

2024 TERMINATING EMPLOYEE BENEFIT COVERAGE CALENDAR

Key items to know regarding terminations:

- **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 that 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 applies to Medical, Dental, Vision Hardware, Basic Life, Optional Life and LTD. The grandfathered month does not apply to Medical FSA or Dependent Care FSA.
- The Health Care & Benefits Division (HCBDB) will automatically collect the employer contribution (State Share) from each agency upon an employee’s termination.
- Refer to the State of Montana Payroll Insurance Deduction 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, HCBDB will bill the employee directly.
 - Note – If an employee’s termination has not been entered into SABHRS by the close of business on the pay period ending Friday, the termination will not be reflected on the paycheck and the employee will be billed directly from HCBDB for any contributions due.
- COBRA – Employees will be offered COBRA coverage effective the 1st of the month following the coverage end date.
- 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. 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 HCBDB for termination information.**

NON - GRANDFATHERED MONTH		
Employment Termination Date Between		*All Benefit Coverage Ends (including FSA)
1/1/2024	1/31/2024	1/31/2024
2/01/2024	2/29/2024	2/29/2024
3/01/2024	3/31/2024	3/31/2024
4/01/2024	4/30/2024	4/30/2024
5/01/2024	5/31/2024	5/31/2024
6/01/2024	6/30/2024	6/30/2024
7/01/2024	7/31/2024	7/31/2024
8/01/2024	8/31/2024	8/31/2024
9/01/2024	9/30/2024	9/30/2024
10/01/2024	10/31/2024	10/31/2024
11/01/2024	11/30/2024	11/30/2024
12/01/2024	12/31/2024	12/31/2024

GRANDFATHERED MONTH			
Employment Termination Date Between		*All Benefit Coverage Ends (except FSA)	**FSA Benefit Coverage Ends
1/1/2024	1/31/2024	2/29/2024	1/31/2024
2/01/2024	2/29/2024	3/31/2024	2/29/2024
3/01/2024	3/31/2024	4/30/2024	3/31/2024
4/01/2024	4/30/2024	5/31/2024	4/30/2024
5/01/2024	5/31/2024	6/30/2024	5/31/2024
6/01/2024	6/30/2024	7/31/2024	6/30/2024
7/01/2024	7/31/2024	8/31/2024	7/31/2024
8/01/2024	8/31/2024	9/30/2024	8/31/2024
9/01/2024	9/30/2024	10/31/2024	9/30/2024
10/01/2024	10/31/2024	11/30/2024	10/31/2024
11/01/2024	11/30/2024	12/31/2024	11/30/2024
12/01/2024	12/31/2024	1/31/2025	12/31/2024

*All Benefits (except FSA Medical & FSA Dependent Care) - Medical, Dental, Vision Hardware, Basic Life, Optional Life Insurance, and LTD Coverage

** FSA Benefits - FSA Medical and FSA Dependent Care

If you have any questions, please contact HCBDB at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or via email at benefitsquestions@mt.gov.

