

Continuation of Coverage

If you or your covered dependent(s) become ineligible for group health coverage, you may be able to continue medical, dental or vision coverage for a period of time.

Continuation of coverage is available only if you or your dependents had coverage under the active plan immediately prior to the qualifying event date (the date you or your dependent lost coverage under the active plan). Please contact Human Resources if you're unsure about whether you or your covered dependents can elect continuation coverage.

Continuation benefits only allow you to continue coverage that already was in place. This benefit does not qualify you to add coverage or change plans. For example, if you had Basic Medical and go on continuation of coverage, you are not eligible to add Dental coverage or change to the Premium Medical Plan.

If You:	Who Can Continue	For How Long:
Terminate your employment with St. Luke's	You, your spouse or your dependent(s)	Up to 18 months
Are no longer eligible to be covered under the active plan	You, your spouse or your dependent(s)	Up to 18 months
Are eligible for Medicare	Your spouse or dependent(s)	Up to 36 months
Divorce	Your ex-spouse	Up to 36 months
Die	Your spouse, or dependent(s)	Up to 36 months

Important Note:

It is your responsibility to notify the Human Resources Department when your dependent is no longer eligible for coverage.

If Your Dependent:	Who Can Continue	For How Long:
No longer meets the definition of an eligible dependent due to divorce	Your dependent(s)	Up to 36 months
No longer meets the eligibility requirements	Not eligible to continue	Not eligible

When Coverage Ends

Continuation of coverage ends:

- When you fail to pay the premiums when due;
- At the end of the 18-, 29-, or 36-month period (whichever applies);
- When you become eligible for Medicare;
- When you are covered under another group plan; or
- When you no longer meet the eligibility requirements.
- When you discontinue coverage, you may not re-enroll.

If you wish to continue your coverage, you must enroll through the Benefits Office within 60 days of the qualifying event. Premiums must be paid back to your date of separation.

Special Provision If You Become Disabled

If you or your covered dependent becomes Social Security-disabled during the first 60 days of continuation coverage, and the disability is certified within the first 18 months, you or your covered dependent(s) may continue coverage up to 29 months from the original continuation effective date. Please note: You must notify the Benefits Office of the disability certification before the end of 18-month period.

Frequently Asked Questions

About Your Continuation of Coverage

What is Continuation of Coverage?

If you or your dependent(s) become ineligible for group health coverage, you may be able to continue medical, dental or vision coverage for a period of time. Continuation of Coverage is available only if you or your dependents had coverage under the active plan immediately prior to the qualifying event date (the date you or your dependent lost coverage under the active plan). Please contact Human Resources if you're unsure about whether you or your covered dependents can elect Continuation of Coverage.

How long will Continuation of Coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee's death, the employee's becoming entitled to Medicare benefits or divorce, coverage may be continued for up to a total of 36 months.

Continuation of Coverage will be terminated before the end of the maximum period if:

- You fail to pay the required monthly premium by the "Due Date". ("Due Date" is defined as the first day prior to the month for which coverage is to be continued);
- You become covered, after electing continuation coverage, under any group health plan (as an employee or otherwise) which does not contain any exclusion or limitation with respect to any pre-existing condition you may have;
- You become entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- It is determined under the Social Security Act that you are no longer disabled.
- St. Luke's no longer provides any group health plan coverage for any of its employees.

Continuation of Coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of Continuation of Coverage?

If you elect Continuation of Coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled. You must notify Human Resources of a disability during the first 60 days of Continuation of Coverage, and the disability must be certified within the first 18 months, you or your covered dependent(s) may continue coverage up to 29 months from the original continuation effective date. Failure to provide notice of a disability may affect the right to extend the period of Continuation of Coverage.

How can you elect Continuation of Coverage?

To elect Continuation of Coverage, you must complete the St. Luke's Continuation of Coverage Enrollment Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect Continuation of Coverage. For example, the employee's spouse may elect Continuation of Coverage even if the employee does not. Continuation of Coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect Continuation of Coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect Continuation of Coverage, you should take into account that you have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of Continuation of Coverage.

How much does Continuation of Coverage cost?

Please see the enrollment form for Continuation of Coverage rates.

When and how must payment be made for Continuation of Coverage?

The monthly premium amount, payable to St. Luke's Hospital, by Check, Money order or Credit card is **due prior to the first of each month**. It is your responsibility to send this payment on a monthly basis. You will not be billed or contacted in regard to payments. Failure to make timely payments will result in cancellation of your coverage. Your first month of coverage may be prorated based on the number of days remaining in the first month of coverage. **Please note automatic bill pay is not an acceptable form of payment.** Your enrollment form and premium payment should be sent to:

St. Luke's Hospital
Attn: Benefit Representative-Human Resources
232 S. Woods Mill Road, Ste. 230 SMOB
Chesterfield, MO 63017

The amount due for each coverage period for each qualified beneficiary is shown in this notice. If you make a payment prior to the first day of the month, your coverage under the Plan will continue for that coverage period without any break. St. Luke's will not send notices of payments due for these coverage periods. Your Continuation of Coverage will be terminated if payment is not received in the office **prior to the first day of the month for which coverage is provided.**

Keep Your Plan Informed of Address Changes

In order to protect you and your family's rights, you should keep the Benefits Office informed of any changes in your address and the addresses of family members. You should also keep a copy for your records, of any notices you send to the Benefits Office.

Continuation of Coverage (Health Insurance Marketplace):

For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

There may be other coverage options for you and your family. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for Continuation of Coverage does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

If you have any questions about your rights to continuation coverage, you should contact the Benefits Office at 314-205-6016.

St. Luke's Continuation of Coverage Enrollment Form 2026

Name _____ EMP. ID# _____ Phone _____
Date of Birth _____ Last 4 Social Security # _____
Street Address _____ Email _____
City / State / Zip Code _____

You are only eligible to continue existing benefit coverage up to the dollar amounts shown below:

	Basic Medical	Premium Medical	HDHP Medical	Basic Dental	Premium Dental	Basic Vision	Premium Vision
Employee	\$764.69	\$849.65	\$767.67	\$30.63	\$46.32	\$5.30	\$10.18
Employee + Spouse	\$1,682.32	\$1,869.23	\$1,628.25	\$67.40	\$101.93	\$10.60	\$20.38
Employee + Children	\$1,376.43	\$1,529.36	\$1,332.21	\$55.15	\$83.39	\$11.34	\$21.81
Family	\$2,447.01	\$2,719.61	\$2,368.37	\$98.03	\$148.25	\$18.13	\$34.85

Participant Information: For each participant place an "X" in the appropriate column of desired insurance coverage.

Name	SSN	DOB	Sex	Medical	Dental	Vision

I, _____, hereby request continuation of my insurance coverage as indicated above. I understand that I am responsible for paying the full cost of coverage, and premiums will be retroactive to the effective date of coverage and payments are **due prior to the first of each month. Automatic bill pay is not an accepted form of payment.** I understand that if I fail to pay any premium on time, the coverage will automatically terminate and will not be reinstated. I also understand that I am responsible for notifying St. Luke's Human Resources if I become ineligible for continuation of coverage as outlined in the notification letter and Benefit Summary booklet. I certify that the information provided on this form is true and correct.

Signature _____ Date _____

This form and first payment must be received within 60 days from your date of separation:

St. Luke's Hospital, Human Resources
232 S. Woods Mill Road, 230 SMOB
Chesterfield, MO 63017
slhstlukesemployeebenefits@stlukes-stl.com