

WageWorks, Inc.  
P.O. Box 34740  
Louisville, KY 40232-4740

# BENEDIRECT

by WageWorks<sup>W</sup>

COBRA Continuation Coverage Election Notice  
09/09/2019

CASELEC 1497623-000365



OBINNA E. EZEILO AND IJEOMA EZEILO  
10414 HUNTER RUN  
FRISCO, TX 75035

## Re: Important Information: COBRA Continuation Coverage and other Health Coverage Alternatives

Dear OBINNA E. EZEILO and IJEOMA EZEILO:

This notice has important information about your right to continue your health care coverage in the Talentburst Group Health Plan (the Plan(s)) as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace available at [www.HealthCare.gov](http://www.HealthCare.gov) or by calling 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read through the information in this notice very carefully before you make your decision.

If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

### Why am I getting this notice?

Federal law requires that most group health plans (including the Plan(s)) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

You are receiving this notice because your End of Employment was a qualifying event. Therefore, your coverage under the Plan(s) will end on:

ERISA Plan Name(s)	Plan	Option Level	Coverage End Date
Talentburst	BCBS PPO Deductible Medical Plan	Family	09/05/2019





Please note: Although WageWorks, Inc. has contracted with the employer to provide various COBRA administration services, WageWorks is not the Plan Administrator. Your summary plan description includes additional details about the Plan(s), including contact information for your Plan Administrator. Please contact TalentBurst to request a copy of your summary plan description.

### What's COBRA continuation coverage?

COBRA continuation coverage is the same coverage that you had immediately prior to the qualifying event. It is the same as the Plan(s) provided to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan(s) as other participants or beneficiaries covered under the Plan(s).

### Who are the qualified beneficiaries?

Each person (qualified beneficiary) listed below can elect COBRA continuation coverage under the Plan(s).

Name	Date of Birth	Relationship to Participant
OBINNA E. EZEILO	01/08/1978	Employee
IJEOMA EZEILO	08/10/1993	Spouse
JIDENNA C. EZEILO	11/25/2018	Child

If any qualified beneficiary does not maintain a residence at the address used for this notification, please call WageWorks, Inc. at 800-526-2720. To protect you and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

### Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

### If I elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last? How much does COBRA continuation cost?

If elected, COBRA continuation coverage will begin on the Start Date and can last until the End Date indicated below. COBRA continuation coverage may end before the date noted in certain circumstances, like failure to pay premiums in full and on time, fraud, or the individual becomes covered under another group health plan. You may elect any of the following options for COBRA continuation coverage:

Plan	Coverage Level	Monthly Cost	Start Date	Eligibility Period	Eligibility End Date
BCBS PPO Deductible Medical Plan	Beneficiary Only (*)	\$513.84	09/06/2019	18 Months	03/05/2021
	Two Persons	\$1,027.65	09/06/2019	18 Months	03/05/2021
	Family	\$1,578.86	09/06/2019	18 Months	03/05/2021

