

This Notice Applies to the:

- AlaskaCare Employee Health Plan

Notice date: Plan year effective January 1, 2026



## COBRA Coverage Reminder

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers AlaskaCare members and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when certain events occur, and, because of the event, coverage of that qualified beneficiary ends (together, the event and the loss of coverage are called a qualifying event). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense. Current COBRA rates are available at [drb.alaska.gov/employee/cobra.html#cost](http://drb.alaska.gov/employee/cobra.html#cost).

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce or legal separation, or a child ceasing to be an eligible dependent child under the terms of the plan, if a loss of coverage results.

In addition to considering COBRA to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace at healthcare.gov. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll. Being eligible for COBRA does not limit your eligibility for Marketplace coverage or for the tax credit. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees. The maximum period of COBRA coverage is usually either 18 months or 36 months, depending on which qualifying event occurred.

To have the chance to elect COBRA coverage after a divorce or legal separation, or a child ceasing to be a dependent under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs.

Notices must be sent to:

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203