

WHAT YOU NEED TO KNOW



## State Guide to COBRA Supplemental Requirements

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal requirement of group health plans to provide COBRA continuation coverage to participants who lose coverage due to a qualifying event, when the employer had 20 or more full time employees. Over the years, many states enacted additional requirements similar to COBRA, either for small employers, or in addition to the federal COBRA requirements. UBA has created this chart to outline each state’s specific continuation laws.

State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Alabama</b>	None	None
<b>Alaska</b>	None	None
<b>Arizona</b>	<ul style="list-style-type: none"> <li>• 1-20 employees (average employee count for the preceding calendar year)</li> <li>• Enrollee must be covered under the employer’s group health plan for at least 3 months prior to the date of the qualifying event</li> <li>• Continuation of coverage up to 18 months, up to 29 months for disabled dependents, and up to 36 months for certain qualifying dependents</li> <li>• Employer must notify enrollee of the qualifying event and right to continue coverage within 30 days of the qualifying event</li> </ul> See <a href="#">A.R.S 20-2330 (2018)</a>	None
<b>Arkansas</b>	See <a href="#">A.C.A. § 23-86-114 (2018)</a> for all employer sizes, but only applies to fully-insured plans	<ul style="list-style-type: none"> <li>• All employer sizes, but only applies to fully-insured plans</li> <li>• Enrollee must be covered under the employer’s group health plan for at least 3 months prior to the date of coverage termination</li> </ul>

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Arkansas</b> (continued)		<ul style="list-style-type: none"> <li>Continuation of coverage limited to 120 days in the event of a qualifying event</li> <li>Continuation of coverage must be requested within 10 days after termination of employment or membership or change in marital status</li> </ul> See <a href="#">A.C.A. § 23-86-114 (2018)</a>
<b>California</b>	<ul style="list-style-type: none"> <li>2-19 employees (on at least 50% of its working days during the preceding calendar year, or, if the employer was not in business during any part of the preceding calendar year, 2-19 employees on at least 50% of its working days during the preceding calendar quarter)</li> <li>Only applies to fully-insured plans</li> <li>Continuation of coverage up to 36 months in the event of a qualifying event</li> <li>Qualified beneficiary must notify the health plan or the employer within 60 days of a qualifying event</li> </ul> See <a href="#">CA Ins Code § 10128.50-10128.59 (2018) Leg Sess</a>	<ul style="list-style-type: none"> <li>Employers subject to federal COBRA, only applies to fully-insured plans</li> <li>Continuation of coverage up to 36 months from the date the insured's continuation coverage began if the insured is entitled to less than 36 months of continuation coverage under COBRA</li> </ul> See <a href="#">CA Ins Code § 10128.59 (2018) Leg Sess</a>
<b>Colorado</b>	See <a href="#">C.R.S. 10-16-108 (2018)</a> for all employer sizes, but only applies to fully-insured plans	<ul style="list-style-type: none"> <li>All employer sizes, but only applies to fully-insured plans</li> <li>Continuation of coverage for up to 18 months</li> <li>Individuals must have 6 months of continuous coverage under group policy to be eligible and have 30 days from termination to accept coverage</li> <li>Employer shall provide written notice to employee that must be postmarked within 10 days of termination of coverage</li> <li>Employee must notify employer of coverage election and submit proper payment within 30 days of termination</li> </ul> See <a href="#">C.R.S. 10-16-108 (2018)</a>
<b>Connecticut</b>	See <a href="#">Bulletin HC-77</a> and <a href="#">P.A. 10-13</a> for all employer sizes, but only applies to fully-insured group health plans	<ul style="list-style-type: none"> <li>All employer sizes, but only applies to fully-insured plans</li> <li>Continuation of coverage for up to 30 months for qualifying events generally</li> </ul>

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Connecticut</b> (continued)		<ul style="list-style-type: none"> <li>Continuation of coverage for up to 36 months in the event of employee's death, divorce/legal separation, Medicare eligibility, or loss of dependent status</li> </ul> See State of Connecticut Insurance Department <a href="#">Bulletin HC-77, P.A. 10-13</a>
<b>Delaware</b>	<ul style="list-style-type: none"> <li>1-19 employees on a typical business day in the preceding year</li> <li>Continuously insured under the policy for at least 3 months prior to the date of coverage termination</li> <li>Continuation of coverage for up to 9 months</li> <li>Notice provided by an employer to the plan administrator, the covered employee and the insurer within 30 days of the qualifying event</li> <li>Covered employee or eligible dependent must notify plan administrator or its designee of election to continue coverage within 30 days of receiving notice of qualifying event</li> </ul> See <a href="#">18 Del.C. § 3571F</a>	None
<b>District of Columbia</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA</li> <li>Continuation of coverage for 3 months in any event that results in loss of coverage except for termination for gross misconduct</li> <li>Employer must notify employee of availability of continuation of coverage within 15 days of the date that coverage would otherwise terminate</li> </ul> See <a href="#">DC Code § 32-732 (2019)</a>	None
<b>Florida</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA</li> <li>Continuation of coverage limited to 18 months in the event of a qualifying event</li> <li>If enrollee is disabled at the time of the qualifying event, then he or she may continue coverage for up to 29 months</li> </ul>	None

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Florida</b> (continued)	<ul style="list-style-type: none"> <li>If covered employee is in the military reserve or National Guard and is called to active duty and the employee's employment is terminated during or after active duty, employee and other qualified beneficiaries are eligible for a new 18-month continuation period</li> <li>Qualified beneficiary must notify the insurer within 63 days of losing group eligibility that he or she is eligible to continue coverage</li> </ul> See <a href="#">FL Stat § 627.6692 (2018)</a>	
<b>Georgia</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA</li> <li>Continuously insured under the policy for at least 6 months prior to the date of coverage termination</li> <li>Continuation of coverage limited to 3 months in the event of loss of coverage, except loss of coverage due to termination of employment for cause</li> </ul> See <a href="#">GA Code § 33-24-21.1 (2018)</a>	<ul style="list-style-type: none"> <li>Any group plan which covers 20 or more employees</li> <li>Coverage may be extended if an eligible employee and his or her dependents exhaust their continuation of coverage period under either Georgia's mini-COBRA or federal COBRA and if the employee was at least 60 years old on the date the mini-COBRA or federal COBRA coverage began</li> </ul> See <a href="#">GA Code § 33-24-21.2 (2018)</a>
<b>Hawaii</b>	None	If an employee is hospitalized or otherwise prevented by sickness from working, the employer shall enable the employee to continue the employee's coverage for up to 3 months following the month during which the employee became hospitalized or disabled from working or the period for which the employer has undertaken the payment of the employee's regular wages in such case, whichever is longer. See <a href="#">HI Rev Stat § 393-15 (2018)</a>
<b>Idaho</b>	None	Employer insurance policies providing hospital, medical or surgical coverage for persons with a disabling condition, must provide for continuation of such coverage for not less than 12 months beyond the date the policy terminates See <a href="#">ID Code § 41-2213 (2018)</a>

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<b>Illinois</b>	See <a href="#">IL 215 ILCS 5/367e</a> for all employer sizes, but only applies to fully-insured plans	<ul style="list-style-type: none"> <li>• All employer sizes, but only applies to fully-insured group and accident health plans</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• Written notice of continuation of coverage shall be provided to an enrollee within 10 days after the occurrence of a qualifying event and a copy of the notice shall be sent to the insurer</li> <li>• Continuation of coverage limited to 12 months</li> </ul> <p>See <a href="#">215 ILCS 5/367e</a></p> <ul style="list-style-type: none"> <li>• Continuation of coverage for dependent children who lose group health coverage in the event of death of the insured parent or reaching the limiting age under the policy (dependent child cannot be eligible for Illinois Spousal Continuation)</li> <li>• Continuation of coverage limited to up 2 years</li> </ul> <p>See <a href="#">215 ILCS 5/367.2-5 (2018)</a> for Illinois Dependent Child Continuation Coverage</p> <ul style="list-style-type: none"> <li>• Continuation of coverage for a divorced or widowed spouse and dependent children who lose coverage due to employee's death or divorce; coverage limited to up to 2 years if spouse is under 55, if older than 55, coverage extends until spouse is eligible for Medicare</li> <li>• Continuation of coverage for the spouse and dependent children of a retired employee if the spouse is 55 or older; coverage extends until spouse is eligible for Medicare</li> </ul> <p>See also <a href="#">215 ILCS 5/367.2 (2018)</a> for Illinois Spousal Continuation Coverage</p>
<b>Indiana</b>	None, but see <a href="#">IC 27-8-15-31.1 (2018)</a> for continuation of coverage statute that will apply once <a href="#">IC 27-8-15-31 (2018)</a> expires	None

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Iowa</b>	See <a href="#">Iowa Code Chapter 509B.3 (2018)</a> for all employer sizes, excluding self-insured plans	<ul style="list-style-type: none"> <li>• All employer sizes, excluding self-insured plans</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of coverage termination</li> <li>• Employer must notify employee of right to continue coverage within 10 days of termination of coverage</li> <li>• Continuation of coverage limited to 9 months due to a qualifying event</li> </ul> See <a href="#">Iowa Code Chapter 509B.3 (2018)</a>
<b>Kansas</b>	<ul style="list-style-type: none"> <li>• Must be available to enrollees of group plans that are not eligible for at least 18 months of continuation coverage under federal COBRA</li> <li>• Does not apply to self-insured plans</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• Continuation of coverage limited to 18 months in any event that results in loss of coverage</li> </ul> See <a href="#">KS Stat § 40-2209 (2018)</a>	None
<b>Kentucky</b>	<ul style="list-style-type: none"> <li>• Employers with fewer than 20 employees, only applies to fully-insured plans</li> <li>• Insured under the policy for at least 3 months prior to the date of termination</li> <li>• Continuation of coverage limited to 18 months</li> <li>• Employees must notify the insurer and pay the full group premium rate within 31 days after receiving notice of their right to continue coverage</li> </ul> See <a href="#">KY Rev Stat § 18.18-110 (2018)</a>	None
<b>Louisiana</b>	<ul style="list-style-type: none"> <li>• Employers not subject to federal COBRA, applies to fully-insured and self-insured plans</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• Continuation of coverage limited to 12 months generally</li> <li>• Surviving spouses 50 years or older may continue coverage until failure to pay premiums, Medicare eligibility, eligibility for other group health plan, or remarries</li> </ul> See <a href="#">LA Rev Stat § 22:1046 (2018)</a>	None

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<b>Maine</b>	<ul style="list-style-type: none"> <li>• Fewer than 20 employees, not subject to federal COBRA</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• Continuation of coverage limited to 12 months from the last day of work</li> <li>• At least 6 months of employment required prior to the layoff and employee must elect coverage within 31 days of the layoff</li> <li>• Continuation rights are only available if you are temporarily laid off or lost employment because of an injury or disease that would be covered under workers' compensation</li> <li>• Domestic partners who are covered as a dependent under a small group health plan are entitled to mini-COBRA continuation coverage in the same manner as any other dependent</li> </ul> <p>See <a href="#">24-A ME Rev Stat § 2809-A (2018)</a></p>	None
<b>Maryland</b>	<p>See <a href="#">MD Ins Code § 15-407 (2018)</a>, <a href="#">MD Ins Code § 15-408 (2018)</a>, <a href="#">MD Ins Code § 15-409 (2018)</a> for all employer sizes, only applies to fully-insured plans</p>	<ul style="list-style-type: none"> <li>• All employer sizes, only applies to fully-insured plans</li> <li>• Employee must be continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• In the event of employee death or divorce, spouse must be insured 30 days before the change in status</li> <li>• Dependents must be insured immediately before the change in status or born to the spouse after the change in status</li> <li>• Employer shall deliver election notification form to the insured by first-class mail within 14 days of receiving insured's request for an election notification form</li> <li>• Continuation of coverage limited to 18 months</li> <li>• Employee must be located in Maryland to be eligible for state continuation</li> </ul>

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Maryland</b> (continued)		<ul style="list-style-type: none"> <li>If the dependent or spouse reside outside Maryland and become eligible for continuation due to death or divorce, they are eligible for continuation</li> </ul> See <a href="#">MD Ins Code § 15-407 (2018)</a> , <a href="#">MD Ins Code § 15-408 (2018)</a> , <a href="#">MD Ins Code § 15-409 (2018)</a>
<b>Massachusetts</b>	<ul style="list-style-type: none"> <li>Employers with 2-19 employees, only applies to fully-insured plans</li> <li>Continuation coverage offered under a small group health plan must be made available to employees, spouses, and dependent children if they were covered on the day before a qualifying event</li> <li>Continuation of coverage will continue for 18 months in the event of the termination of employment or a reduction of hours</li> <li>If a qualified beneficiary experiences a second qualifying event (except for an employer's bankruptcy) within 18 months of the termination of employment or reduction in hours, then the continuation coverage for such beneficiary must continue for 36 months from the date of the termination of employment or reduction in hours</li> <li>A qualified beneficiary who is determined to be a person with a disability at the time of employee termination or reduction of hours is entitled to up to 29 months of continuation coverage</li> <li>In the event of any other qualifying event, the continuation coverage up to 36 months from the date of the qualifying event</li> </ul> See <a href="#">MA Gen Laws Ch 176J § 9 (2018)</a>	None
<b>Michigan</b>	<ul style="list-style-type: none"> <li>No specific regulation, but employees have the option to convert to an individual policy or purchase individual health insurance.</li> </ul> See <a href="#">Michigan Department of Insurance and Financial Services</a> <ul style="list-style-type: none"> <li>Employers with fewer than 20 employees</li> </ul>	None



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<b>Michigan</b> (continued)	<ul style="list-style-type: none"> <li>If employee does not qualify for federal COBRA continuation coverage, the employee may either convert to an individual policy with the same insurer that provided group health insurance coverage or purchase individual health insurance coverage from <a href="http://healthcare.gov">healthcare.gov</a> or in the private marketplace</li> </ul>	
<b>Minnesota</b>	<p>See <a href="#">MN Stat § 62A.17 (2018)</a>, <a href="#">MN Stat § 62A.20 (2018)</a>, <a href="#">MN Stat § 62A.21 (2018)</a> for all group sizes</p>	<ul style="list-style-type: none"> <li>Employers with 2 or more employees</li> <li>Continuation of coverage limited to 18 months See <a href="#">MN Stat § 62A.17 (2018)</a></li> <li>Coverage triggered for a spouse and dependent children when the covered employee becomes covered by Medicare and coverage triggered for dependent child that loses dependent status; continuation of coverage limited to 36 months See <a href="#">MN Stat § 62A.20 (2018)</a></li> <li>Continuation of coverage for former spouse and dependent children covered on the day before entry of decree of dissolution of marriage; continuation of coverage up to the date the former spouse becomes covered under another group health plan or the date coverage would otherwise terminate under the policy See <a href="#">MN Stat § 62A.21 (2018)</a></li> </ul>
<b>Mississippi</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA, only applies to fully-insured plans</li> <li>Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>Continuation of coverage limited to 12 months See <a href="#">MS Code § 83-9-51 (2018)</a></li> </ul>	None
<b>Missouri</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA</li> <li>Continuation of coverage limited to 18 months</li> <li>Eligibility for Missouri continuation coverage is the same as eligibility for coverage under federal COBRA See <a href="#">MO Rev Stat § 376.428 (2018)</a></li> </ul>	None

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Montana</b>	None	<ul style="list-style-type: none"> <li>• All group disability policies</li> <li>• Continuation of coverage for 12 months, with the consent of the employer or the trustees, to employees and dependents covered under a group disability policy when the employee's regular work schedule is reduced to less than the minimum time required to qualify for coverage</li> <li>• Group disability policy that provides coverage for family or dependents may be continued in the event of the death of the employee</li> </ul> <p>See <a href="#">MT Code § 33-22-503 (2017)</a>, <a href="#">MT Code § 33-22-507 (2017)</a></p>
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>• Employers not subject to federal COBRA</li> <li>• Continuation of coverage limited to 6 months in the event of involuntary termination and limited to 12 months in the event of employee's death</li> </ul> <p>See <a href="#">NE Code § 44-1640 (2018)</a> - <a href="#">§ 44-1645</a></p>	None
<b>Nevada</b>	See <a href="#">NRS 689B.0345 (2018)</a> for all group sizes	<ul style="list-style-type: none"> <li>• Group plans covering 2 or more persons</li> <li>• Continuation of coverage for employee and dependents while the employee is on unpaid leave as a result of a total disability</li> <li>• Continuation of coverage limited to 12 months</li> </ul>
<b>New Hampshire</b>	See <a href="#">NH Rev Stat § 415:18 (2017)</a> for all group sizes, only applies to fully-insured plans	<ul style="list-style-type: none"> <li>• All employer sizes, only applies to fully-insured plans</li> <li>• Continuation coverage generally lasts for 18 months</li> <li>• Coverage is extended to 29 months where an individual is determined to be disabled under the Social Security Act within 60 days from the date of ineligibility under the group plan</li> <li>• Whenever the entire group is terminated, coverage shall continue for 39 weeks</li> </ul>

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>New Hampshire</b> (continued)		<ul style="list-style-type: none"> <li>• Except for legally separated, divorced or surviving spouses 55 years or older, coverage may be extended to 36 months where participation terminates due to the death of the covered employee, divorce or legal separation of the covered employee, substantial loss of coverage by retirees and dependents within one year of the employer filing for bankruptcy, or a dependent child's ceasing to be a dependent</li> </ul> See <a href="#">NH Rev Stat § 415:18 (2017)</a>
<b>New Jersey</b>	<ul style="list-style-type: none"> <li>• Employers with 2-50 employees, unless subject to federal COBRA, only applies to fully-insured plans</li> <li>• 18 months for employees who have been terminated "other than for cause" or whose hours have been reduced to fewer than 25 per week</li> <li>• 36 months for a spouse or dependent child in the event of a divorce or the employee's death, or when a dependent child ceases to be a dependent under the terms of the group health plan</li> <li>• 29 months if determined to be disabled under the Social Security Act</li> <li>• Employees have 30 days from a qualifying event to elect continuation coverage to the employer in writing</li> </ul> See <a href="#">NJ Rev Stat § 17B:27A-27 (2018)</a>	None
<b>New Mexico</b>	See <a href="#">NM Stat § 59A-18-16 (2017)</a> for all group sizes	<ul style="list-style-type: none"> <li>• All employer sizes</li> <li>• Continuation coverage generally lasts for 6 months after the termination of employment, death of employee, and divorce or legal separation</li> </ul> See <a href="#">NM Stat § 59A-18-16 (2017)</a>
<b>New York</b>	<ul style="list-style-type: none"> <li>• Fewer than 20 employees</li> <li>• Coverage generally lasts for 36 months after group coverage terminates</li> </ul> See <a href="#">NY Ins L § 3221 (2018)</a>	<ul style="list-style-type: none"> <li>• Employers with 20 or more employees</li> <li>• Employees or members who have exhausted federal COBRA rights and was entitled to less than 36 months of continuation coverage may continue coverage for up to 36 months from the date the continuation coverage began</li> </ul> See <a href="#">NY Ins L § 3221 (2018)</a>

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>North Carolina</b>	See <a href="#">NC Gen Stat § 58-53 (2018)</a> for all employer sizes, excludes self-insured plans	<ul style="list-style-type: none"> <li>All employer sizes, excludes self-insured plans</li> <li>Continuation of coverage limited to 18 months after termination of employment</li> <li>Continuously insured under the policy for at least 3 months prior to the date of termination</li> </ul> See <a href="#">NC Gen Stat § 58-53 (2018)</a>
<b>North Dakota</b>	See <a href="#">ND Century Code 26.1-36-23 (2018)</a> for all employer sizes	<ul style="list-style-type: none"> <li>All employer sizes</li> <li>Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>Continuation of coverage limited to 39 weeks in the event of termination of employment</li> <li>Continuation of coverage limited to 36 months in the event of divorce or annulment for spouse and dependent children</li> <li>Must make a request for continuation in writing within 10 days of the later of the date of termination or the day employee is notified of the right of continuation</li> </ul> See <a href="#">ND Century Code 26.1-36-23 (2018)</a>
<b>Ohio</b>	See <a href="#">Ohio Rev Code § 3923.38 (2018)</a> for all employer sizes	<ul style="list-style-type: none"> <li>All employer sizes</li> <li>Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>Continuation of coverage for up to 12 months in the event of involuntary termination (except for gross misconduct)</li> <li>Continuation must be elected in writing and accompanied by the first premium payment—both given to the employer</li> </ul> See <a href="#">Ohio Rev Code § 3923.38 (2018)</a>
<b>Oklahoma</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA</li> <li>Continuation of coverage under the group policy or contract for a period of at least 63 days after such termination</li> <li>The carrier shall notify the terminated employee of the availability of this continuation of coverage option in writing within 30 days of receiving notice from the plan sponsor of the employee's termination of coverage</li> </ul>	None

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Oklahoma</b> (continued)	<ul style="list-style-type: none"> <li>If an employee has been covered for at least 6 months under the policy, then the continuation period must be not less than 3 months in the case of basic coverage or 6 months in the case of major medical coverage</li> </ul> See <a href="#">36 OK Stat § 36-4509 (2018)</a>	
<b>Oregon</b>	<ul style="list-style-type: none"> <li>Employers not subject to federal COBRA</li> <li>Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>Continuation of coverage up to 9 months in the event of termination of employment (except for gross misconduct), reduction of hours, eligibility for Medicare, loss of dependent status, or employee's death</li> <li>Continuation of coverage must be requested within 10 days after the later of the date of the qualifying event or the date the insurer provides notice of termination of coverage</li> </ul> See <a href="#">OR Rev Stat § 743B.347 (2018)</a>	<ul style="list-style-type: none"> <li>Employers with 20 or more employees maintaining group health plans must provide continuation coverage for surviving or divorced spouses aged 55 or older and dependents</li> <li>Continuation of coverage ends upon the earliest of: group health plan termination or spouse becoming insured under another group health plan, remarrying, becoming eligible for Medicare, or failing to pay premiums</li> </ul> See <a href="#">OR Rev Stat § 743B.343 (2018)</a>
<b>Pennsylvania</b>	<ul style="list-style-type: none"> <li>Employers with 2-19 employees on a typical business day during the preceding year</li> <li>Continuation of coverage for up to 9 months in the event of employee's death, termination of employment (except for gross misconduct), divorce or legal separation, entitlement to Medicare, loss of dependent status, employer's bankruptcy</li> <li>Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>Continuation of coverage must be requested within 30 days of employee being notified of qualifying event</li> <li>The health care continuation law does not apply to employers who sponsor group policies for a specific disease or accidental injury only</li> </ul> See <a href="#">PA Act 2 of 2009</a>	None

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<b>Rhode Island</b>	See <a href="#">RI Gen L §27-19.1-1(2018)</a> for all employer sizes	<ul style="list-style-type: none"> <li>• All employer sizes</li> <li>• Continuation of coverage for up to 18 months in the event involuntary layoff, employee's death, workplace ceasing to exist, permanent reduction in workforce size</li> <li>• Continuation of coverage must be requested within 30 days of qualifying event</li> <li>• The health care continuation law does not apply to an employee who is employed in the construction industry or to an employer if its employees are participants in and the employer is a contributor to a multiemployer welfare plan</li> </ul> See <a href="#">RI Gen L §27-19.1-1(2018)</a>
<b>South Carolina</b>	<ul style="list-style-type: none"> <li>• All employers unless entitled to federal COBRA for a period greater than the fractional policy month plus 6 months</li> <li>• Continuation coverage will last for the fractional policy month remaining at termination plus 6 additional policy months in the event of loss of coverage except for nonpayment of premiums</li> <li>• Continuously insured under the policy for at least 6 months prior to the date of termination</li> <li>• The health care continuation law does not apply to any policy which provides benefits for other than hospital, surgical, major medical, or which provides benefits for specific diseases or accidental injuries only</li> </ul> See <a href="#">SC Code § 38-71-770 (2018)</a>	None
<b>South Dakota</b>	<ul style="list-style-type: none"> <li>• All employers unless comparable benefits are available under state or federal law (federal COBRA)</li> <li>• Insured under the policy for at least 6 months prior to the date of termination</li> <li>• Continuation of coverage for up to 18 months in the event of termination of employment or termination of coverage by insurer</li> <li>• If a qualified beneficiary was disabled at any time during the first 60 days of continuation coverage, coverage can be continued for 29 months</li> </ul>	None

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>South Dakota</b> (continued)	See <a href="#">SD Codified L § 58-18-7.5 (2018)</a> <ul style="list-style-type: none"> <li>• A qualified beneficiary may continue coverage for a total of 36 months under the following conditions:</li> <li>• If at the death of the employee or member, the qualified beneficiary's coverage under the group policy terminates by reason of such death</li> <li>• If a qualified beneficiary ceases to be a qualified family member under the group policy, while the employee or member remains insured under the policy</li> <li>• Any Medicare ineligible qualified beneficiary of a current employee</li> <li>• The qualified beneficiary of an employee who is eligible for Medicare</li> <li>• Divorce or legal separation of employee</li> </ul> See <a href="#">SD Codified L § 58-18-7.12 (2018)</a>	
<b>Tennessee</b>	See <a href="#">TN Code § 56-7-2312 (2018)</a> for all employer sizes	<ul style="list-style-type: none"> <li>• All employer sizes</li> <li>• Continuously insured under the policy for at least 3 months before termination</li> <li>• Continuation of coverage for the fractional policy month remaining at termination, plus 3 additional policy months in the event of termination of coverage except if the group policy is terminated entirely or terminated for the employee's insured class</li> <li>• Individuals who are terminated from group coverage because of divorce or death of insured spouse shall be entitled to have the coverage continued under the group policy for the fractional policy month remaining at termination plus up to 15 additional policy months</li> <li>• Individuals who are terminated from group coverage during pregnancy shall be entitled to have the coverage continued under the group policy for the fractional month remaining at termination plus up to 6 months after the pregnancy ends</li> <li>• See <a href="#">TN Code § 56-7-2312 (2018)</a></li> </ul>

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
Texas	<p>See <a href="#">TX Insurance Code Title 8, Subtitle B, Chapter 1251 (2017)</a> for all employer sizes, but excludes self-insured plans</p>	<ul style="list-style-type: none"> <li>• All employer sizes, but excludes self-insured plans</li> <li>• Continuously insured under policy for at least 3 months before termination</li> <li>• Must elect to continue coverage within 60 days after the later of the date coverage terminates or the date the individual is given notice of the right to continue coverage</li> <li>• Qualifying events include loss of coverage except for involuntary termination for cause, including if the group policy is terminated entirely or for the employee's insured class</li> <li>• The maximum continuation period required by law, for any employee or dependent not eligible for continuation coverage under federal COBRA is 9 months after the date the employee or dependent elects to continue the group coverage</li> <li>• Any employee or dependent eligible for continuation coverage under COBRA, 6 additional months following any period of continuation coverage provided under COBRA</li> </ul> <p>See <a href="#">TX Insurance Code Title 8, Subtitle B, Chapter 1251.251 - .260 (2017)</a></p> <ul style="list-style-type: none"> <li>• Employee's family members or dependents who have been covered by the plan for at least one year or is an infant under one year of age</li> <li>• Continuation of coverage for up to 3 years in the event of a severance of the family relationship or an employee's death or retirement</li> </ul> <p>See <a href="#">TX Insurance Code Title 8, Subtitle B, Chapter 1251.301 - .310 (2017)</a></p>
Utah	<ul style="list-style-type: none"> <li>• Employers not subject to federal COBRA</li> <li>• Continuously insured under the group policy for at least 3 months before termination of coverage</li> <li>• Continuation of coverage up to 12 months for certain qualifying events</li> <li>• Must elect to extend group coverage within 60 days of its termination</li> </ul> <p>See <a href="#">UT Code § 31A-22-722 (2018)</a></p>	None



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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
Vermont	See <a href="#">8 V.S.A § 4090a (2018)</a> ; <a href="#">8 V.S.A § 4090b (2018)</a> ; <a href="#">8 V.S.A § 4090c (2018)</a> for all employer sizes	<ul style="list-style-type: none"> <li>• All employer sizes</li> <li>• Continuation of coverage up to 18 months for certain qualifying events</li> <li>• Must elect coverage in writing within 60 days of receiving notice of the occurrence of a qualifying event</li> </ul> See <a href="#">8 V.S.A § 4090a (2018)</a> ; <a href="#">8 V.S.A § 4090b (2018)</a> ; <a href="#">8 V.S.A § 4090c (2018)</a>
Virginia	<ul style="list-style-type: none"> <li>• Employers not subject to federal COBRA</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• Continuation of coverage for up to 12 months in the event of termination of coverage</li> <li>• Allows continuation even if employee lives outside of Virginia</li> <li>• Employers must notify employees within 14 days of loss of group health plan eligibility due to a qualifying event</li> <li>• Employees must apply for continuation coverage within 31 days after notification of availability, but in no event beyond 60 days after loss of eligibility</li> </ul> See <a href="#">VA Code § 38.2-3541 (2015)</a>	None
Washington	None	<ul style="list-style-type: none"> <li>• Employers with fully-insured plans have the option to grant a person who becomes ineligible for coverage, the right to continue coverage</li> </ul> See <a href="#">Wash. Rev. Code § 48.21.250 (2018)</a> <ul style="list-style-type: none"> <li>• Disability insurance may be continued whenever the employee's compensation is suspended or terminated directly or indirectly as the result of a strike, lockout, or other labor dispute for a period of up to 6 months</li> </ul> See <a href="#">Wash. Rev. Code § 48.21.075 (2018)</a>
West Virginia	<ul style="list-style-type: none"> <li>• All groups unless subject to federal COBRA</li> <li>• All members in groups or classes eligible for insurance provided through an employee's group plan shall be permitted to pay the premiums at the same group rate and receive the same coverages for a period not to exceed 18 months when they are involuntarily laid off from work</li> </ul> See <a href="#">WV Code § 33-16-3 (2018)</a>	None

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State	Mini-COBRA for Small Employers	Additional COBRA for Large Employers
<b>Wisconsin</b>	See <a href="#">WI Stat § 632.897 (2018)</a> for all employer sizes	<ul style="list-style-type: none"> <li>• All employer sizes</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination of coverage</li> <li>• Employer must provide written notification of the right to continue coverage to terminated insured within 5 days after employer receives notice of coverage termination</li> <li>• If the terminated insured elects to continue group coverage as provided in this section, the insurer may require conversion to individual coverage by the terminated insured and his or her spouse and dependents 18 months after the terminated insured elects the group coverage</li> </ul> See <a href="#">WI Stat § 632.897 (2018)</a>
<b>Wyoming</b>	<ul style="list-style-type: none"> <li>• Employers not subject to federal COBRA</li> <li>• Continuously insured under the policy for at least 3 months prior to the date of termination</li> <li>• Must request continuation of coverage within 31 days from when the coverage would otherwise terminate</li> <li>• Continuation of coverage up to 12 months in the event of termination of employment or eligibility for coverage</li> </ul> See <a href="#">WY Stat § 26-19-113 (2018)</a>	None

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