be eligible for up to 18 additional months of COBRA continuation coverage, if notice of the second qualifying event is properly given to the Plan Administrator. This extension may be available to the spouse and any dependent children receiving continuation coverage if the former employee dies, became entitled to Medicare (under Part A, Part B, or both) prior to the original qualifying event, or gets divorced or legally separated, or if the dependent child ceases to meet the definition of "eligible dependent" under the Plan, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If a second qualifying event occurs, it is the qualified beneficiary's responsibility to inform the St.Croix Chippewa Plan Administrator within 60 days of the event. Please refer to the Plan Contact Information at the end of this letter for information on how to submit notification.

Are there other coverage options besides COBRA Continuation Coverage

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. 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, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To ensure that all covered individuals receive information properly and timely, and in order to protect your family's rights, it is important that you notify the Plan Administrator of any change in dependent status or any address change of any family member as soon as possible. Failure on your part to notify the Plan Administrator of any changes may result in delayed notification or loss of continuation of coverage options. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.



Plan Contact Information

Plan Administrator

St. Croix Tribal Benefits Department
24663 Angeline Avenue
Webster, WI 54893

To submit proper notification of a dependent qualifying event (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator at (800)236-2195 ext 5306 within 60 days after the qualifying event occurs. You must provide this notice in writing to the above address, Attn: Benefits Department. Include the name and Social Security Number of the dependent(s), the nature of the event, and the date of the event.

COBRA Administrator

ThrivePass
PO Box 220
Minneapolis, MN 55440-0220

To submit proper notification of a second qualifying event after your termination or reduction in hours (and during the initial 18 months of COBRA coverage), you must notify the COBRA Administrator within 60 days of the second qualifying event. You must provide this notice in writing to the above address, Attn: COBRA Administrator. Include your name, date of birth, Social Security Number, and the date and nature of the second qualifying event. In the case of total disability, you must also include a copy of the Total Disability award letter from the Social Security Administration.