

IRON ROAD HEALTHCARE LEAVE PLANS AT-A-GLANCE

approved medical leave	
COBRA	IRHCC
<ul style="list-style-type: none"> • Starts after 12 weeks of FMLA • Max coverage up to 29 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Includes 12 weeks of FMLA and 12 weeks of premium waiver • Max coverage up to 30 months • Months 1-3 is covered by FMLA • Months 4-6 is covered by premium waiver • Months 7-30 is \$100 per month
non-medical personal leave	
COBRA	IRHCC
<ul style="list-style-type: none"> • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Max coverage up to 24 months • Month 1-12 is \$100 per month • Month 13-24 is \$621
suspension	
COBRA	IRHCC
<ul style="list-style-type: none"> • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Six month premium waiver • Max coverage up to 24 months • Month 1-6 covered by premium waiver • Month 7-18 is \$100 per month • Month 19-24 is \$621
resignation, termination or settlement	
COBRA	IRHCC
<ul style="list-style-type: none"> • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • IRHCC plan not available for this category
dismissed	
COBRA	IRHCC
<ul style="list-style-type: none"> • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Max coverage up to 18 months • Month 1-12 is \$100 per month • Month 13-18 is \$621
furlough	
COBRA/USERRA	IRHCC
<ul style="list-style-type: none"> • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Employer-paid three month premium waiver • Max coverage up to 24 months, and begins after three month waiver • Month 1-12 is \$100 per month • Month 13-24 is \$621

active military service	
COBRA/USERRA	IRHCC
<ul style="list-style-type: none"> • Starts after a three month premium waiver • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Starts after 12-weeks of FMLA • Max coverage up to 24 months • Months 1-12 is \$100 per month • Month 13-24 is \$621
FMLA to assist with a family member	
COBRA/USERRA	IRHCC
<ul style="list-style-type: none"> • Starts after 12 weeks of FMLA • Max coverage up to 18 months • Monthly premium is \$621 	<ul style="list-style-type: none"> • Starts after 12-weeks of FMLA • Max coverage up to 24 months • Months 1-12 is \$100 per month • Months 13-24 is \$621

Please note: This is an at-a-glance summary of your leave plan options. The rates shown do not apply to every case. Please make sure you review the COBRA Election Notice carefully to determine the benefits that apply to you. If you choose COBRA, you are no longer eligible to return to a Iron Road Healthcare plan unless you return to work and perform the requisite amount of compensated service.

In some cases, you may be eligible to extend COBRA for 11 months. Please review the COBRA Election Notice for eligibility requirements for an extension.

For specific questions, you can contact Iron Road Healthcare Member Services at 800-547-0421, Monday through Friday from 7:30 a.m. - 3:30 p.m., MST.

NEXT STEPS

Under federal law, you have 60 days from the date of the enclosed letter, or after your regular coverage ends, whichever is later, to select your coverage election. Please visit our website at www.ironroadhealthcare.com to make your payment or to complete a COBRA form. You may request a printed form from Member Services by calling 800-547-0421.

If you do not want this coverage option, please let us know right away by calling Member Services at 800-547-0421 and we will remove you from our invoicing process.