

**ESCONDIDO UNION SCHOOL DISTRICT**  
**Human Resources Division**

**INFORMATION FOR ALL EMPLOYEE GROUPS REGARDING CONTINUING BENEFITS AFTER  
EMPLOYMENT ENDS DUE TO LAYOFF**

The following information is provided as a brief summary of how an employee's benefits are affected once an individual has left employment. It is important to remember that the district follows all federal and state regulations regarding notification of an employee's benefits terminating. All official notifications must be mailed to the employee's home address. Contact the Benefit Department if you opted out of your medical plan this year and have questions on how that impacts your COBRA rights and selections.

If an employee, who will be experiencing a layoff from their employment, and works through the end of the school year in June, the current active benefits he/she has at that time will continue until September 30, 2011. This includes any spouse/domestic partner/dependents on the plan(s) at that time.

During the summer months a COBRA packet will be mailed to the employee's home outlining the opportunity for the employee or any spouse/domestic partner/dependents to continue their benefits. If an employee chooses to continue benefits through the COBRA program, he/she can continue them for a total of 18 months and would be required to pay the premium on a monthly basis to the district. Based on the COBRA regulations the employee will be offered the same plans that they have at the time they leave the district.

Under the COBRA regulations, an employee may choose to cover any or only some of his/her dependents that are on the active plan. An example would be an employee who has himself or herself, spouse/domestic partner/dependent on the medical plan, may choose to cover only the dependent. Again, the time period to continue the benefits is a total of 18 months. The premium does vary depending on how many people are being covered. Premium payments are paid to the district and may be made by check, money order, or cash. Failure to make the premium payments would result in termination from COBRA. COBRA participants are required to notify the district of any change in address, or personal status change (i.e. divorce).

During the 18 months you are on the COBRA plan, you will be included in any open enrollments that the district will be conducting. The open enrollment packet would be mailed to your home.

**MONTHLY PREMIUMS** (Rates subject to change each January)

PacifiCare HMO 1	1 person \$487.85	2 people \$952.11	3 or more \$1340.88
PacifiCare HMO 2	1 person \$509.88	2 people \$995.54	3 or more \$1401.42
PacifiCare HMO 3	1 person \$523.70	2 people \$1022.90	3 or more \$1440.00
United Health Care PPO	1 person \$679.51	2 people \$1316.48	3 or more \$1858.46
Kaiser \$5	1 person \$460.57	2 people \$909.84	3 or more \$1282.91
Kaiser \$30	1 person \$410.76	2 people \$810.23	3 or more \$1141.95
Deltacare HMO	1 person \$17.23	2 people \$29.28	3 or more \$44.80
Delta Premier	employee only \$36.31		
Vision	employee only \$6.81		

Information regarding continuation of your district life insurance policy will be included in your COBRA packet. If interested in converting the plan to a private policy the employee would contact the life insurance company directly.

If you have any further questions please contact the Benefit Department at 760-432-2118 or 760-432-2368.