



California Service Center
P.O. Box 23758
San Diego, CA 92193-3758



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T1 P1 2FT 27018718608



Michael Lofton



Purchaser/BU-ID: 000101111/0005
Purchaser Name: DEPARTMENT OF WATER
& POWER - ACTIVE EMPLOYEES
Medical Record: [REDACTED]
Coverage ends 12:01 a.m. on
October 1, 2010



Regarding: **Notification of COBRA Group Coverage ending**



July 19, 2010

Dear Michael Lofton,

At Kaiser Permanente, we believe that a long and healthy life is something worth planning for. We are sending you this letter to let you know that your COBRA coverage or COBRA premium subsidy status will soon be changing.

Notification That Your COBRA Premium Subsidy is Ending

If you are enrolled in the COBRA premium subsidy program, we want to let you know that your eligibility for the subsidy (for you and your covered dependents) is scheduled to end at 12:01 a.m. on **October 1, 2010** (unless you become ineligible sooner). After that date, you will be billed for 100% of the premium rate. If you wish to cancel your COBRA coverage, please submit your written request at the address above or fax your request to 1-858-614-3344.

Notification That Your COBRA Coverage is Ending

If you are not enrolled in the COBRA premium subsidy program, we want to let you know that the COBRA group coverage for you and your covered dependents is scheduled to end at 12:01 a.m. on **October 1, 2010** (unless you become ineligible sooner). Please note that you will be responsible for payment of any services you or any dependents receive after your coverage ends.

We encourage you to apply for new coverage as soon as possible. Please review the enclosed brochure to select a plan that will best fit your needs.

Cal-COBRA Extension

After reaching the time limit for federal COBRA (18 or 29 months), you can request enrollment in Cal-COBRA Extension, which may extend your group coverage up to 36 months after your original COBRA effective date. You must apply within 63 days after your federal COBRA termination date and you must meet certain eligibility requirements. To request an application for enrollment in Cal-COBRA Extension, please complete and return the enclosed postcard or contact us at our Member Service Call center, listed below.

Other options for continuing coverage

If you do not have any other active Kaiser Permanente membership, you and your family may choose from a variety of plans outlined in the enclosed brochure, *Continuing Your Membership*. We offer a broad range of coverage options, including individual plans with lower-priced deductibles and copayments that may suit your needs. These plans have varying eligibility rules, premiums, and benefits, which may differ from your current coverage. We encourage you to

