

# Continuation Coverage

## Temporary Extension of Group Coverage (COBRA)

Based on certain qualifying events, you may be eligible to continue health coverage for you and your dependents for a certain period of time by purchasing Continuation Coverage at your own expense. Although Young Life's church status provides an exemption to the federal Cobra law, our Continuation Coverage is offered as a general mirror to the standard Cobra provisions.

### Qualifying Events

| Qualifying Event                                                                          | Who May Continue                                                      | How Long                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employment stops for reason other than gross misconduct or you have a reduction in hours. | You and your dependents.                                              | 18 months (29 months if disabled at time of the event); dependents may extend coverage if you become entitled to Medicare within 18 months of your termination or reduction in hours. |
| Divorce/legal separation and you stop coverage for your spouse and children.              | Ex-spouse or legally separated spouse and/or your dependent children. | 36 months                                                                                                                                                                             |
| Dependent child no longer eligible.                                                       | Dependent child.                                                      | 36 months                                                                                                                                                                             |
| You become entitled to Medicare.                                                          | Dependent spouse or child.                                            | 36 months                                                                                                                                                                             |
| You become deceased.                                                                      | Dependent spouse.                                                     | 36 months                                                                                                                                                                             |
| You have a change in full-time status.                                                    | You and your dependents.                                              | 18 months                                                                                                                                                                             |
| Any leave of absence.                                                                     | You and your dependents.                                              | 18 months                                                                                                                                                                             |