

COBRA benefits, offered through HealthEquity, offer a continuation of coverage following a job change, qualifying life event or termination. If you elect COBRA, coverage will begin the day after your Banner benefits end.

**Q: Do I have to elect the same coverage that I had as an active member?**

**A:** During the initial enrollment, you are offered the same medical, dental, and/or vision coverage and plan level you had as a benefits-eligible member. You and your currently covered dependents may elect any combination of these coverages.

- **For example:** Sofia is currently covering herself and daughter for Banner Aetna Choice Plus Medical; herself, daughter and spouse for Cigna Dental PPO Value Plan; and herself, daughter and spouse for Vision Premier Plan. Sofia's options are:
  - Medical Banner Aetna Choice Plus: Employee + Child, Employee only or Child only (cost is the Employee only level)
  - Cigna Dental PPO Value Plan: Family, Employee + Spouse, Employee + Child, Spouse + Child, Employee only, Spouse only (cost is the Employee only level), or Child only (cost is the Employee only level)
  - Vision Premier Plan: Family, Employee + Spouse, Employee + Child, Spouse + Child, Employee only, Spouse only (cost is the Employee only level) or Child only (cost is the Employee only level)

**Q: Can I change my coverage level under COBRA?**

**A:** Members enrolled in COBRA go through Open Enrollment in December/January. During this time, you may make any changes to your coverage plans.

**Q: Can I continue my Health Care Flexible Savings Account (FSA), Dependent Care FSA or Health Savings Account (HSA) contributions under COBRA?**

**A:** The only COBRA qualified savings plan is the health care FSA.

- **Health Care FSA** can be elected under COBRA. If elected, coverage will end 12/31 and is available only for the remainder of the current plan year. If the Health Care FSA is not elected through COBRA it ends on your last day of eligibility. You have 90 days to submit eligible expenses to HealthEquity for reimbursement. Any remaining funds after the 90 days are forfeited.

- **HSA** coverage ends on your last day of eligibility. Any funds in the HSA are yours and there is no expiration date to use the funds. Keep in mind that you will be assessed the monthly administration fee.
- **Dependent Care FSA** coverage ends on your last day of eligibility. You have 90 days to submit eligible expenses to HealthEquity for reimbursement. Any remaining funds after the 90 days are forfeited.

**Q: What if I experience a life event while enrolled in COBRA?**

**A:** If you experience a life event such as a birth or divorce, contact HealthEquity at 866-678-4881 or log into their website, [mybenefits.wageworks.com](https://mybenefits.wageworks.com).

**Q: My dependent will be turning 26. Will they be eligible for COBRA?**

**A:** Yes, a dependent turning age 26 is eligible for the same level of coverage under COBRA. The cost is the same as "Employee Only".

**Questions?** Before you've enrolled in COBRA, email [Benefits@bannerhealth.com](mailto:Benefits@bannerhealth.com). For assistance with enrolling or once you've enrolled, please call 888-678-4881 or visit [mybenefits.wageworks.com](https://mybenefits.wageworks.com).

