

Federal & State Mini-COBRA Chart



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The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) generally requires employers with 20 or more employees with group health plans to offer employees, their spouses, and their dependents a temporary period of continued health care coverage if they lose coverage through the employer's plan. In the decades since federal COBRA's passage, many states have enacted laws to allow employees who do not qualify under federal COBRA to obtain similar continuation of coverage benefits. Learn the COBRA requirements that apply to your business in the chart below.

Government	Which Employers are Covered?	Who are the Qualifying Beneficiaries?	What are the Qualifying Events?	How Long Can COBRA Coverage Last?	What is the Maximum Chargeable Premium Payment?
Federal	Employers with 20 or more employees	Employees, spouses, and dependent children	<p>For Employees:</p> <ul style="list-style-type: none"> • Voluntary or involuntary termination of employment (other than gross misconduct) • Reduction in the number of hours of employment <p>For Spouses:</p> <ul style="list-style-type: none"> • All events under "For Employees" above • Employee becoming entitled to Medicare • Divorce or legal separation from the employee • Death of the employee <p>For Dependent Children:</p> <ul style="list-style-type: none"> • All events under "For Spouses" above • Loss of dependent child status under plan 	<p>Generally 18 months. However, the following exceptions exist:</p> <ul style="list-style-type: none"> • 36 months for a spouse or dependent child, if the qualifying event is divorce, legal separation, or the employee becoming entitled to Medicare • 36 months for a dependent child, if that child loses dependent child status under plan • 36 months for any qualified beneficiary who experiences a second qualifying event • 29 months for all of a family's qualified beneficiaries, if one of the qualifying beneficiaries in a family is disabled (so-called "disability extension"; certain requirements apply) 	<p>Generally 102% of the cost to the plan. However, a plan can charge qualified beneficiaries eligible for the disability extension 150% of the cost to the plan during the final 11 months of COBRA coverage.</p>

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AL	See Federal	See Federal	See Federal	See Federal	See Federal
AK	See Federal	See Federal	See Federal	See Federal	See Federal
AZ	See Federal	See Federal	See Federal	See Federal	See Federal
AR	Employers with fewer than 20 employees	Employees and dependents who have been continuously insured for at least 3 months prior to a qualifying event	<ul style="list-style-type: none"> • Termination • Change in marital status • Termination of membership in a class eligible for coverage 	120 days	Not addressed by state statute
CA	Employers with 2 to 19 employees (for employers with 20 or more employees , Cal-COBRA may extend continuation coverage for up to 36 months)	Any individual who is an enrollee in a group health plan on the day before a qualifying event	<ul style="list-style-type: none"> • Termination (except for gross misconduct) • Reduction in hours • Divorce or legal separation • Loss of dependent status • Employee enrolls in Medicare • Employee dies 	36 months. This can be 36 months of Cal-COBRA alone or 18 months of federal COBRA followed by 18 months of Cal-COBRA.	Up to 110% of the applicable rate. In the case of a qualified beneficiary who is determined to be disabled, up to 150% of the group rate after the first 18 months of continuation coverage.
CO	Any size employer group policy where federal COBRA does not apply	Employee and dependents when the employee has been continuously covered for at least 6 months	<ul style="list-style-type: none"> • Termination • Employee's death • Change in marital status (or civil union status) of an eligible employee • Reduction in hours 	18 months	Premium amount not specifically addressed under state statute
CT	All employers	<ul style="list-style-type: none"> • Employee • Employee's spouse • Unmarried children who are under 26 • Stepchildren (on the same basis as biological children) 	<ul style="list-style-type: none"> • Layoff • Reduction in hours • Leave of absence • Termination (except for gross misconduct) 	30 months	Up to 102% of the premium

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DE	Employers with 1-19 employees on a typical business day during the preceding year	A covered employee or eligible dependent who has been continuously insured during the entire 3-month period ending with such termination	<ul style="list-style-type: none"> • Employee's death • Employee's termination (other than gross misconduct) or reduction of hours • Divorce or legal separation • The covered employee becoming entitled to Medicare • Loss of dependent child status • Certain employer bankruptcies 	9 months	102% of the group rate of the insurance being continued on the due date of each payment
DC	Employers with fewer than 20 employees	Employees and covered dependents	<p>Employers are required to provide employees and covered dependents the right to continue coverage unless the employee:</p> <ul style="list-style-type: none"> • Was terminated for gross misconduct • Is eligible for an extension of coverage under federal COBRA • Fails to complete timely election and payment 	3 months	Up to 102% of the group rate
FL	Employers with fewer than 20 employees	<p>Any individual who, on the day before the qualifying event, is:</p> <ul style="list-style-type: none"> • The covered employee (except if terminated for gross misconduct) • The covered employee's spouse • The employee's dependent child 	<ul style="list-style-type: none"> • Employee's death • Termination (except termination for gross misconduct) or reduction in hours • Divorce or legal separation • Employee becoming entitled to Medicare • Loss of dependent child status • A retiree or the spouse or child of a retiree losing coverage within 1 year before or after the employer's bankruptcy 	Generally 18 months, but 29 months if eligible for a disability extension	115% of the applicable premium; however, the carrier can charge up to 150% of the group rate during an 11-month disability extension

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GA	Generally employers with fewer than 20 employees (extended continuation of coverage applies to employers with 20 or more employees)	An employee whose coverage has been terminated and who has been continuously covered under the plan for at least 6 months, and his or her eligible dependents (Click here for information regarding extended continuation of coverage [§ 33-24-21.2], which generally applies to employees age 60 or older.)	When coverage would otherwise terminate for employees who have been continuously covered under the group plan for at least 6 months prior to termination (except if employment was terminated for cause) (Click here for information regarding extended continuation of coverage [§ 33-24-21.2], which generally applies to employees age 60 or older.)	Coverage must continue for the fractional policy month remaining (if any) at termination, plus 3 additional policy months (For employers with 20+ employees, such employees and dependents may be entitled to an additional period of continuation coverage if the employee was 60+ when the initial period of federal or state continuation coverage began)	In general, the same rate that applies to active group members. However, if an eligible employee or the divorced or surviving spouse elects extended continuation coverage , the monthly premium may not exceed 120% of the group rate.
HI	All employers	Any regular employee who has been employed for 4 consecutive weeks	If an employee is hospitalized or otherwise prevented by sickness from working	3 months following the month the employee became hospitalized or disabled from working, or the period for which the employer has paid the employee's regular wages, whichever is longer	Not addressed by state statute
ID	See Federal	See Federal	See Federal	See Federal	See Federal

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IL	All employers	<p>Employees and dependents who were continuously covered for 3 months before the qualifying event</p> <p>Divorced or widowed spouses (any age) and dependent children may also be protected under spousal continuation coverage</p>	<p>Loss of coverage due to termination of or reduction in hours</p> <p>Also, divorce from the employee, death of the employee or retirement of the employee may be qualifying events under spousal continuation coverage</p>	<p>12 months</p> <p>Continuation resulting from an employee's death or divorce may be offered for a maximum period of 2 years if the qualified beneficiary is under age 55 at time of the qualifying event. If he or she is age 55 or older at the time of qualifying event, the maximum period of coverage extends until Medicare eligibility.</p>	<p>Premiums generally may not exceed the group rate. However, for divorced or widowed spouses age 55 or older, or spouses age 55 or older of a retiree, an administration fee may be added to group rate after first two years of coverage.</p>
IN	See Federal	See Federal	See Federal	See Federal	See Federal
IA	Employers with fewer than 20 employees	The employee and his or her eligible dependent(s). To be eligible, the employee must have been continuously insured under the group policy for the 3-month period immediately preceding the termination.	Termination of employment or plan eligibility, including termination because of a permanent or temporary layoff or approved leave of absence. Continuation also must be offered to the surviving or former spouse and any covered dependent children of an employee if coverage would otherwise terminate because of dissolution, annulment of marriage, or the employee's death.	9 months	Not more than the group rate otherwise due for the insurance being continued under the group policy

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KS	All group policies. Mini-COBRA applies to group policies that are also subject to COBRA, to the extent that the participant has not received equal or better continuation rights under COBRA.	Employees or covered dependents who have been continuously insured under the group policy for at least 3 months immediately prior to termination	Continuation must be offered to employees and their covered dependents whose insurance under the group policy is terminated for any reason , including discontinuance of the group policy in its entirety or with respect to an insured class	18 months	Same premium as that applicable to employees remaining in the group
KY	Employers with fewer than 20 employees	Employees and their covered dependents, if they have been covered by the group policy for at least 3 months	<ul style="list-style-type: none"> • Termination of group membership of the covered employee • Death of the covered employee • Loss of dependent child status under the group policy • Dissolution of marriage between the covered employee and his or her spouse 	18 months	Not addressed by state statute
LA	Fewer than 20 employees	Employees and their eligible dependents who have been continuously insured under the group policy for at least 3 consecutive months prior to the qualifying event	<p>When coverage would otherwise end due to death, divorce, or termination of employment or of membership in the class eligible for coverage under the policy.</p> <p>A surviving spouse 50 or older whose eligibility for group coverage terminates due to the covered employee's death may continue coverage, and provide coverage to covered dependents at the time of death.</p>	Generally 12 months; however, spousal continuation coverage may not be terminated unless certain events occur	May not exceed the group rate

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ME	Fewer than 20 employees	Individuals who have been employed for at least 6 months and dependents covered under the group policy for at least 3 months (unless the dependents were not eligible for coverage until after the beginning of the 3-month period)	Continuation coverage must be provided for eligible employees and dependents when group insurance coverage terminates because: <ul style="list-style-type: none"> • The employee is temporarily laid off • The employee loses employment because of an injury or disease that would be covered under workers' compensation 	1 year from the last day of work	102% of the group rate
MD	All employers	Covered spouses and dependents who meet certain criteria (page 2) depending on the qualifying event	<ul style="list-style-type: none"> • Termination (other than for cause) • Death of covered employee • Divorce 	<p>Generally 18 months. However, state COBRA for divorced spouses ends when the spouse:</p> <ul style="list-style-type: none"> • Becomes eligible for another group health benefit plan or Medicare; • Becomes covered under an individual health policy; • Fails to pay premiums on time; • Decides to remarry; • Drops the coverage; or • Employer no longer offers any plan. <p>For a dependent child, state COBRA ends when the child would no longer qualify for coverage had there been no divorce.</p>	Premiums may not exceed 102% of the group rate, except the amount may not exceed 100% of the group rate if divorce is the qualifying event

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MA	Employers with 2-19 employees	<ul style="list-style-type: none"> • An employee • The spouse of an employee • The dependent child of an employee • In certain instances, retirees (and family members) whose former employers are involved in bankruptcy 	<ul style="list-style-type: none"> • Death of employee • Termination (other than by reason of employee's gross misconduct) • Reduction in hours • Divorce or legal separation • Employee becomes entitled to Medicare • Loss of dependent child status under the plan 	<ul style="list-style-type: none"> • 18 months for termination or reduction of hours • 36 months for employee's death, divorce/legal separation, employee becoming entitled to Medicare, or if dependent child is no longer considered a dependent • Certain disabled qualified beneficiaries may also be able to extend coverage to 29 months 	102% of the premium for similarly situated individuals who have not had a qualifying event. Disabled individuals may be required to pay 150% of the premium after the initial 18-month period expires.
MI	See Federal	See Federal	See Federal	See Federal	See Federal
MN	Employers with 2 or more employees	<ul style="list-style-type: none"> • Employee • Spouse • Dependent children 	<ul style="list-style-type: none"> • Termination (except for gross misconduct) • Reduction in hours • Legally separated or divorced • Covered child no longer qualifies as a dependent • Employee becomes totally disabled • Employee dies • Employee becomes eligible for/enrolled in Medicare 	18 months or 36 months, depending upon the qualifying event . However, under Minnesota law, an employee who becomes totally disabled while employed can remain in the group health plan indefinitely.	102% of the premium
MS	Employers with fewer than 20 employees	Employees and eligible dependents continuously insured for 3 consecutive months	<ul style="list-style-type: none"> • Termination • Death of the employee • Divorce of the employee from his or her spouse • Employee becomes entitled to Medicare • A child ceases to be an eligible dependent 	12 months	No more than the full group rate

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MO	Generally employers not subject to federal COBRA	Eligible employees, spouses, and dependents	<ul style="list-style-type: none"> • Termination (for reasons other than gross misconduct) or a reduction in hours • Death of the employee • Divorce or legal separation • Employee becomes eligible for Medicare • Loss of child coverage due to age 	Up to 18 months. However, coverage may be extended up to 36 months if other qualifying events occur during the initial 18-month coverage period. Former and surviving spouses of covered employees may be eligible for an extended period of state mini-COBRA (including coverage for any dependent children) following the expiration of federal COBRA.	Up to 102% of the premium
MT	See Federal	See Federal	See Federal	See Federal	See Federal
NE	Employers with fewer than 20 employees	Employees, eligible spouses, and dependents	<ul style="list-style-type: none"> • Involuntary termination of employment (for reasons other than misconduct) • Death of a covered employee 	<ul style="list-style-type: none"> • 6 months for involuntary termination • 12 months for the employee's death 	102% of the group rate
NV	See Federal	See Federal	See Federal	See Federal	See Federal
NH	Employers with more than one employee	Eligible employees, spouses, and dependents	<ul style="list-style-type: none"> • Termination (other than for gross misconduct) • Layoff • Declared disabled • Employee's death • Divorce or legal separation • Loss of dependent child status • Certain circumstances under an employer's bankruptcy 	Generally, either 18 months, 29 months, or 36 months, depending on the qualifying event. Click here for detailed information on the length of coverage.	Up to 102% of monthly premium under the group plan

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NJ	Employers with 2 to 50 eligible employees working at least 25 hours per week. (Employers with 20 to 50 employees must comply with both federal COBRA and state COBRA.)	Any person (and his or her spouse and dependent children) covered under a small employer group policy who has a qualifying event	<ul style="list-style-type: none"> • Termination (other than for cause) • Reduction in hours to less than 25 per week • Employee's death • Divorce or dissolution of a civil union or domestic partnership • Loss of dependent child status 	<ul style="list-style-type: none"> • 18 months for employees in the event of termination or reduction in hours • 29 months for an employee determined to have been disabled under the Social Security Act • 36 months for death of the employee, divorce, or for a dependent child that ceases to be a dependent child 	Up to 102% of the premium; up to 150% of the premium for employees determined to be disabled under the Social Security Act
NM	All employers	Employees and covered family members	<ul style="list-style-type: none"> • Termination • Death of the employee • Divorce, annulment, dissolution of marriage, or legal separation 	6 months	Not specified under state statute beyond "a reasonable, nondiscriminatory rate"
NY	Employers with fewer than 20 employees Note: Individuals in NY subject to federal COBRA may be eligible for an extension under state law	Employees, spouses, and dependent children	<ul style="list-style-type: none"> • Termination (for any reason) • Reduction in work hours • Employee's death • Divorce or legal separation • Employee becoming entitled to Medicare • Loss of dependent child status 	36 months	Generally up to 102% of the premium. However, a qualified beneficiary may be charged up to 150% of the premium in certain instances when the federal COBRA disability extension is used.
NC	All employers	Employees, spouses, and dependents who have been continuously insured for 3 consecutive months prior to qualifying event	<ul style="list-style-type: none"> • Termination (for any reason) • Reduction in hours • Loss of eligible employee status 	18 months	Up to 102% of the full group rate

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ND	Fewer than 20 employees	Employees, spouses, and dependents continuously insured during 3-month period ending with termination	<ul style="list-style-type: none"> • Termination of employment or membership in the group eligible for coverage • Upon entry of a decree of annulment of marriage or divorce 	<ul style="list-style-type: none"> • 39 weeks in the event of termination of employment or coverage eligibility • 36 months upon entry of a decree of annulment of marriage or divorce 	Up to 102% of the group rate
OH	All employers	Employees and eligible dependents. The employee must have been continuously insured under the group policy during the 3-month period ending with termination.	Involuntary termination (other than for gross misconduct)	12 months	May not exceed the group rate
OK	Employers with fewer than 20 employees	Employees and dependents	Termination of group health insurance for any reason other than termination of employment for gross misconduct or termination of the group plan	At least 63 days. An employee covered for at least 6 months and whose employment is terminated may be entitled to an extension of at least 3 months (basic coverage) or 6 months (major medical).	The same as if group coverage had not terminated

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OR	Employers with fewer than 20 employees	Covered employee must have been insured continuously during the 3-month period ending on the date of the qualifying event. A spouse or dependent child must have been covered on the day before the qualifying event.	<ul style="list-style-type: none"> • Voluntary or involuntary termination • Reduction in hours • Covered employee becomes eligible for Medicare • Loss of dependent child status • Covered employee's death • Dissolution of marriage between the covered employee and his or her spouse 	9 months	In general, the premium may not exceed the group rate.
PA	Employers with 2-19 employees	Covered employee or eligible spouse and dependent must have been continuously insured for 3 consecutive months ending with the termination of coverage	<ul style="list-style-type: none"> • Employee's death • Termination • Reduction in hours • Divorce or legal separation • Covered employee becoming entitled to Medicare • Loss of dependent child status • Employer bankruptcy 	9 months	May not exceed 105% of the group rate
RI	All employers, except those in the construction industry with certain multi-employer plans	Employees, spouses, and dependents	<ul style="list-style-type: none"> • Involuntary layoff • Employee's death • The employee's workplace ceases to exist • A permanent reduction in the size of the workforce 	Generally 18 months Click here for special rules concerning continuation coverage for a former spouse.	May not exceed the group rate
SC	All employers	All eligible employees and dependents who have been continuously covered under the group policy for at least 6 months, and who are not entitled to federal COBRA for a longer period than is provided under state law	Termination of group insurance for any reason other than nonpayment of the required contribution	For the fractional policy month remaining at termination plus 6 additional months	The entire group premium, including any portion usually paid by the former employer

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SD	Employers with fewer than 20 employees	Employees and eligible dependents	<ul style="list-style-type: none"> • Termination (other than for gross misconduct) • Employer termination of group coverage • Employee's death • Loss of eligibility as qualified family member • A qualified beneficiary is ineligible for Medicare • Employee's eligibility for Medicare • Divorce or legal separation 	<ul style="list-style-type: none"> • 18 months for termination of employment or group coverage • 29 months if the individual is determined to be disabled during the first 60 days of continuation coverage • 36 months for certain other qualifying events 	May not exceed 102% of the group rate (except for any month after the 18th month, during which the premium may not exceed 150% of the applicable premium)
TN	All employers	Employees, spouses, and dependents that were continuously insured for at least 3 months immediately prior to coverage termination	<p>Termination of employee coverage for any reason, except for:</p> <ul style="list-style-type: none"> • Discontinuance of the policy • The employee's failure to pay any required contribution • The employee's eligibility for Medicare 	<ul style="list-style-type: none"> • In the event of termination, the fractional policy month remaining at termination, plus up to 3 additional months • In the event of divorce or death of an insured spouse, the fractional policy month remaining at termination, plus up to 15 additional months • For individuals whose coverage is terminated during pregnancy, the fractional month remaining at termination, plus at least 6 months after the pregnancy 	The full group premium, including any portion usually paid by the employer

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TX	All employers	Employees, spouses, and dependents who have been continuously insured for at least 3 consecutive months immediately prior to coverage termination	<ul style="list-style-type: none"> Termination of coverage for any reason (including discontinuance of the group policy) other than involuntary termination for cause (excluding any health-related cause) For spouses and dependents, retirement or death of the employee or severance of the family relationship 	In general, 9 months if federal COBRA does not apply, or for an additional 6 months after federal COBRA coverage ends. Click here for timing requirements.	Up to 102% of the premium; the premium for continuation of a spouse or dependent may not be more than the premium charged under the group policy had the family relationship not been severed
UT	Employers with fewer than 20 employees	<ul style="list-style-type: none"> Employees continuously covered for 3 months immediately before the qualifying event Spouses Dependent children 	<ul style="list-style-type: none"> Voluntary or involuntary termination (except for gross misconduct) Retirement Death Divorce or legal separation Loss of dependent status Sabbatical Disability Leave of absence Reduction of hours 	Generally 12 months (certain extensions may be permitted if the employee becomes eligible for Medicare)	Up to 102% of the group rate, including an employer's contribution (if any)
VT	Employers with fewer than 20 employees	Covered employees and family members	<ul style="list-style-type: none"> Loss of employment (other than for misconduct), including a reduction in hours Divorce, civil union dissolution, or legal separation A child no longer qualifying as a dependent child Death of the covered employee 	18 months	Up to 102% of the group rate

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VA	Employers with fewer than 20 employees	Employees or family members who have been continuously insured during the entire 3-month period immediately before termination of coverage eligibility	Termination of the person's eligibility for coverage prior to that person becoming eligible for Medicare or Medicaid benefits	12 months	Up to 102% of the current rate
WA	All employers	A person who becomes ineligible for coverage under the group policy	<ul style="list-style-type: none"> • Strike, lockout, or other labor dispute • Ineligibility for coverage under the group policy 	Generally 6 months (strike/lockout), or a period of time agreed upon by the employer and employee	To be agreed upon by the employer and employee
WV	Employers with fewer than 20 employees	Covered employee and his or her spouse or dependents	Involuntary layoff or termination (for reasons other than misconduct) that would disqualify the employee for unemployment benefits	18 months	May not exceed 100% of the applicable premium
WI	Group policies issued to employers of any size	Employee, spouse, and dependents who have been continuously covered for at least three months	<ul style="list-style-type: none"> • Divorce or annulment • Voluntarily or involuntarily losing coverage eligibility (other than discharge for misconduct) • Death of the covered employee 	18 months	Generally may not exceed the group rate, including the employer's contribution (if any)
WY	Employers not subject to federal COBRA	Employees and covered dependents who have been continuously insured during the entire 3-month period ending with the termination of coverage eligibility	Termination of employment or eligibility for coverage	12 months	May not exceed 102% of the group rate

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