

**UNIVERSITY OF SOUTH FLORIDA - COLLEGE OF MEDICINE**  
**Notice of COBRA Eligibility**

**FROM:** Office of Graduate Medical Education  
College of Medicine Business Office

**SUBJECT:** **COBRA Information and Rates**  
Housestaff Health Insurance (COBRA)  
Upon Termination of Employment

This is to inform you of the *Consolidated Omnibus Budget Reconciliation Act of 1985* (COBRA), which provides you the right to continue under a new group health insurance plan (United Healthcare) for a maximum period of 18 months. A brief summary of these benefits under United Healthcare is enclosed.

**If you wish to elect COBRA and continue your current health insurance coverage, you must complete the enclosed COBRA Continuation Election Form and mail ONLY the form to:**

**USF Health Business Office**  
**ATTN: COBRA-Idalia Frometa**  
**12901 Bruce B. Downs Blvd., MDC 66**  
**Tampa, FL 33612**

or email the enrollment form to [ifrometa@usf.edu](mailto:ifrometa@usf.edu)

**If you do not return the form within 60 days of termination date (or date of this letter if later than term date), you lose your right to elect COBRA continuation coverage.**

**Mail your initial and all consecutive payments (see rates) to the address below:**

<b>RATES:</b>	\$ 520	Employee only	<b>PAYABLE TO:</b>	<b>USF Health</b>
	\$1,260	Employee + Spouse	<b>MAIL TO:</b>	USF Health Payment Center
	\$ 940	Employee + Child(ren)		P.O. Box 864300
	\$1,734	Family = Self + spouse and/or child(ren)		Orlando, FL 32886-4300

Subsequent monthly premiums are **due on the first of each month**, considered late after the 15<sup>th</sup>, and if not received within 30 days, coverage is subject to termination. **If coverage is terminated, reinstatement WILL NOT BE POSSIBLE.**

If you are married to another USF resident who is continuing employment you do not need to elect COBRA coverage. Your spouse will need to complete a Change in Dependent Status Form. **Please notify the GME Office at (813) 250-2506 (or email [ptaylor@usf.edu](mailto:ptaylor@usf.edu)) of this or any other changes (new baby, marriage, divorce, death, etc.) to your policy.**

If you elect COBRA, your coverage will continue until:

1. 18 months following your termination of employment or lost eligibility.
2. 36 months, for spouse and/or dependent(s), following the date of the employee's death, divorce, legal separation, loss of coverage due to entitlement to Medicare coverage, or dependent child's ineligibility.
3. The date on which the above group health policy discontinues. (If the plan is replaced, continuation will be transferred to the new plan).
4. The date on which you are covered by another group health insurance plan. Providing that plan does not exclude or limit benefits for a pre-existing condition for you or your dependent(s) who elect to continue or are entitled to Medicare. **Please notify the Business Office (813-974-5295) when you accept coverage under another plan.**

You have the option to apply to convert your group coverage to a guaranteed conversion plan at the end of your 18 months COBRA continuation period. You will be notified when this date nears.