

2019 TERMINATING EMPLOYEE BENEFIT COVERAGE CALENDAR

Key items to know regarding terminations:

- **Effective January 1, 2019, coverage will terminate on the last day of the month in which the Employee is employed unless there is a grandfathered month (see below).**
 - Example: A non-grandfathered employee terminated on January 27 will lose coverage on January 31 (February 28 for a grandfathered employee).
- Refer to the Termination of Coverage section of the Wrap Plan Document for information on the “grandfathered” month. The grandfathered month applies to:
 - A Participant who has been continuously covered under the Plan since August 1, 1998 whose Active Service ceases is entitled to an additional month of the Employer contribution and Participant and Dependent coverage provided any required Employee contributions are paid.
 - The grandfathered month does not apply to optional benefits including Medical FSA, Dependent Care FSA, Optional Life insurance and LTD coverage. Grandfathered month only applies to State Plan core benefits (Medical, Dental, Basic Life) and the Vision Hardware Plan.
- The Health Care & Benefits Division (HCBD) will automatically collect the employer contribution (State Share) from each agency upon an employee’s termination.
- Refer to the State of Montana Payroll and Deductions Insurance Calendar for assistance in determining what contributions will need to be collected from the employee’s final paycheck. Any contribution owed will be collected from the employees’ final paycheck. If there is not enough money in the employee’s final paycheck, HCBD will bill the employee directly.
- COBRA – Employees will be offered COBRA coverage effective the 1st of the month following the coverage end date. Employee questions regarding COBRA should be directed to Allegiance COBRA Services at (800) 259-2738 or COBRAInquire@askallegiance.com.
- Medical FSA - COBRA applies to Medical FSAs, contributions should only be collected through the month in which regular benefits apply, do not collect during the grandfathered period.
 - **NOTE: Retirees and Reduction in Force individuals may elect to prepay their full Medical FSA contribution through the end of the Plan Year in which they retire/terminate employment from their last paycheck. However, in order to prepay the Medical FSA, they must also elect and prepay for the core benefits (Medical, Dental, Basic Life). If a Retiree/RIF individual elects to prepay to the end of the Plan Year, they would not need to elect COBRA for Medical FSA.**
- Dependent FSA - COBRA does not apply to Dependent FSAs, contributions should only be collected through the month in which regular benefits apply, do not collect during the grandfathered period.
- **This calendar does not apply to employee deaths, Contact HCBD for termination information.**

NON - GRANDFATHERED MONTH			
Last Day Worked Between		*Core Benefit Coverage Ends	**Optional Benefit Coverage Ends
1/1/2019	1/31/2019	1/31/2019	1/31/2019
2/01/2019	2/28/2019	2/28/2019	2/28/2019
3/01/2019	3/31/2019	3/31/2019	3/31/2019
4/01/2019	4/30/2019	4/30/2019	4/30/2019
5/01/2019	5/31/2019	5/31/2019	5/31/2019
6/01/2019	6/30/2019	6/30/2019	6/30/2019
7/01/2019	7/31/2019	7/31/2019	7/31/2019
8/01/2019	8/31/2019	8/31/2019	8/31/2019
09/01/2019	09/30/2019	09/30/2019	09/30/2019
10/01/2019	10/31/2019	10/31/2019	10/31/2019
11/01/2019	11/30/2019	11/30/2019	11/30/2019
12/01/2019	12/31/2019	12/31/2019	12/31/2019

GRANDFATHERED MONTH			
Last Day Worked Between		*Core Benefit Coverage Ends	**Optional Benefit Coverage Ends
1/1/2019	1/31/2019	2/28/2019	1/31/2019
2/01/2019	2/28/2019	3/31/2019	2/28/2019
3/01/2019	3/31/2019	4/30/2019	3/31/2019
4/01/2019	4/30/2019	5/31/2019	4/30/2019
5/01/2019	5/31/2019	6/30/2019	5/31/2019
6/01/2019	6/30/2019	7/31/2019	6/30/2019
7/01/2019	7/31/2019	8/31/2019	7/31/2019
8/01/2019	8/31/2019	9/30/2019	8/31/2019
09/01/2019	9/30/2019	10/31/2019	09/30/2019
10/01/2019	10/31/2019	11/30/2019	10/31/2019
11/01/2019	11/30/2019	12/31/2019	11/30/2019
12/01/2019	12/31/2019	1/31/2020	12/31/2019

*Core Benefits - Medical, Dental and Basic Life. (Also applies to Vision Hardware Plan even though it isn't a core benefit.) ** Optional Benefits - FSA Medical, FSA Dependent Care, Optional Life Insurance and LTD Coverage. If you have any questions, please contact HCBD at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or via email at benefitsquestions@mt.gov.