Overview: When cost effective, COBRA 75 Continuation health plan premiums are paid for individuals who are not Medicaid eligible, but who meet COBRA 75 non-financial and financial guidelines. TPL administers health insurance premium payments.

COBRA 75 applicants have only a 60 day window of opportunity to establish continued participation in a health care plan they would otherwise lose due to a qualifying event.

**NONFINANCIAL REQUIREMENTS:**

The following nonfinancial eligibility criteria must be met:

1. citizenship or alienage;
2. state residency;
3. Social Security number; and
4. Are eligible to receive continued health plan coverage through an employer with at least 75 employees because of a qualifying event.

**NOTE:** Applicants do not have to meet categorical (i.e., aged, blind, disabled, pregnant, etc.) eligibility criteria.

**FINANCIAL REQUIREMENTS:**

Countable resources cannot exceed:

1. $4,000 for one individual; or
2. $6,000 for a family with two or more people.

Countable monthly income cannot exceed 100% of the federal poverty guidelines based on family size.

**NOTE:** Appropriate ABD (Aged, Blind, Disabled) Medicaid income disregards and exemptions apply; ABD deeming rules do not apply.

**QUALIFYING EVENT:**
An event for which the insurance company may offer continued health insurance to covered individuals. Qualifying events include:

1. covered employee dies (the surviving spouse may continue participating in the health insurance plan as a private pay individual);
2. covered employee’s employment is terminated or work hours reduced;
3. covered employee is divorced or legally separated from his/her spouse;
4. covered employee becomes eligible for Medicare benefits;
5. a dependent child attains the maximum age allowed by the insurance company and is no longer considered a dependent child under the applicable plan requirements; or
6. employer files for Chapter 11 bankruptcy.

DURATION OF BENEFITS:

COBRA benefits will end when one of the following occurs:

1. 18 months after the qualifying event if that qualifying event is due to termination of employment or reduction in hours. For any other event, please submit to the Policy Specialist. Or...
2. The date the employer ceases to offer a group health plan. Or...
3. Upon enrollment in other health insurance or Medicare.

COST EFFECTIVENESS:

HIPPS/Cost effectiveness is determined by the TPL Unit.

TPL UNIT:

HIPPS/Cost effectiveness questions are directed to:

DPHHS
HIPPS
PO Box 202953
Helena, Montana 59620-2953
Phone: 1-800-694-3084
Fax: 1-800-444-1829
Email: hhshippprogram@mt.gov

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