



COBRA Wyoming

Comparison of Federal and Wyoming Continuation Laws

	FEDERAL (COBRA)	WYOMING
Covered Employers Health Plans	Group health plans maintained by private-sector, state and local government employers with 20 or more employees . However, group health plans sponsored by the federal government or by churches are exempt from COBRA.	Group health insurance policies that cover hospital, surgical or major medical benefits and are not subject to federal COBRA. Self-insured ERISA plans are not subject to state continuation coverage requirements. Non-ERISA plans that are self-insured should consult their plan's terms. Continuation coverage does not have to include dental, vision or other additional benefits, nor does it include coverage for specific diseases or accidental injuries only.
Qualified Beneficiaries	An employee, spouse or dependent child covered by a group health plan on the day before a qualifying event. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary.	Employees and covered eligible dependents. To be eligible for continuation coverage, the employee must have been continuously insured under the group policy during the entire three-month period before his or her eligibility terminated. Continuation coverage is not available for any person who is either: <ul style="list-style-type: none"> • Covered by Medicare (excluding the person's spouse or dependent children, who remain eligible for continuation); or • Another group health plan.

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Qualifying Events	<p>Events that trigger an obligation to offer COBRA coverage include:</p> <ul style="list-style-type: none"> • Termination of employment for reasons other than gross misconduct (all qualified beneficiaries); • Reduction in the number of hours of employment (all qualified beneficiaries); • Covered employee's becoming entitled to Medicare (spouse and dependent children); • Divorce or legal separation of the covered employee (spouse and dependent children); • Death of the covered employee (spouse and dependent children); and • Loss of dependent child status under the plan (dependent children). 	<p>Events that trigger an obligation to offer continuation coverage include:</p> <ul style="list-style-type: none"> • Termination of employment; and • Termination of plan eligibility.
Maximum Continuation Period	<p>The maximum duration of COBRA coverage depends on the type of qualifying event, as follows:</p> <p>18 months - Employment termination or reduction in hours of work</p> <p>29 months - The Social Security Administration (SSA) determines the qualified beneficiary is disabled during the first 60 days of COBRA coverage. This 11-month extension applies to the qualified beneficiary with the disability and all of the qualified beneficiaries in the family.</p> <p>36 months - Divorce or legal separation, employee's death, entitlement to Medicare or loss of dependent child status</p> <p>36 months - After a qualifying event that is an employment termination or a reduction in hours of work, a second qualifying event occurs that is the death of the employee, the divorce or legal</p>	12 months

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	separation of the covered employee and spouse, Medicare entitlement (in certain circumstances) or loss of dependent child status under the plan.	
Early Termination of Coverage	<p>COBRA coverage may end earlier than the maximum continuation period if:</p> <ul style="list-style-type: none"> • Premiums are not paid on a timely basis; • The employer ceases to maintain any group health plan; • After the COBRA election, coverage is obtained with another employer group health plan (including any group health plan of a governmental employer); or • After the COBRA election, a beneficiary becomes entitled to Medicare benefits. <p>Also, when a qualified beneficiary’s COBRA coverage has been extended due to disability and the qualified beneficiary is no longer disabled, coverage may terminate at the end of the maximum coverage period that applies without regard to the disability extension or, if later, the first day of the month that is more than 30 days after a final determination by the SSA that the qualified beneficiary is no longer disabled.</p>	<p>Coverage will terminate upon the earliest of:</p> <ul style="list-style-type: none"> • 12 months after coverage would have otherwise terminated under the plan; • Nonpayment of premiums; • Termination of group policy; or • Obtaining coverage under Medicare or another group health plan.
Notice Requirements	<p>Health plan administrators must provide an initial general notice when group health coverage begins. When a qualifying event occurs, health plan administrators must provide an election notice regarding rights to COBRA continuation benefits to each qualifying beneficiary who loses plan coverage in connection with the qualifying event.</p> <p>Qualified beneficiaries must respond to this notice and elect COBRA coverage by the 60th day after the written notice is sent or the day health care coverage would end, whichever is later.</p>	<p>Notification of continuation privilege must be included in each certificate of coverage.</p> <p>Written request for continuation must be submitted within 31 days of coverage termination.</p>

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	Additional COBRA notice requirements apply under federal law.	
Premium Rules	<p>The maximum amount charged to qualified beneficiaries cannot exceed 102 percent of the plan’s total cost of coverage for similarly situated individuals. For qualified beneficiaries receiving the 11-month disability extension, the premium for those additional months may be increased to 150 percent of the plan's total cost of coverage.</p> <p>Plans must provide at least 45 days after the election for making an initial premium payment. The plan sponsor may establish due dates for later payments, but it must provide a minimum 30-day grace period for each payment.</p>	<p>The maximum amount charged for continuation coverage cannot exceed more than 102 percent of the group rate for the plan. Premiums must be paid on a monthly basis, in advance. The qualified beneficiary’s first premium payment, together with their request for continuation coverage, must be provided within 31 days of when coverage would otherwise terminate.</p>
Applicable Statutes	IRC § 4980B, ERISA §601 <i>et seq.</i> , 29 CFR §§ 2590.606–1 through 2590.606–4.	Wyoming Stats. § 26-19-113
Government Agency Contact	Departments of Labor and Treasury (private sector plans) and Department of Health and Human Services (public sector plans). More information on COBRA coverage is available from the Department of Labor .	Wyoming Department of Insurance