Wisconsin Office of the COMMISSIONER OF INSURANCE

Tony Evers, Governor of Wisconsin
Mark Afable, Commissioner of Insurance

Model Wisconsin Premium Assistance Election Notice

(For use by group health plans subject solely to Wisconsin continuation insurance coverage requirements under Wis. Stat. § 632.897 for use between April 1, 2021 and September 30, 2021.)

[Enter date of notice]

Dear: *[Identify the involuntarily terminated or reduced hour insured by name or status]*

You are receiving this notice because you either lost your group health insurance coverage when your work hours were reduced or you involuntarily lost your job with your employer and as a result lost coverage through the group health insurance policy that provided you coverage including the a period of time that includes April 1, 2021 through September 30, 2021. Wisconsin continuation insurance coverage requirements under Wis. Stat. 632.897, provide you the right to continue your group health insurance coverage as long as you are eligible. In addition, if you are an Assistance Eligible Individual as explained elsewhere in this notice, for the period April 1, 2021 through September 30, 2021, or the end of your eligibility which ever comes first, the premium for your group health insurance coverage will be paid by your employer *[insert employer name]*.

You may elect continuation coverage by *[enter procedure]*. The premium amount required for continuation coverage is $0.00 for the period April 1 through September 30, 2021 and *[enter amount for the period beginning October 1, 2021]* and should be paid to *[enter manner, place, and time in which payments shall be paid]*. If elected, continuation coverage will begin on *[enter date]* and can last until *[enter date]*. If you have previously paid premium any months covered by this assistance, your employer or the entity to whom you paid your premium will refund your payment within 30 days.

Please note you will no longer be eligible for group continuation coverage if any of the following occur:

1. You establish residence outside of Wisconsin.
2. You become eligible for Medicare or similar coverage under another employer's group policy.
3. You fail to make timely payment of premium after September 30, 2021.
4. You have been covered under continuation coverage for 18 months.

Please read the information in this notice very carefully before you make your decision. If you choose to elect continuation coverage, you should use the election form provided by your employer.

This notice has important information about your right to continue your health care coverage in the *[enter name of group health plan]* (the Plan), as well as other health coverage options that

may be available to you, including coverage through the Health Insurance Marketplace®. To sign up for Marketplace coverage visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325). You may be able to get coverage through the Health Insurance Marketplace®[1] that costs less than continuation coverage after the premium assistance expires.

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for continuation coverage *[and, where the employer elects to offer the option, an opportunity to switch to a different health plan option offered by your employer (see below for more information)]*. Premium assistance is available to certain individuals who are eligible for continuation coverage due to a qualifying event that results in losing group health insurance coverage offered by your employer.

Assistance eligible persons include employees who have experienced either of the following:

1. A reduction in hours
2. An involuntary termination of employment.

If you qualify as an "Assistance Eligible Individual" the cost of your premium will be treated as having been paid in full from April 1, 2021 through September 30, 2021. You do not have to send any payment with the [*application or election form*].

Please note that if you continue your continuation coverage beyond this time, you may have to pay the full amount due. **If you believe you are eligible for continuation coverage please contact your employer at[name, address and contact information], and complete the application form and return it to [***enter appropriate contact information with telephone number and address***].** The attached summary provides you with important information regarding the "Summary of Continuation Premium Assistance Provisions under the American Rescue Plan Act of 2021" and "Important Information about Your Continuation Coverage Rights."

If you have any questions about this notice or your rights to continuation coverage, you should contact [*enter name of party responsible for continuation coverage administration for the issuer, with telephone number and address*].

[Add the following as applicable: If the issuer permits Assistance Eligible Individuals to elect to enroll in coverage that is different than coverage in which the individual was enrolled at the time the qualifying event occurred, insert: "In addition, under the ARP, you may have the right to change to additional coverage options that you were not previously enrolled in. To change the coverage option(s) for your continuation coverage to something different than what you had on the last day of employment or before your reduction in hours, complete the "Form for Switching COBRA Continuation Coverage Benefit Options" and return it to us. Available coverage options are: [*insert list of available coverage options*]." To be eligible for premium assistance, the different coverage must cost the same or less

[1] Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

than the coverage the individual had at the time of the qualifying event; be offered to similarly situated active employees; and cannot be limited to only excepted benefits, a qualified small employer health reimbursement arrangement (QSEHRA), or a health flexible spending arrangement (FSA). Continuation coverage will cost: [*enter amount each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods*].

[1] Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.