

## **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 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.
- COBRA – Employees will be offered COBRA coverage effective the 1<sup>st</sup> 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](mailto: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.
- 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**
- **This calendar does not apply to employee deaths, Contact HCBD for termination information.**

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](mailto:benefitsquestions@mt.gov).

**\*\*SEE NEXT PAGE FOR CALENDAR\*\***



PO Box 200130

100 N. Park Avenue Suite 320

Helena, MT 59620-0130

**(800) 287-8266**

**TTY (406) 444-1421**

[benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

[benefits.mt.gov](http://benefits.mt.gov)

***Revised February 8, 2018***

<b>NON - GRANDFATHERED MONTH</b>				
<b>Pay Period Beginning</b>	<b>Pay Period Ending</b>	<b>Final Payday</b>	<b>*Core Benefit Coverage Ends</b>	<b>**Optional Benefit Coverage Ends</b>
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

<b>GRANDFATHERED MONTH</b>				
<b>Pay Period Beginning</b>	<b>Pay Period Ending</b>	<b>Final Payday</b>	<b>*Core Benefit Coverage Ends</b>	<b>**Optional Benefit Coverage Ends</b>
12/9/2017	12/22/2017	1/3/2018	1/31/2018	12/31/2017
12/23/2017	1/5/2018	1/17/2018	2/28/2018	1/31/2018
1/6/2018	1/19/2018	1/31/2018	2/28/2018	1/31/2018
1/20/2018	2/2/2018	2/14/2018	3/31/2018	2/28/2018
2/3/2018	2/16/2018	2/28/2018	3/31/2018	2/28/2018
2/17/2018	3/2/2018	3/14/2018	4/30/2018	3/31/2018
3/3/2018	3/16/2018	3/28/2018	4/30/2018	3/31/2018
3/17/2018	3/30/2018	4/11/2018	4/30/2018	3/31/2018
3/31/2018	4/13/2018	4/25/2018	5/31/2018	4/30/2018
4/14/2018	4/27/2018	5/9/2018	5/31/2018	4/30/2018
4/28/2018	5/11/2018	5/23/2018	6/30/2018	5/31/2018
5/12/2018	5/25/2018	6/6/2018	6/30/2018	5/31/2018
5/26/2018	6/8/2018	6/20/2018	7/31/2018	6/30/2018
6/9/2018	6/22/2018	7/3/2018	7/31/2018	6/30/2018
6/23/2018	7/6/2018	7/18/2018	8/31/2018	7/31/2018
7/7/2018	7/20/2018	8/1/2018	8/31/2018	7/31/2018
7/21/2018	8/3/2018	8/15/2018	9/30/2018	8/31/2018
8/4/2018	8/17/2018	8/29/2018	9/30/2018	8/31/2018
8/18/2018	8/31/2018	9/12/2018	9/30/2018	8/31/2018
9/1/2018	9/14/2018	9/26/2018	10/31/2018	9/30/2018
9/15/2018	9/28/2018	10/10/2018	10/31/2018	9/30/2018
9/29/2018	10/12/2018	10/24/2018	11/30/2018	10/31/2018
10/13/2018	10/26/2018	11/7/2018	11/30/2018	10/31/2018
10/27/2018	11/9/2018	11/21/2018	12/31/2018	11/30/2018
11/10/2018	11/23/2018	12/5/2018	12/31/2018	11/30/2018
11/24/2018	12/7/2018	12/19/2018	1/31/2019	12/31/2018
12/8/2018	12/21/2018	1/2/2019	1/31/2019	12/31/2018
12/22/2018	1/4/2019	1/16/2019	2/28/2019	1/31/2019

\*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.