

# Federal & State Mini-COBRA Chart





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Government	Which Employers are Covered?	Who are the Qualifying Beneficiaries?	What are the Qualifying Events?	How Long Can COBRA Coverage Last?	What is the Maximum Chargeable Premium Payment?
AL	See Federal	See Federal	See Federal	See Federal	See Federal
AK	See Federal	See Federal	See Federal	See Federal	See Federal
AZ	See Federal	See Federal	See Federal	See Federal	See Federal
AR	Employers with fewer than 20 employees	Employees and dependents who have been continuously insured for at least 3 months prior to a qualifying event	Termination Change in marital status Termination of membership in a class eligible for coverage	120 days	Not addressed by state statute
CA	Employers with 2 to 19 employees (for employers with 20 or more employees, Cal-COBRA may extend continuation coverage for up to 36 months)	Any individual who is an enrollee in a group health plan on the day before a qualifying event	Termination (except for gross misconduct) Reduction in hours Divorce or legal separation Loss of dependent status Employee enrolls in Medicare Employee dies	36 months. This can be 36 months of Cal-COBRA alone or 18 months of federal COBRA followed by 18 months of Cal-COBRA.	Up to 110% of the applicable rate. In the case of a qualified beneficiary who is determined to be disabled, up to 150% of the group rate after the first 18 months of continuation coverage.
CO	Any size employer group policy where federal COBRA does not apply	Employee and dependents when the employee has been continuously covered for at least 6 months	Termination Employee's death Change in marital status (or civil union status) of an eligible employee Reduction in hours	18 months	Premium amount not specifically addressed under state statute
CT	All employers	Employee Employee's spouse Unmarried children who are under 26  Stepchildren (on the same basis as biological children)	Layoff Reduction in hours Leave of absence Termination <small>Tf 39996981071</small>		



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GA	Generally employers with fewer than 20 employees (extended continuation of coverage applies to employers with 20 or more employees)	An employee whose coverage has been terminated and who has been continuously covered under the plan for at least 6 months, and his or her eligible dependents  <a href="#">(Click here</a> for information regarding extended continuation of coverage [§ 33-24-21.2], which generally applies to employees age 60 or older.)	When coverage would otherwise terminate for employees who have been continuously covered under the group plan for at least 6 months prior to termination (except if employment was terminated for cause)  <a href="#">(Click here</a> for information regarding extended continuation of coverage [§ 33-24-21.2], which generally applies to employees age 60 or older.)	Coverage must continue for the fractional policy month remaining (if any) at termination, plus 3 additional policy months  (For employers with 20+ employees, such employees and dependents may be entitled to an additional period of continuation coverage if the employee was 60+ when the initial period of federal or state continuation coverage began)	In general, the same rate that applies to active group members. However, if an eligible employee or the divorced or surviving spouse elects extended continuation coverage, the monthly premium may not exceed 120% of the group rate.
HI	All employers	Any regular employee who has been employed for 4 consecutive weeks	If an employee is hospitalized or otherwise prevented by sickness from working	3 months following the month the employee became hospitalized or disabled from working, or the period for which the employer has paid the employee's regular wages, whichever is longer	Not addressed by state statute
ID	See Federal	See Federal	See Federal	See Federal	See Federal



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KS	All group policies. Mini-COBRA applies to group policies that are also subject to COBRA, to the extent that the participant has not received equal or better continuation rights under COBRA.	Employees or covered dependents who have been continuously insured under the group policy for at least 3 months immediately prior to termination	Continuation must be offered to employees and their covered dependents whose insurance under the group policy is terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class	18 months	Same premium as that applicable to employees remaining in the group
KY	Employers with fewer than 20 employees	Employees and their covered dependents, if they have been covered by the group policy for at least 3 months	Termination of group membership of the covered employee Death of the covered employee Loss of dependent		

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ME	Fewer than 20 employees	Individuals who have been employed for at least 6 months and dependents covered under the group policy for at least 3 months (unless the dependents were not eligible for coverage until after the beginning of the 3-month period)	Continuation coverage must be provided for eligible employees and dependents when group insurance coverage terminates because:  The employee is temporarily laid off The employee loses employment because of an injury or disease that would be covered under workers' compensation	1 year from the last day of work	102% of the group rate





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MO	Generally employers not subject to federal COBRA	Eligible employees,			



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ND	Fewer than 20 employees	Employees, spouses, and g (W)T Td (a)Tj 5.in:			
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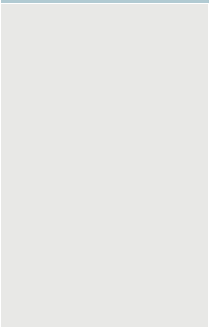


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SD	Employers with fewer than 20 employees	Employees and eligible dependents	Termination (other than for gross misconduct) Employer termination of group coverage Employee's death Loss of eligibility as qualified family member A qualified beneficiary is ineligible for Medicare Employee's eligibility for Medicare  Divorce or legal separation	18 months for termination of employment or group coverage 29 months if the individual is determined to be disabled during the first 60 days of continuation coverage 36 months for <a href="#">certain other qualifying events</a>	May not exceed 102% of the group rate (except for any month after the 18th month, during which the premium may not exceed 150% of the applicable premium)
TN	All employers	Employees, spouses, and dependents that were continuously insured for at least 3 months immediately prior to coverage termination	Termination of employee coverage for any reason, except for:  Discontinuance of the policy The employee's failure to pay any required contribution The employee's eligibility for Medicare	In the event of termination, the fractional policy month remaining at termination, plus up to 3 additional months In the event of divorce or death of an insured spouse, the fractional policy month remaining at termination, plus up to 15 additional months For individuals whose coverage is terminated during pregnancy, the fractional month remaining at termination, plus at least 6 months after the pregnancy	The full group premium, including any portion usually paid by the employer

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VA	Employers with fewer than 20 employees	Employees or family members who have been continuously insured during the entire 3-month period immediately before termination of coverage eligibility	Termination of the person's eligibility for coverage prior to that person becoming eligible for Medicare or Medicaid benefits	12 months	
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