



Benefit Continuation for Leaves of Absence and Reduced Work Schedules (ADA or ACA)

Cone Health recognizes the importance of ensuring continuation of benefit coverage for employees during leaves of absence and reduced work schedules.

Leaves of Absence

During an approved leave of absence, benefits will continue as normal with payment being expected via PAL bank hours or credit/debit card payment to stay current with insurance premium cost. The requirement to keep your premiums current applies to all types of leaves of absence. To pay for your premiums and to establish an ongoing payment method, contact Benefits at (336) 832-7877 to provide your card information.

- Family Medical Leave Absence (FMLA) – Up to 12 weeks of approved leave of absence.
- Extended Leave of Absence - After FMLA has ended and if an extended leave has been granted.
- Personal Leave of Absence – Up to 6 weeks of approved leave not related to personal medical.
- Military Leave of Absence – Documented United States military assignment with extended absence from work.

Reduced Work Schedules

After FMLA or any extended leave has ended, if a temporary reduced work schedule has been granted to accommodate limited work schedule and in accordance with the Americans with Disabilities Act (ADA), benefits will continue as normal on the condition that payment for premiums remains current at all times. Payment is expected via use of PAL bank hours or credit/debit card payment each pay cycle to remain current.

If your work schedule has reduced to PRN or relief status and you have worked a minimum of 30 hours per week in the previous 12 month period, you may be offered health insurance coverage through the end of the current calendar year. In order to take advantage of the coverage offer, all premiums must be paid and kept current with a method of payment (credit/debit card) secured on file to be charged for premium cost for any pay period in which you do not earn income. To pay for your premiums and to establish an ongoing payment method, contact Benefits at (336) 832-7877 to provide your card information.

NON-PAYMENT AND END OF COVERAGE

After 45 days (3 pay periods) of non-payment, a letter will be sent to you providing you with 30 days to pay outstanding premiums. If full payment is not made within the 30 days, employer-sponsored coverage(s) will end and you will be offered COBRA coverage. Your employer-sponsored coverage will end on the last day of the month in which your premiums are paid to current and your COBRA election period will begin.

COBRA CONTINUATION RIGHTS

If your employer-sponsored coverage ends due to non-payment of premiums, you and your dependents will be offered and have the right to continue coverage for up to 18 months under COBRA provisions. You may also find affordable coverage on the www.healthcare.gov website. Current COBRA rates are shown in the table below:

Cone Health 2023 COBRA RATES (Rates are Monthly)

Medical Coverage Options				
Plan Name	Employee Only	Employee + Spouse	Employee + Children	Family
SAVE Plan	\$660.15	\$1,386.32	\$1,221.29	\$2,046.48
Traditional PPO Medical Plan	\$765.90	\$1,608.39	\$1,416.90	\$2,374.27
Centivo Focus Plan	\$762.23	\$1,600.69	\$1,410.13	\$2,362.91
Dental Coverage Options				
Plan Name	Employee Only	Employee + Spouse	Employee + Children	Family
Basic Dental	\$31.91	\$49.07	\$63.75	\$87.64
Major Dental	\$56.05	\$86.28	\$112.07	\$154.09

Reinstatement of Coverage on Return from Approved Leave If Coverage Was Terminated for Non-Payment (Must request reinstatement within 31 days of return to benefit-eligible work status change)

If your coverage was ended for non-payment under the employer-sponsored plan and you were offered COBRA but did not accept, medical claims incurred during this period of time for you and/or your dependents will not be eligible for payment from the Plan. If you elect to re-enroll in employer-sponsored coverage after your work status changes back to benefit eligible, the new election period will begin on the first date of the next month that your benefit eligible employment restarts. If you do not request to re-enroll in coverage within 31 days, you will be required to wait until the next open enrollment period.