

2018 TERMINATING EMPLOYEE BENEFIT COVERAGE CALENDAR

Key items to know regarding terminations:

- The Health Care & Benefits Division (HCBD) will automatically collect the employer contribution (State Share) from each agency upon an employee's termination.
- Any employee 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.
- **Coverage will terminate on the last day of the month of the pay period 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 February 28 (March 31 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 Dependent Care FSA. It does apply to Medical FSA and LTD coverage.
- 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 (406) 721-2222 or COBRAinquire@askallegiance.com.
- Medical FSA - COBRA applies to Medical FSAs, contributions should be collected from an employee up until the coverage end date, this would include the grandfather month.
- 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.
- **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.**

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.

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NON - GRANDFATHERED MONTH				
Pay Period Beginning	Pay Period Ending	Final Payday	Coverage Ends	FSA Medical/ Dependent Care and LTD Coverage Ends
12/9/2017	12/22/2017	1/3/2018	12/31/2017	12/31/2017
12/23/2017	1/5/2018	1/17/2018	1/31/2018	1/31/2018
1/6/2018	1/19/2018	1/31/2018	1/31/2018	1/31/2018
1/20/2018	2/2/2018	2/14/2018	2/28/2018	2/28/2018
2/3/2018	2/16/2018	2/28/2018	2/28/2018	2/28/2018
2/17/2018	3/2/2018	3/14/2018	3/31/2018	3/31/2018
3/3/2018	3/16/2018	3/28/2018	3/31/2018	3/31/2018
3/17/2018	3/30/2018	4/11/2018	3/31/2018	3/31/2018
3/31/2018	4/13/2018	4/25/2018	4/30/2018	4/30/2018
4/14/2018	4/27/2018	5/9/2018	4/30/2018	4/30/2018
4/28/2018	5/11/2018	5/23/2018	5/31/2018	5/31/2018
5/12/2018	5/25/2018	6/6/2018	5/31/2018	5/31/2018
5/26/2018	6/8/2018	6/20/2018	6/30/2018	6/30/2018
6/9/2018	6/22/2018	7/3/2018	6/30/2018	6/30/2018
6/23/2018	7/6/2018	7/18/2018	7/31/2018	7/31/2018
7/7/2018	7/20/2018	8/1/2018	7/31/2018	7/31/2018
7/21/2018	8/3/2018	8/15/2018	8/31/2018	8/31/2018
8/4/2018	8/17/2018	8/29/2018	8/31/2018	8/31/2018
8/18/2018	8/31/2018	9/12/2018	8/31/2018	8/31/2018
9/1/2018	9/14/2018	9/26/2018	9/30/2018	9/30/2018
9/15/2018	9/28/2018	10/10/2018	9/30/2018	9/30/2018
9/29/2018	10/12/2018	10/24/2018	10/31/2018	10/31/2018
10/13/2018	10/26/2018	11/7/2018	10/31/2018	10/31/2018
10/27/2018	11/9/2018	11/21/2018	11/30/2018	11/30/2018
11/10/2018	11/23/2018	12/5/2018	11/30/2018	11/30/2018
11/24/2018	12/7/2018	12/19/2018	12/31/2018	12/31/2018
12/8/2018	12/21/2018	1/2/2019	12/31/2018	12/31/2018
12/22/2018	1/4/2019	1/16/2019	1/31/2019	1/31/2019

GRANDFATHERED MONTH					
Pay Period Beginning	Pay Period Ending	Final Payday	Coverage Ends	FSA Dependent Care Coverage Ends	FSA Medical and LTD Coverage Ends
12/9/2017	12/22/2017	1/3/2018	1/31/2018	12/31/2017	1/31/2018
12/23/2017	1/5/2018	1/17/2018	2/28/2018	1/31/2018	2/28/2018
1/6/2018	1/19/2018	1/31/2018	2/28/2018	1/31/2018	2/28/2018
1/20/2018	2/2/2018	2/14/2018	3/31/2018	2/28/2018	3/31/2018
2/3/2018	2/16/2018	2/28/2018	3/31/2018	2/28/2018	3/31/2018
2/17/2018	3/2/2018	3/14/2018	4/30/2018	3/31/2018	4/30/2018
3/3/2018	3/16/2018	3/28/2018	4/30/2018	3/31/2018	4/30/2018
3/17/2018	3/30/2018	4/11/2018	4/30/2018	3/31/2018	4/30/2018
3/31/2018	4/13/2018	4/25/2018	5/31/2018	4/30/2018	5/31/2018
4/14/2018	4/27/2018	5/9/2018	5/31/2018	4/30/2018	5/31/2018
4/28/2018	5/11/2018	5/23/2018	6/30/2018	5/31/2018	6/30/2018
5/12/2018	5/25/2018	6/6/2018	6/30/2018	5/31/2018	6/30/2018
5/26/2018	6/8/2018	6/20/2018	7/31/2018	6/30/2018	7/31/2018
6/9/2018	6/22/2018	7/3/2018	7/31/2018	6/30/2018	7/31/2018
6/23/2018	7/6/2018	7/18/2018	8/31/2018	7/31/2018	8/31/2018
7/7/2018	7/20/2018	8/1/2018	8/31/2018	7/31/2018	8/31/2018
7/21/2018	8/3/2018	8/15/2018	9/30/2018	8/31/2018	9/30/2018
8/4/2018	8/17/2018	8/29/2018	9/30/2018	8/31/2018	9/30/2018
8/18/2018	8/31/2018	9/12/2018	9/30/2018	8/31/2018	9/30/2018
9/1/2018	9/14/2018	9/26/2018	10/31/2018	9/30/2018	10/31/2018
9/15/2018	9/28/2018	10/10/2018	10/31/2018	9/30/2018	10/31/2018
9/29/2018	10/12/2018	10/24/2018	11/30/2018	10/31/2018	11/30/2018
10/13/2018	10/26/2018	11/7/2018	11/30/2018	10/31/2018	11/30/2018
10/27/2018	11/9/2018	11/21/2018	12/31/2018	11/30/2018	12/31/2018
11/10/2018	11/23/2018	12/5/2018	12/31/2018	11/30/2018	12/31/2018
11/24/2018	12/7/2018	12/19/2018	1/31/2019	12/31/2018	1/31/2019
12/8/2018	12/21/2018	1/2/2019	1/31/2019	12/31/2018	1/31/2019
12/22/2018	1/4/2019	1/16/2019	2/28/2019	1/31/2019	2/28/2019