Health insurance is available to regular employees who work at least 30 hours per week, for at least 10 months of the year. Biola University offers two medical insurance plans.

HMO insurance plans require a participant to choose a doctor from among those clinics or medical centers that the HMO either owns or with which the HMO has a service contract. There is no deductible, and nearly all treatment is 100% covered. With the exception of maternity and well-baby care, there is a $15 co-pay per doctor visit, and a $10, $15, $20, or $35 co-pay for prescription drugs, depending on the plan you choose.

Specific plan coverage/exclusions can vary, and employees are encouraged to study the material provided by the insurance companies to discover the plan that best meets their needs.

Insurance premiums vary according to the health plan chosen by the employee. The cost of the particular plan chosen is paid by the employee through a pre-tax payroll deduction.

**Continuation of Insurance (Under COBRA)**

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986, Biola University is required to offer employees who are covered for health insurance under the Biola plan and their covered dependents a temporary extension of health coverage (that otherwise would be forfeited under certain conditions), called "continuation coverage," at group rates.

If a "qualifying event" that results in the loss of your group medical coverage occurs under a Biola health plan, you may elect to continue coverage under COBRA at the same premium rate as current Biola employees (but without the current employee subsidy) for a period of up to 18 to 36 months, depending on the qualifying reason.

If you are a covered employee, and your insurance eligibility is lost due to termination (for other than gross misconduct) or for any reduction in hours, you may elect COBRA coverage for yourself and any dependents (who are covered at that time). This coverage may last up to 18 months. Newborn or newly adopted dependents may be added to a COBRA policy held by their parent.

A covered spouse of a Biola employee may elect COBRA for up to 36 months for any of the following reasons: the death of the employee, divorce or legal separation, the employee becomes entitled to Medicare.

A covered dependent child of a Biola employee may elect coverage for up to 36 months, if insurance coverage is lost for the following reasons: the death of the employee, the employee's divorce or legal separation, the employee becomes entitled to Medicare, the dependent child ceases to be a "dependent child" under the terms of the plan.

If it has been determined by the Social Security Administration that a qualified beneficiary was disabled on the date of the qualifying event or during the 60 days immediately following the qualified event, his/her elected coverage may be extended to 29 months. It is the disabled employee's responsibility to obtain this determination from the SSA and notify Biola's Human Resources department within 60 days of the original date of determination and before the 18 months of original coverage expire.
The employee, spouse, or other family member has the responsibility to inform the Human Resources department of a divorce, legal separation, or a child losing dependent status under the health plan. This notification must be made within 60 days from the date coverage would be lost or the date of the event, whichever is later. If this notification is not completed in a timely manner, rights to continuation coverage may be forfeited.

Each qualified person has individual election rights and has 60 days from the date that coverage is lost to inform Human Resources, at Biola, of his/her decision to continue coverage. This is the maximum period allowed to elect COBRA.

If an employee elects to enroll in COBRA coverage, he/she must complete an enrollment form, which is available in the Human Resources office, and pay the applicable premiums. Premiums are due on or before the first day of each month. Biola is required to provide coverage that is identical to the coverage under the plan provided for current eligible employees and their dependents. Should there be any change in premium or plan to the group during the duration of the COBRA coverage, the qualifying person must also assume those changes.

Cancellation of coverage under COBRA will occur only if Biola ceases to provide coverage under its plan to current employees, payment is not received from you in a timely manner, you become covered under another group health plan that does not have any limitation with respect to a pre-existing condition, you become entitled to Medicare, the disability as determined by the SSA is no longer existing, or you wish to cancel your coverage.

To ensure that COBRA benefits and obligations are carried out, it is absolutely necessary that each qualified beneficiary of this plan notify Human Resources of any changes in status or address.