

COBRA Submission Requirements

	Aetna	Anthem Blue Cross	CaliforniaChoice	Cigna + Oscar
ER Application Requirements	Complete Cal-COBRA/COBRA Questionnaire	Complete section I COBRA/ Cal-COBRA/FMLA Questionnaire	N/A	N/A
EE Application Requirements	Provide length of continuation, reason, date of qualifying event (top section of Employee App)	Provide CalCOBRA effective date in Section B of Employee App	For takeover only: provide qualifying event and date in Section B of Employee App All other members should use COBRA application	Employee Enrollment/Change Request form or termed via online portal
EE Application Requirement When	Last day of effective month	Last day of effective month	Last day of effective month	Last day of effective month
If EE Not Listed on Prior Carrier Bill	Provide the member's Cert of Creditable Coverage	Provide the member's Cert of Creditable Coverage	Provide the member's Cert of Creditable Coverage	Provide the member's Cert of Creditable Coverage
Premium Required with Submission	COBRA: Yes (include in employer prem) CalCOBRA: Yes (check from employee)	COBRA: Yes (include in employer prem) CalCOBRA: Yes (check from employee)	COBRA direct bill client: Yes (include with employer prem) CalCOBRA: No	Yes, can be included in the ACH
Will Carrier Handle Participant Billing	COBRA: No CalCOBRA: Yes	COBRA: No CalCOBRA: Yes. Groups written before 1/1/2016 send payments to: PO Box 54630, Los Angeles, CA 90054-0630. Groups written 1/1/2016 or after send payments to: PO Box 511300, Los Angeles, CA 90051-7855.	COBRA: Yes. If employer chooses to administer they must complete Group COBRA Direct Billing Agreement CalCOBRA: Yes	COBRA: No CalCOBRA: Yes
Commissions				
Paid for CalCOBRA Participants	No	No (for new enrollees beg. 2/1/10)	Yes	No
Paid for COBRA Participants	Yes, if premium is submitted by the group via their invoice.	Yes	Yes	Yes
LAST REVIEWED	7/22/21	7/22/21	7/22/21	7/22/21

COBRA Submission Requirements

	CCSB	Delta	Guardian	Health Net
ER Application Requirements	N/A	N/A	N/A	Complete section 4, question 6 of Employer App
EE Application Requirements	COBRA: Complete Employee App & Federal COBRA Election Form CalCOBRA: Complete Employee Application	COBRA: Complete Employee App marking Fed COBRA plus term date. CalCOBRA: Complete the CalCOBRA Disclosure & Election form. No application is submitted	COBRA: Complete Employee App & Change Form; mark COBRA/State Continuation. Provide date of qualifying event and length of continuation. CalCOBRA: Employee App and enrollment info will be sent to applicant	Provide qualifying event, date and effective date of coverage in Section 2 of Employee App
EE Application Requirement When	Last day of effective month	Last day of effective month	Last day of effective month	Within 60 days of the effective date
If EE Not Listed on Prior Carrier Bill	Provide the member's Cert of Creditable Coverage	N/A	N/A	Provide the member's Cert of Creditable Coverage
Premium Required with Submission	COBRA: Yes (check from employer due to separate invoice) CalCOBRA: Yes (check from employee)	COBRA: Yes (include in employer prem) CalCOBRA: Yes (check from employee)	COBRA: No CalCOBRA: Yes (check from employee)	COBRA: Yes (include in employer prem) CalCOBRA: No
Will Carrier Handle Participant Billing	COBRA: No CalCOBRA: Yes	COBRA: No CalCOBRA: Yes	COBRA: Yes. Appears on Group's billing statement. CalCOBRA: Yes	COBRA: Employer must specify on App CalCOBRA: Yes
Commissions				
Paid for CalCOBRA Participants	No	No	No	No
Paid for COBRA Participants	No	Yes, if the group administers COBRA.	Yes	No
LAST REVIEWED	7/22/21	7/22/21	7/22/21	7/22/21

COBRA Submission Requirements

	Kaiser	MetLife	Principal	UnitedHealthcare	VSP
ER Application Requirements	N/A	N/A	N/A	Complete section at the bottom of page 1 on the Employer App	N/A
EE Application Requirements	COBRA: Complete COBRA Enrollment Form CalCOBRA: Employer must notify Kaiser within 31 days of qualifying event	COBRA: May be added to active employee census CalCOBRA: May be added to active employee census	Complete COBRA Enrollment Form	Complete Employee App, making sure to include COBRA start date and qualifying event in the top right corner of page 1	COBRA: Completed enrollment form CalCOBRA: Completed Cal-Cobra Packet Request Form. No enrollment form is submitted.
EE Application Requirement When	Last day of effective month	Last day of effective month	Last day of effective month	Last day of effective month	Within 31 days of the qualifying event date
If EE Not Listed on Prior Carrier Bill	Provide the member's Cert of Creditable Coverage	N/A	Provide the member's Cert of Creditable Coverage	N/A	N/A
Premium Required with Submission	COBRA: Yes (include in employer prem) CalCOBRA: Yes (check from employee)	COBRA: Yes CalCOBRA: Yes	COBRA: Yes (include in employer prem) CalCOBRA: No	COBRA: Yes (include in employer prem) CalCOBRA: No	COBRA: No CalCOBRA: Yes (check from employee)
Will Carrier Handle Participant Billing	COBRA: No CalCOBRA: Yes	COBRA: No CalCOBRA: Yes	COBRA: No, members appear on group billing CalCOBRA: Yes	COBRA: Yes. Group may elect service following installation CalCOBRA: Yes	COBRA: No CalCOBRA: Yes
Commissions					
Paid for CalCOBRA Participants	No	No	Yes, if members are still tied to the group policy	No	Yes
Paid for COBRA Participants	Yes	No	Yes	Yes	Yes
LAST REVIEWED	7/22/21	7/22/21	7/22/21	7/22/21	7/22/21