



## **SUMMARY OF COBRA SUBSIDY UNDER THE AMERICAN RESCUE PLAN ACT OF 2021**

*You are receiving this notice because you may be eligible for assistance with your COBRA payments.*

### **WHY AM I RECEIVING THIS NOTICE?**

Under the recently passed American Rescue Plan Act of 2021 (ARPA), TeamCare is required to send the enclosed mailing to members who may be eligible for temporary premium assistance with COBRA payments. The law provides a 100% COBRA premium subsidy to “assistance eligible individuals” for the period of April 1, 2021 through September 30, 2021 (the “Subsidy Period”) along with other provisions.

### **AM I ELIGIBLE FOR THE COBRA SUBSIDY?**

Generally, the subsidy is available to “assistance eligible individuals” who lost TeamCare coverage as a result of an involuntary termination of employment or reduction in hours (e.g., layoff, move from full-time to part-time, leave of absence). You are not eligible for the COBRA Subsidy if you are eligible for Medicare or eligible for coverage under a group health plan, such as an employer sponsored plan or a spouse’s employer’s plan.

### **AMOUNT OF THE SUBSIDY**

The law provides for a 100% COBRA premium subsidy. In short, this means that during the subsidy period, members who are eligible are not required to pay their COBRA premium.

### **HOW LONG IS THE COBRA SUBSIDY PERIOD?**

The subsidy period is from April 1, 2021 to September 30, 2021. However, your period of subsidy could be shorter if your COBRA coverage period ends before September 30, 2021. Also, your eligibility for the subsidy will end if you are eligible for Medicare or coverage under another group health plan. It is your responsibility to notify TeamCare if you become eligible for such coverage and will be subject to a federal penalty if you fail to do so.

### **WHAT FORMS NEED TO BE SUBMITTED TO TEAMCARE TO RECEIVE THE COBRA SUBSIDY?**

If you are an assistance eligible individual, you are required to submit the following forms for review by TeamCare:

- The “**Request for Treatment as an Assistance Eligible Individual**” (provided in this notice);
- The “**COBRA Continuation Election Form**” (this form is not necessary if you are currently enrolled in COBRA).

### **WHEN DO I NEED TO SUBMIT THESE TO TEAMCARE?**

You have **60 days** from the date of this notice to send in the above required forms. More information is available in this packet.

### **WHERE DO I SEND MY FORMS?**

You can submit your forms by mail, email, or fax as indicated on the forms.

**QUESTIONS?** Call TeamCare at 800-TEAMCARE, or send a message through our Message Center at [myteamcare.org](https://myteamcare.org).