

## Notice of ARP Continuation Coverage Election

**This notice has important information about your right to continue your health care coverage, 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 [www.HealthCare.gov](http://www.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<sup>®</sup> that costs less than continuation coverage after the premium assistance expires. People in most states use [www.HealthCare.gov](http://www.HealthCare.gov) to apply for and enroll in Marketplace coverage; if your state has its own Marketplace platform, you can find contact information here: [www.HealthCare.gov/marketplace-in-your-state/](http://www.HealthCare.gov/marketplace-in-your-state/).**

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 with this letter.

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 is a reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you need not pay any of the continuation coverage premium otherwise due to the plan. This premium assistance is available from April 1, 2021 through September 30, 2021. If you continue your continuation coverage beyond this time, you may have to pay the full amount due.**

To elect continuation coverage, follow the instructions on the enclosed Election Form and submit it to us. 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 COBRA continuation coverage to something different than what you had on the last day of employment or before your reduction in hours, check the plan(s) you would like to enroll in on the enclosed Election Form. Your available coverage options are listed on the Election Form. To be eligible for premium assistance, the different coverage must cost the same or less 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).]

If you have any questions about this notice or your rights to continuation coverage, you should contact Julie Momberger at NHADA at 603-224-2369

**You do not have to send any payment with the Election Form. Important additional information about payment for continuation coverage is included in the page that follows.**

Continuation coverage costs are listed on the enclosed Election Form. If you qualify as an “Assistance Eligible Individual” this cost will be treated as having been paid in full from April 1, 2021 through September 30, 2021.