



Important information for employers who have former employees on fully insured state continuation or may have individuals eligible for state continuation.

The American Rescue Plan Act (ARPA) of 2021 was signed into law on March 11, 2021. ARPA provides temporary premium assistance for some state continuation coverage. The premium assistance is available for the period beginning April 1, 2021, or prospectively from the date of the qualifying event if the qualifying event is after April 1, 2021, through September 30, 2021 or the end of the qualified beneficiary's eligibility period, whichever is earlier. The premium assistance may end earlier if the assistance eligible individual (AEI) becomes eligible for another group health plan or Medicare. The premium assistance is available to certain assistance eligible individuals who are eligible for fully insured state continuation coverage.

To be eligible for the premium assistance, a qualified beneficiary **must meet all the following requirements:**

- **MUST** have a qualifying event that is a reduction in hours or an involuntary termination of a covered employee's employment.
- **MUST** elect state continuation coverage with effective dates between April 1, 2021 and September 30, 2021 or were enrolled in state continuation coverage as of March 31, 2021 and are still eligible April 1, 2021.
- **MUST NOT** be eligible for Medicare.
- **MUST NOT** be eligible for coverage under any other group health plan, such as a plan sponsored by a new employer or a spouse's employer.

AEIs with a state continuation election in place shall be treated for purposes of any state continuation provision as having paid in full the amount of the premium for the period for which they are eligible for the premium assistance.

For fully insured state continuation, the insurer, not the employer, is responsible for advancing the premium for AEIs and taking a tax credit. **If you are an employer who has employees that are or may be covered under state continuation coverage provided by UnitedHealthcare between April 1, 2021 and September 30, 2021, read this closely and take appropriate actions.**

The Department of Labor (DOL) has issued model notices related to ARPA and regulations regarding the provision of these notices.

- *Summary of the COBRA Premium Assistance Provision* under the American Rescue Plan Act of 2021: Must be sent with the *Alternative Notice*.

<https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/cobra/premium-subsidy/summary-of-provisions.pdf>

- The *Alternative Notice*: Notice for all qualified beneficiaries who have experienced any qualifying event at any time from April 1, 2021 through September 30, 2021 under state law.

<https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/cobra/premium-subsidy/model-alternative-election-notice.pdf>



- *Notice of Expiration of Period of Premium Assistance*: This notice must be provided 15 to 45 days before the date of expiration of premium assistance. This notice is not required to be provided if eligibility for the premium assistance ends because the individual has become eligible for another group health plan or if the individual has become eligible for Medicare.

<https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/cobra/premium-subsidy/notice-of-premium-assistance-expiration-premium.pdf>

- Qualified beneficiaries who believe they are eligible for the premium assistance will need to submit the *Request for Treatment as an Assistance Eligible Individual* form which is included in the notices. If the qualified beneficiary does not have an election in effect, they will also have to apply for state continuation.

IMPORTANT – If UnitedHealthcare Benefit Services (UHCBS) is your state continuation administrator or if your plan is situated out of CA, FL, KS, KY, MA, MS, NH, OK, OR, RI or WV, the following lists UnitedHealthcare and employer group responsibilities.

UnitedHealthcare Responsibilities

- Review of *Requests for Treatment as an Assistance Eligible Individual* form.
- Request verification from employer of involuntary termination or reduction in hours for qualified beneficiaries who request premium assistance.
- Use Verification Form attached to this letter.
- When applicable, mail denial letter to individuals who request Treatment as an Assistance Eligible Individual who are not eligible for the subsidy.
- Update the system for individuals who qualify as AEIs.
- Communicate eligibility changes to enrollment due to qualified beneficiaries qualifying as AEIs
- Mail the *Notice of Expiration of Period of Premium Assistance* prior to the expiration of premium assistance.
- Prepare the call centers to assist qualified beneficiaries who have questions regarding the premium assistance.
- Unless we have already issued the refund to the group, issue a refund for an individual who has met the requirements to be treated as an Assistance Eligible Individual (AEI) and who paid in full for periods of continuation coverage beginning on or after April 1, 2021 through September 30, 2021. The refund will be issued within 60 days of determination of Assistance Eligible status.
- Applying for the tax credit to be reimbursed for the amount of the premium assistance in the case of fully insured groups.

Employer Responsibilities

- Provide verification upon request from UnitedHealthcare of involuntary termination for qualified beneficiaries who request premium assistance and were sent their *COBRA Election Notice* after the initial list of qualified beneficiaries is identified.
- Review employees that qualify for state continuation between 4/1/2021 and 9/30/2021 and identify if they are potential AEIs and communicate to UnitedHealthcare.
- If the premium has been remitted to the employer by UHCBS already, issue a refund to an individual who has met the AEI requirements and who paid in full for periods of continuation coverage beginning



on or after April 1, 2021 through September 30, 2021. The refund will be issued within 60 days of determination of Assistance Eligible status.

IMPORTANT – UnitedHealthcare and Employer responsibilities for states where UnitedHealthcare does not administer state continuation coverage.

Employer Responsibilities

- Review employees that qualify for State Continuation between 4/1/2021 and 9/30/2021 and identify if they are potential AEIs
- Send the *Alternative Notice* and the *Summary of the COBRA Premium Assistance Provision* under the American Rescue Plan Act of 2021 to the potential AEI by 60 days after April 1, 2021.
- Advise employees that want to be considered for premium subsidy to send employer *Requests for Treatment as an Assistance Eligible Individual*, contained in the Summary of the COBRA Premium Assistance Provision sent by their employer. Remind employees have up to 60 days to respond to the employer after the notices are provided to them.
- Provide the *Summary of the COBRA Premium Assistance Provision* form to an AEI to report a change in status that makes them no longer eligible for premium subsidy.
- **Review, approve, and sign** the *Requests for Treatment as an Assistance Eligible Individual* to make sure they are complete and that the individual does qualify for the subsidy.
- Complete the *Employer Verification* form, which is attached to this communication.
- Submit the *Employer Verification* form and all *Requests for Treatment as an Assistance Eligible Individual* forms for individuals listed on the *Employer Verification* form to UnitedHealthcare. Use mailing information at the end of this letter.
- Mail the *Notice of Expiration of Period of Premium Assistance* to AEIs.

UnitedHealthcare Responsibilities

- Review *Requests for Treatment as an Assistance Eligible Individual* and *Employer Verification* form.
- Mail denial letter to employers for eligible individuals who request Treatment as an Assistance Eligible Individual who are not for the subsidy.
- Update system for individuals who qualify as AEIs.
- In cases where the employer has already paid, provide a credit for premium paid for AEIs during time period during which they qualify for subsidy

Mailing Information

UHCBS including CA, FL, KS, KY, MA, MS, NH, OK, OR, RI, and WV plans

- cobra@uhcservices.com
- P.O. Box 740221
Atlanta, GA 30374-0221

UnitedHealthcare and UHC plans that are not Oxford

- UnitedHealthcare



PO Box 30964
Salt Lake City, UT 84130-0964

- Fax: 248-733-6062 or 248-733-6063

Oxford Plans including student verification forms

- Group service email: groupservices@oxfordhealth.com
- UnitedHealthcare Commercial Enrollment Department
Attn: Enrollment Department
P.O. Box 29142
Hot Springs, AR 71903
- Fax: 888-454-0386



Employer Verification Form

For state continuation, please complete the following items, which are needed for the subsidy, and return to UnitedHealthcare at the following address (print/type information clearly):

1. **Name of Employer/Company** _____
2. **Group/Customer Number** _____
3. **Employee Policy Number** _____
4. **Employee SSN** _____
5. **Date of Birth** _____

UHCBS including CA, FL, KS, KY, MA, MS, NH, OK, OR, RI, and WV plans

- cobra@uhcservices.com
- P.O. Box 740221
Atlanta, GA 30374-0221

UnitedHealthcare and UHC plans that are not Oxford

- UnitedHealthcare
PO Box 30964
Salt Lake City, UT 84130-0964
- Fax: 248-733-6062 or 248-733-6063

Oxford Plans including student verification forms

- Group service email: groupservices@oxfordhealth.com
- UnitedHealthcare Commercial Enrollment Department
Attn: Enrollment Department
P.O. Box 29142
Hot Springs, AR 71903
- Fax: 888-454-0386

