

**Please carefully read the following COBRA Information:**

* **Confirm the address you have in My UFL is the address at which you wish to receive important COBRA information.**
* **Your COBRA benefits will be administered by PayFlex. The toll free number to PayFlex customer service is listed below.**
* **Under COBRA, you will be eligible to continue your health insurance, including GatorCare medical, Eagles dental and Humana vision if enrolled at the time of your termination.**
* **Within a couple of weeks after your termination date, a COBRA package, if applicable, will be mailed to your address on file.**
* **You may contact PayFlex customer service if you do not receive your COBRA package.**
* **Please refer to the rate table below to see the COBRA rate chart for GatorCare medical, Eagles dental and Humana vision.**
* **You will have 60 days from the date of notice to submit your election form to continue your health insurance under COBRA. Your coverage effective date will be retroactive to the termination date of your coverage as an active employee.**
* **You will have 45 days from the date of your election (postmark date, if mailed) to submit your premium. Your first payment must cover the cost of premiums from the time of termination through the current month. You may contact PayFlex at their toll free number to confirm the correct amount of your first payment.**

The PayFlex Phone Number to speak to Customer Service:

**(800) 359-3921**

Payments should be issued to:

PayFlex Systems USA, Inc.

Please send payments to the following:

PayFlex Systems USA, Inc.

BENEFIT BILLING DEPARTMENT

P.O. BOX 2239

OMAHA, NE 68103-2239

|  |
| --- |
| **Monthly Rates** |
|  | **Prime Plus** | **Premium** | **Eagles Dental** | **Humana Vision** |  |  |
| Employee Only | $596.70 | $614.04 | $38.23 | $6.67 |  |  |
| Employee+Spouse/Partner | $1,149.54 | $1,181.16 | $73.30 | $13.34 |  |  |
| Employee+Child(ren) | $969.00 | $993.48 | $73.30 | $12.69 |  |  |
| Employee+Family | $1,496.34 | $1,537.14 | $125.19 | $19.93 |  |  |