



# State Mini-COBRA Laws

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This chart summarizes key provisions of continuation coverage (“mini-COBRA”) laws for each state.

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employer-sponsored group health plans with 20 or more employees to allow individuals who lose coverage due to certain “qualifying events” (for example, a covered employee's termination of employment) to elect to continue their coverage under the plan for a specified time. Most states have adopted similar laws known as “mini-COBRA” laws.

This chart summarizes key provisions of the mini-COBRA laws for those states that have enacted them. Because state continuation coverage laws often include extensive and detailed compliance obligations, employers are encouraged to consult the relevant state statute for official guidance (see the linked Continuation of Coverage pages for more details).

State	Applicability	Duration and Qualifying Events
<b>Alabama</b>	No state continuation law. Federal COBRA law applies.	N/A
<b>Alaska</b>	No state continuation law. Federal COBRA law applies.	N/A
<b>Arizona</b> See <a href="#">Arizona Continuation of Coverage</a>	<p><b>Applicable to:</b> Small employers with health benefit plans issued or renewed beginning in 2019 and employing 1–19 employees during the previous calendar year.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been enrolled in the group health plan for at least 3 months prior to the qualifying event and who is ineligible for Medicare, Medicaid, or other group health coverage. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately before the qualifying event is also eligible.</p> <p><b>Note:</b> Special provisions apply to military members.</p>	<p><b>Duration:</b> 18, 29, or 36 months, depending on the type of qualifying event.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> <li>• Loss of coverage for a retiree or the spouse or child of the retiree within 1 year before or after the bankruptcy of the employer from which the employee retired.</li> </ul>
<b>Arkansas</b> See <a href="#">Arkansas Continuation of Coverage</a>	<p><b>Applicable to:</b> Every group accident and health insurance policy, contract, or certificate that provides hospital, surgical, or major medical coverage.</p> <p>Continuation coverage need not include benefits for dental care, vision services, or prescription drug expenses.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents continuously covered under the policy for the 3 months prior to the qualifying event and who are ineligible for Medicare or full coverage under any other group accident and health policy.</p>	<p><b>Duration:</b> 120 days.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct of the covered employee's employment.</li> <li>• Loss of membership in a class eligible for coverage (e.g., unions, or multiple employer welfare arrangements (MEWAs)).</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>California</b> See <a href="#">California Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers and group health plans, vision-only and dental-only plans, and church plans that cover from 2–19 employees on at least 50% of the employer's working days during either the preceding calendar year or the preceding calendar quarter if the employer was not in business during any part of the preceding calendar year, and employees who are not offered continuation coverage under federal COBRA.</p> <p><b>Note:</b> Cal-COBRA also applies to employers with more than 20 employees when an individual has exhausted their 18 months of federal COBRA benefits.</p> <p><b>Eligible individuals:</b> Any individual covered under the plan on the day before a qualifying event and who is ineligible for Medicare or coverage under another group benefit plan.</p>	<p><b>Duration:</b> 36 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination other than for gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul> <p><b>Note:</b> Employees who have obtained less than 36 months of continuation under federal COBRA may use Cal-COBRA to extend their coverage to 36 months.</p>
<b>Colorado</b> See <a href="#">Colorado Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health benefit plans, including health maintenance organizations (HMOs).</p> <p>Dental, vision, and prescription drug benefits provided under separate contracts are excluded.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been continuously covered under the group health plan for 6 months prior to the qualifying event and who is ineligible for Medicare, Medicaid, or other healthcare coverage. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination, including gross misconduct, or a reduction in hours (under specific conditions) of the covered employee's employment.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> </ul>
<b>Connecticut</b> See <a href="#">Connecticut Continuation of Coverage</a>	<p><b>Applicable to:</b> All fully insured group health plans issued to any type of employer, regardless of size, and church plans.</p> <p>Dental, vision, and prescription drug benefits provided under separate contracts are excluded.</p> <p><b>Note:</b> Individuals who are also eligible for federal COBRA may elect mini-COBRA once federal COBRA expires but cannot exceed 30 months of coverage under both laws.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan on the day before the qualifying event and who are ineligible for Medicare or other group insurance with exception.</p>	<p><b>Duration:</b> 30 or 36 months, depending on the type of qualifying event.</p> <p>Regardless of an employee's or dependent's eligibility for other group insurance, state law provides limited continuation coverage for up to 12 months for an employee's absence due to illness or injury and for covered individuals who are totally disabled on the date a group health plan terminates.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct of the covered employee's employment.</li> <li>• Layoff or reduction in hours of the covered employee's employment.</li> <li>• Covered employee's leave of absence.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Delaware</b> See <a href="#">Delaware Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with fewer than 20 employees in the preceding year offering group insurance policies, including HMOs, that provide hospital, surgical, or major medical coverage.</p> <p>Dental, vision, and other similar policies providing limited benefits issued under separate contracts are excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents who were continuously covered under the group health plan for at least 3 months prior to the qualifying event and who meet the following criteria: are ineligible for Medicare; are ineligible as a dependent under another employer-based group health plan; or are not covered under any other insured or self-insured group plan that provides hospital, surgical, or medical coverage, excluding the Delaware Medical Assistance Program.</p>	<p><b>Duration:</b> 9 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> <li>• Loss of coverage for a retiree or the spouse or child of a retiree within 1 year before or after the bankruptcy of the employer from which the employee retired.</li> </ul>
<b>District of Columbia</b> See <a href="#">District of Columbia Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering health benefit plans including accident and health insurance policies, HMOs, MEWAs, or plans provided by another benefit arrangement.</p> <p>Dental, vision, accident, or disease-specific policies issued under separate contract are expressly excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the plan at the time of the qualifying event who reside within the insurer's service area and are ineligible for Medicare or another group health plan.</p>	<p><b>Duration:</b> 3 months.</p> <p><b>Qualifying events:</b> Any event that results in the loss of coverage, except for termination of employment for gross misconduct.</p>
<b>Florida</b> See <a href="#">Florida Continuation of Coverage</a>	<p><b>Applicable to:</b> Small employers with fewer than 20 employees offering group insurance policies, including HMOs, that provide hospital or medical coverage.</p> <p>Dental, vision, accident, or disease-specific policies issued under separate contract are expressly excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• In certain instances, children may be insured until the end of the calendar year in which they turn 30.</li> <li>• Special provisions apply for military members.</li> </ul> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the plan on the day before the qualifying event and who are ineligible for Medicare or another group health plan.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Note:</b> Individuals determined to be disabled at the time of the qualifying event may be eligible for 29 months of continuation coverage.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination other than for gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> <li>• Loss of coverage for a retiree or the spouse or child of the retiree within 1 year before or after the bankruptcy of the employer from which the employee retired.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Georgia</b> See <a href="#">Georgia Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering group insurance plans, including HMOs, that provide hospital, surgical, or major medical coverage.</p> <p>Dental, vision, accident, or disease-specific policies issued under separate contract are expressly excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b> Extended coverage may be available for eligible employees and their spouses who are age 60 or older at the time of the initial qualifying event, as well as their eligible children, under certain circumstances. This also applies to employers with 20 or more employees that are subject to federal COBRA regulations.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been covered under the plan for at least 6 months prior to the qualifying event and who is ineligible for Medicare or Medicaid. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> The balance of the plan month in which coverage was lost plus an additional 3 months.</p> <p>Extended continuation coverage for individuals age 60 and over and their dependents remains in place until the employee or spouse becomes insured under another group health plan or covered under Medicare.</p> <p><b>Qualifying events:</b> Any event that results in the loss of coverage except for termination of employment for cause.</p>
<b>Hawaii</b>	No state continuation law. Federal COBRA law applies.	N/A
<b>Idaho</b>	No state continuation law. Federal COBRA law applies.	N/A
<b>Illinois</b> See <a href="#">Illinois Continuation of Coverage</a>	<p>Illinois has three different continuation laws:</p> <ul style="list-style-type: none"> <li>• Illinois Continuation (mini-COBRA) (discussed below);</li> <li>• Illinois Spousal Continuation (see link at left); and</li> <li>• Illinois Dependent Continuation (see link at left).</li> </ul> <p><b>Applicable to:</b> All employers offering fully insured group health plans or HMOs, regardless of the group's size.</p> <p>Dental and vision benefits provided under separate contracts are excluded.</p> <p><b>Note:</b> Illinois employers with 20 or more employees must offer eligible individuals the ability to continue coverage under federal COBRA and the applicable Illinois continuation coverage law. The individual must then choose to continue coverage under one law or the other.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been covered under the plan for at least 3 months at the time of the qualifying event and who is ineligible for Medicare or any other insured or self-insured group.</p>	<p><b>Duration:</b> 12 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination of the employee's employment <i>unless</i> termination was for a work-related: <ul style="list-style-type: none"> <li>- Felony, and the employee has admitted to or been convicted of the felony; or</li> <li>- Theft for which the employer was not responsible, and the employee has admitted to or been convicted of the theft.</li> </ul> </li> <li>• Reduction in hours of the covered employee's employment.</li> </ul>
<b>Indiana</b>	No state continuation law. Federal COBRA law applies.	N/A

State	Applicability	Duration and Qualifying Events
<b>Iowa</b> See <a href="#">Iowa Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering group health benefit plans, including HMOs, that provide hospital, surgical, or major medical coverage.</p> <p>Continuation coverage does not need to include dental care, vision care, or prescription drug benefits or any other benefits provided under the group policy, which are in addition to accident or health benefits.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been covered under the plan during the entire 3-month period prior to the qualifying event, and any qualified dependents. Individuals are ineligible for state continuation coverage if they are covered or eligible for Medicare or coverage under another insured or self-insured group health plan.</p>	<p><b>Duration:</b> 9 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination of the covered employee's employment, temporary or permanent layoff, or an approved leave of absence.</li> <li>• Death of the covered employee.</li> <li>• Divorce or annulment of the covered employee from their spouse.</li> </ul>
<b>Kansas</b> See <a href="#">Kansas Continuation of Coverage</a>	<p><b>Applicable to:</b> All employers offering group health benefit plans, including HMOs, that provide hospital, surgical, or major medical coverage.</p> <p>Accident or disease-specific policies issued under separate contract are excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b> Both federal COBRA and Kansas state law provide for continuation coverage. Kansas mini-COBRA applies to group policies subject to federal COBRA, but only to the extent the employee has not received equal or better continuation rights under federal COBRA.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents who have been continuously covered under the plan for at least 3 months prior to the qualifying event and are ineligible for Medicare or coverage under another group insured or self-insured arrangement providing accident or health coverage.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Qualifying events:</b> Termination of coverage for any reason, except for termination of employment for cause as defined by the policy and nonpayment of premium after reasonable notice.</p>
<b>Kentucky</b> See <a href="#">Kentucky Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health benefit plans, including HMOs, that provide hospital, surgical, or major medical coverage.</p> <p>Accident or disease-specific policies issued under separate contract are excluded.</p> <p><b>Note:</b> May also apply to policies issued outside of Kentucky covering a Kentucky resident.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been continuously covered under the plan during the 3-month period prior to the qualifying event and who is ineligible for Medicare or coverage under another insured or self-insured group health plan. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination or a reduction in hours of the covered employee's employment.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>



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<b>Louisiana</b> See <a href="#">Louisiana Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group policies, including HMOs and self-insured plans (unless preempted under federal law), that provide hospital, surgical, or major medical coverage.</p> <p>Not available if federal COBRA applies.</p> <p>Accident or disease-specific policies issued under separate contract are expressly excluded.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been continuously covered under the plan during the 3-month period prior to the qualifying event and who is ineligible for coverage under any other group arrangement of hospital, surgical, or medical coverage within 31 days of the termination of coverage. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 12 months.</p> <p>An employee's surviving spouse age 50 or older is eligible for continuation coverage when coverage is lost due to the employee's death until they become eligible for Medicare or another group health plan, or they remarry.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination of the covered employee's employment.</li> <li>• Death of a covered employee.</li> <li>• Divorce of the covered employee from their spouse.</li> </ul>
<b>Maine</b> See <a href="#">Maine Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering a fully insured group health plan.</p> <p><b>Note:</b> Applies to all policies issued in other states to the extent that they cover employees whose primary workplace is in Maine.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been employed for at least 6 months prior to the qualifying event and who is ineligible for Medicare or other insured or self-insured group coverage providing similar benefits. At the employee's discretion, the continued group coverage may cover:</p> <ul style="list-style-type: none"> <li>• The employee;</li> <li>• The employee <i>and</i> any dependents; or</li> <li>• <i>Only</i> the dependents of the employee.</li> </ul> <p>In the latter two cases, the dependents must have been covered for at least 3 months under the group policy, unless the dependents were not eligible for coverage until after the beginning of the 3-month period.</p>	<p><b>Duration:</b> 12 months after the employee's last day of work.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Temporary layoff or permanent layoff with eligibility for federal premium assistance of the covered employee.</li> <li>• Loss of employment due to the covered employee's work-related injury or disease compensable under workers' compensation.</li> </ul>

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<b>Maryland</b> See <a href="#">Maryland Continuation of Coverage</a>	<p><b>Applicable to:</b> All insurance policies issued or delivered in Maryland to an employer (regardless of size) by an insurer or nonprofit health service plan, including an HMO, that provides group hospital, medical, or surgical benefits on an expense-incurred basis.</p> <p><b>Note:</b> When either federal COBRA or state mini-COBRA apply, individuals do not have to elect one or the other. Individuals are entitled to choose both, and any differences in qualifications or benefits are to be resolved in favor of the individual.</p> <p><b>Eligible individuals:</b> Different requirements apply to each event in determining qualified beneficiaries eligible for mini-COBRA.</p> <p>To be a qualified beneficiary eligible for mini-COBRA when an employee resigns or is involuntarily terminated for reasons other than for cause:</p> <ul style="list-style-type: none"> <li>• The employee must have been a Maryland resident covered under a group health plan with the same employer for at least 3 months prior to termination of employment;</li> <li>• The spouse and dependent children must have been covered under the group health plan immediately prior to the employee's termination of employment;</li> <li>• The employee must be ineligible for Medicare; and</li> <li>• The employee must be ineligible for any other coverage, including fully insured or self-insured group or similar non-group plans.</li> </ul> <p>To be a qualified beneficiary eligible for mini-COBRA where coverage ends due to the death of the employee:</p> <ul style="list-style-type: none"> <li>• The surviving spouse must have been covered under the group health plan for at least 30 days prior to the employee's death;</li> <li>• The dependent children must have been covered immediately prior to the employee's death or born after the employee's death;</li> <li>• The surviving spouse and dependent children must be ineligible for Medicare; and</li> <li>• The surviving spouse and dependent children must be ineligible for any other coverage, including fully insured or self-insured group or similar non-group plans.</li> </ul> <p><b>Note:</b> The employee must have been a Maryland resident covered under a group health plan with the same employer for at least 3 months prior to death.</p> <p>To be a qualified beneficiary eligible for mini-COBRA on the basis of divorce from an employee:</p> <ul style="list-style-type: none"> <li>• The spouse must have been covered as a spouse under the group health plan for the 30 days immediately preceding the divorce;</li> <li>• The spouse and dependent children must be ineligible for Medicare; and</li> <li>• The spouse and dependent children must be ineligible for any other coverage, including fully insured or self-insured group or similar non-group plans.</li> </ul> <p><b>Note:</b> The employee must be a resident of Maryland.</p>	<p><b>Duration:</b> The qualifying events of employment termination and death of the covered employee allow for up to 18 months of continuation coverage.</p> <p>In the event of divorce from the covered employee, for the time the employee remains covered under the group health plan, a former spouse is entitled to continuation coverage until they remarry, and dependent children can continue coverage until the date on which they would no longer be covered under the group health plan if the divorce had not occurred.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination of employment of the covered employee other than for cause.</li> <li>• Death of the covered employee.</li> <li>• Divorce of the covered employee from their spouse.</li> </ul>



State	Applicability	Duration and Qualifying Events
<b>Massachusetts</b> See <a href="#">Massachusetts Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with 2–19 employees offering fully insured, small-group health benefit plans.</p> <p>Dental, vision, and prescription drug benefits provided under separate contracts are excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan on the day prior to the qualifying event and who are ineligible for Medicare or coverage under any other health benefit plan.</p>	<p><b>Duration:</b> 18, 29, or 36 months, depending on the type of qualifying event.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct or a reduction in hours of a covered employee's employment.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Covered employee's entitlement to Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> <li>• Loss of coverage for a retiree or the spouse or child of the retiree within 1 year before or after the bankruptcy of the employer from which the employee retired.</li> </ul>
<b>Michigan</b>	<p>No state continuation law. Federal COBRA law applies.</p>	<p>N/A</p>
<b>Minnesota</b> See <a href="#">Minnesota Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with 2 or more employees offering fully insured group health plans, including HMOs, MEWAs, self-insured and fully insured plans of political subdivisions, and fully insured church plans.</p> <p><b>Note:</b> Coverage under fully insured group health plans may be continued under federal COBRA, Minnesota mini-COBRA, or both, depending on the situation. When coverage is continued under both laws, the provision or rule that is most generous to the qualified beneficiary should be applied.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan immediately prior to the qualifying event and who are ineligible for Medicare or coverage under any other health benefit plan.</p>	<p><b>Duration:</b> 18 or 36 months, until coverage would otherwise end, or the length of total disability depending on the type of qualifying event.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination or layoff from employment other than for gross misconduct of the covered employee.</li> <li>• Reduction in hours of the covered employee resulting in the loss of plan eligibility.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Covered employee's entitlement to Medicare.</li> <li>• Covered employee becomes totally disabled.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>
<b>Mississippi</b> See <a href="#">Mississippi Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health plans that provide hospital, surgical, or major medical coverage.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents continuously covered under the group health plan during the 3-month period prior to the qualifying event and who are ineligible for Medicare or coverage under any other insured or self-insured group arrangement of hospital, surgical, or medical coverage within 31 days of the date of termination.</p>	<p><b>Duration:</b> 12 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination of employment of the covered employee.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Covered employee's entitlement to Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Missouri</b> See <a href="#">Missouri Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with fewer than 20 employees offering fully insured group health plans that provide hospital, surgical, or major medical coverage.</p> <p>Accident and disease-specific policies issued under separate contract are excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b> Employers with 20 or more employees are subject to extended continuation coverage provisions for a surviving or ex-spouse age 55 or older when they have exhausted federal COBRA.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan on the day before the qualifying event and who are ineligible for Medicare or coverage under any other group health plan.</p>	<p><b>Duration:</b> 18, 29, or 36 months, depending on the type of qualifying event.</p> <p>Extended continuation coverage will remain in place until the earlier date on which the surviving spouse/ex-spouse:</p> <ul style="list-style-type: none"> <li>• Becomes covered under another group health plan;</li> <li>• Remarries and becomes covered under another group health plan; or</li> <li>• Turns 65.</li> </ul> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination of employment of the covered employee.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Covered employee's entitlement to Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>
<b>Montana</b>	<p>No state continuation law. Federal COBRA law applies.</p>	<p>N/A</p>
<b>Nebraska</b> See <a href="#">Nebraska Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with fewer than 20 employees offering fully insured group health plans, including HMOs, that provide hospital, surgical, or major medical coverage.</p> <p>Accident and disease-specific policies issued under separate contract are expressly excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b> In certain instances, children may be insured up to age 30.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the plan who are ineligible for Medicare or coverage under another insured or self-insured group policy providing hospital, surgical, or major medical coverage.</p>	<p><b>Duration:</b> 6 or 12 months, depending on the type of qualifying event.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Involuntary termination of employment for reasons other than misconduct of the covered employee.</li> <li>• Death of the covered employee.</li> </ul>
<b>Nevada</b>	<p>No state continuation law. Federal COBRA law applies.</p>	<p>N/A</p>

State	Applicability	Duration and Qualifying Events
<b>New Hampshire</b> See <a href="#">New Hampshire Continuation of Coverage</a>	<p><b>Applicable to:</b> All employers offering fully insured group health coverage, including HMOs.</p> <p>Policies covering student major medical expenses where the policyholder is the school are expressly excluded.</p> <p><b>Note:</b> Employers with 20 or more employees must offer both federal COBRA and New Hampshire mini-COBRA. Qualified beneficiaries can elect one or the other.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents who are residents of New Hampshire, covered under the plan immediately prior to the qualifying event, and who are ineligible for Medicare or coverage under another group policy.</p>	<p><b>Duration:</b> 18, 29, or 36 months, depending on the type of qualifying event.</p> <p>A surviving, divorced, or legally separated spouse age 55 or older who loses coverage due to the death, divorce, or legal separation of the covered employee may continue coverage until the surviving spouse/ex-spouse becomes eligible for Medicare or coverage under another employer-based group plan.</p> <p>If the group health plan is terminated in its entirety, continuation coverage must be provided for 39 weeks or until coverage is available under another group plan, whichever occurs first.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination for reasons other than gross misconduct, layoff, or a reduction in hours of the covered employee's employment.</li> <li>• Total disability of a covered employee within 60 days of loss of coverage.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> <li>• Termination of the group health plan.</li> <li>• Loss of coverage for a retiree or the spouse or child of the retiree within 1 year before or after the bankruptcy of the employer from which the employee retired.</li> </ul>
<b>New Jersey</b> See <a href="#">New Jersey Continuation of Coverage</a>	<p><b>Applicable to:</b> All group policies issued to small employers (2–50 eligible employees).</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Employer groups with 20–50 employees must comply with both federal COBRA and New Jersey mini-COBRA requirements. In addition, church plans of employers with 1–50 employees must comply with New Jersey mini-COBRA, even if they do not have to comply with federal COBRA.</li> <li>• In certain instances, children may be insured up to age 31.</li> </ul> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the plan immediately prior to the qualifying event and who are ineligible for Medicare or coverage under another group policy.</p>	<p><b>Duration:</b> 18, 29, or 36 months, depending on the type of qualifying event.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination for reasons other than cause or a reduction in hours to less than 25 hours per week of the covered employee's employment.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> <li>• Total disability of a covered employee within 60 days of loss of coverage.</li> </ul>
<b>New Mexico</b> See <a href="#">New Mexico Continuation of Coverage</a>	<p><b>Applicable to:</b> All employers offering accident and health policies, including HMOs, that provide hospital, surgical, and medical benefits.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and their covered family members.</p>	<p><b>Duration:</b> 6 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination of the covered employee's employment.</li> <li>• Divorce, annulment, dissolution of marriage, or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>New York</b> See <a href="#">New York Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers sponsoring fully insured group health plans that provide hospital, surgical, or medical benefits not covered under federal COBRA.</p> <p>Dental, vision, and prescription drug benefits provided under separate contracts are excluded.</p> <p><b>Note:</b> New York mini-COBRA applies to employers with more than 20 employees when an individual has exhausted their 18 months of federal COBRA and to young adults up to age 29 under certain circumstances.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the plan on the day before the qualifying event who are ineligible for Medicare or coverage under any other insured or self-insured group arrangement providing hospital, surgical, or medical coverage.</p>	<p><b>Duration:</b> 36 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> <li>• Covered employee's entitlement to Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul> <p><b>Note:</b> Employees who have exhausted 18 months of continuation under federal COBRA may use New York mini-COBRA to extend their coverage to 36 months.</p>
<b>North Carolina</b> See <a href="#">North Carolina Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group accident and health policies, including HMOs, that provide hospital, surgical, or major medical benefits.</p> <p>Dental, vision, and prescription drug benefits provided under separate contracts are excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan for 3 consecutive months immediately before the qualifying event and are ineligible for coverage under any other insured or self-insured group arrangement providing hospital, surgical, or medical coverage.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Employment termination of the covered employee.</li> <li>• Loss of the covered employee's eligibility status in the group health plan.</li> </ul>
<b>North Dakota</b> See <a href="#">North Dakota Continuation of Coverage</a>	<p><b>Applicable to:</b> All insurance policies issued or provided by an insurance company, HMO, or a nonprofit service corporation on a group or group-type basis covering persons as employees of employers or as members of unions or associations that are not subject to federal COBRA.</p> <p>Accident and disease-specific policies issued under separate contract are expressly excluded. Continuation coverage does not need to include dental, vision care, or prescription drug benefits or any other benefits provided under the group policy other than hospital, surgical, and major medical benefits.</p> <p><b>Eligible individuals:</b> Enrollee (employee) covered under the group health plan for 3 consecutive months immediately before the qualifying event and who is ineligible for Medicare or coverage under any other insured or self-insured group arrangement providing hospital, surgical, or medical coverage. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 39 weeks after termination of employment.</p> <p>In instances involving the annulment of marriage or divorce (provided the decree requires the insured employee to provide continued coverage for their former spouse and dependents, continuation coverage lasts until the date the ex-spouse remarries or the date coverage would otherwise terminate, whichever occurs first, but not to exceed 36 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination or a reduction in hours of the covered employee's employment.</li> <li>• Entry of a decree of annulment of marriage or divorce of the covered employee from their spouse.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Ohio</b> See <a href="#">Ohio Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering group sickness and accident policies that provide or reimburse healthcare benefits, including hospital, surgical, or major medical policies, and that are not subject to federal COBRA.</p> <p>Accident and disease-specific policies issued under separate contract are expressly excluded. Continuation coverage does not need to include dental, vision care, or any other benefits provided under the group policy in addition to hospital, surgical, and major medical benefits.</p> <p><b>Note:</b> Special provisions apply to military reservists.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been continuously covered under the group health plan during the entire 3-month period prior to the qualifying event and who is ineligible for Medicare or coverage under any other insured or self-insured group arrangement providing hospital, surgical, or medical coverage. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 12 months.</p> <p><b>Qualifying events:</b> Involuntary termination of employment for reasons other than gross misconduct of the covered employee.</p>
<b>Oklahoma</b> See <a href="#">Oklahoma Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering group health plans providing hospital, medical, surgical, Christian Science care, or treatment expense benefits that are not subject to federal COBRA.</p> <p><b>Note:</b> Extended coverage is available for employees (and their dependents) who have been covered under the plan for at least 6 months and have ongoing medical conditions if they lose their job or the group plan ends.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan who are ineligible for similar insurance from another source.</p>	<p><b>Duration:</b> At least 63 days after termination of group health plan coverage.</p> <p>For employees who have been covered under the group health plan for at least 6 months and their employment or the group health plan is terminated, coverage may be extended for the employee and their dependents for ongoing medical conditions, including maternity care, that began before the termination date and will continue for at least 3 months for basic coverage and 6 months for major medical coverage.</p> <p><b>Qualifying events:</b> Any reason group coverage terminates other than for an employee's termination of employment due to gross misconduct or termination of the employer's group health plan.</p>

State	Applicability	Duration and Qualifying Events
<b>Oregon</b> See <a href="#">Oregon Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health plans providing hospital or medical services or expenses, including coverage under a grandfathered plan and a plan providing coverage for one or more essential health benefits.</p> <p>Dental and vision benefits provided under separate contracts are excluded.</p> <p>Not available if federal COBRA coverage applies.</p> <p><b>Note:</b> Oregon mini-COBRA applies to employers with more than 20 employees for surviving, divorced, or separated spouses 55 or older and their children.</p> <p><b>Eligible individuals:</b> Enrollee (employee) who has been continuously covered under a health plan (not necessarily with the same employer) for 3 months and enrolled in the group health plan on the day prior to the qualifying event, and who is ineligible for Medicare or similar coverage under any other program. Additionally, any qualified dependent (spouse or dependent child) of the enrollee must be covered under the group health plan on the day prior to the qualifying event, and ineligible for Medicare or similar coverage under any other program.</p>	<p><b>Duration:</b> 9 months</p> <p>A surviving, divorced, or legally separated spouse age 55 or older who loses coverage due to the death, divorce, or legal separation of the covered employee must be provided continuation coverage until the surviving spouse/ex-spouse remarries, or becomes eligible for Medicare or coverage under any other group health plan.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination or the reduction in hours of the covered employee's employment.</li> <li>• Eligibility for Medicare of a covered person.</li> <li>• Death of a covered employee.</li> <li>• Dissolution of marriage of the covered employee from their spouse.</li> <li>• Loss of dependent child status of a dependent enrolled in the plan.</li> </ul>
<b>Pennsylvania</b> See <a href="#">Pennsylvania Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with 2–19 employees offering group health plans, including HMOs, providing hospital, surgical, or major medical coverage.</p> <p>Dental and vision benefits provided under separate contracts are excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b> In certain instances, children may be insured up to age 30.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents continuously covered under the employer's group health plan for 3 months prior to the qualifying event and who are ineligible for Medicare or group coverage under any other insured or self-insured health coverage arrangement.</p>	<p><b>Duration:</b> 9 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination other than for gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Death of a covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Loss of dependent child status of a dependent enrolled in the plan.</li> <li>• Loss of coverage for a retiree or the spouse or child of the retiree within 1 year before or after the bankruptcy of the employer from which the employee retired.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Rhode Island</b> See <a href="#">Rhode Island Continuation of Coverage</a>	<p><b>Applicable to:</b> All employers offering fully insured group hospital, surgical, dental, vision, or medical plans, including HMOs.</p> <p>Not available to employees in the construction industry or employees participating in a MEWA to which the employer contributes.</p> <p><b>Note:</b> Rhode Island employers with 20 or more employees must offer eligible individuals the ability to continue coverage under federal COBRA and Rhode Island mini-COBRA. The individual must then choose to continue coverage under one law or the other.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the plan.</p>	<p><b>Duration:</b> 18 months but no longer than:</p> <ul style="list-style-type: none"> <li>• An employee's continuous employment before termination with the employer under which the employee had coverage; or</li> <li>• If a shorter period, the time from when an employee is terminated until the employee or dependents become employed and are eligible for benefits under another group health plan.</li> </ul> <p>As long as the employee participates in the group health plan, coverage for divorced spouses will continue until the remarriage of either spouse or until the time provided by the divorce decree. If at any time the divorced spouse becomes eligible to participate in a comparable plan through their own employment, continuation coverage will end.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Involuntary layoff of the covered employee.</li> <li>• Death of the covered employee.</li> <li>• Permanent reduction in workforce.</li> <li>• Closure of business or workplace.</li> <li>• Divorce (see note).</li> </ul> <p><b>Note:</b> Divorced spouses of covered employees are only eligible for continuation coverage to the extent provided for in the final judgment of divorce.</p>
<b>South Carolina</b> See <a href="#">South Carolina Continuation of Coverage</a>	<p><b>Applicable to:</b> All employers offering fully insured group health plans that provide hospital, surgical, or major medical coverage, including HMOs.</p> <p>Not available if federal COBRA applies and provides a longer continuation period.</p> <p><b>Eligible individuals:</b> Enrollee (employee) continuously covered under the group health plan for 6 months and who is ineligible for Medicare or similar group coverage from another source. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> The balance of the plan month in which coverage was lost plus an additional 6 months.</p> <p><b>Qualifying events:</b> Any reason group coverage terminates other than for nonpayment of required premiums.</p>



State	Applicability	Duration and Qualifying Events
<b>South Dakota</b> See <a href="#">South Dakota Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers with fewer than 20 employees offering fully insured group health plans that provide hospital and medical benefits, including HMOs.</p> <p>Not available if federal COBRA applies.</p> <p><b>Note:</b> A special type of state continuation coverage exists for all employers regardless of size when the employer ceases operations or cancels the group health plan.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents continuously covered under the group health plan at the time of the qualifying event and who are ineligible for Medicare or similar group coverage from another source.</p>	<p><b>Duration:</b> 12, 18, 29, or 36 months, depending on the type of qualifying event.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination of employment other than for gross misconduct of the covered employee.</li> <li>• Termination of group health coverage by the carrier, except for as a result of the group not meeting the carrier's participation or eligibility requirements.</li> <li>• Death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Covered employee's enrollment in Medicare.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>
<b>Texas</b> See <a href="#">Texas Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health plans that provide hospital, surgical, or major medical coverage, including HMOs.</p> <p>Accident and disease-specific policies issued under separate contract are excluded.</p> <p><b>Note:</b> Texas mini-COBRA applies to employers with more than 20 employees when an individual has exhausted their federal COBRA benefits.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents continuously covered under the group health plan for at least 3 consecutive months prior to employment termination and who are ineligible for Medicare or similar coverage under any other insured or self-insured group arrangement.</p> <p>Spouses and dependent children are eligible after being continuously enrolled in the plan for at least 1 year prior to the severance of the family relationship or the employee's retirement or death or is an infant under age 1.</p>	<p><b>Duration:</b></p> <ul style="list-style-type: none"> <li>• Covered individuals who are not eligible for federal COBRA may continue coverage for up to 9 months.</li> <li>• Covered individuals eligible for federal COBRA may continue coverage under Texas mini-COBRA for up to 6 months after federal COBRA ends.</li> <li>• If the loss of coverage was due to the severance of the family relationship or the retirement or death of the employee, a covered spouse and dependent children may continue coverage for up to 36 months.</li> </ul> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination of coverage for any reason other than involuntary termination for cause of the covered employee.</li> <li>• Retirement or death of the covered employee.</li> <li>• Severance of the family relationship from the covered employee.</li> <li>• Discontinuance of the group policy for an entire class of employees or of the entire group policy.</li> </ul> <p><b>Note:</b> Involuntary termination for cause does not include termination for any health-related cause.</p>
<b>Utah</b> See <a href="#">Utah Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health plans, including HMOs.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) continuously covered under the group health plan for at least 3 months prior to the qualifying event and who is a resident of Utah and ineligible for similar coverage under another group health plan. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 12 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination for reasons other than gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Retirement or death of the covered employee.</li> <li>• Divorce or legal separation of the covered employee from their spouse.</li> <li>• Sabbatical, disability, or leave of absence of the covered employee.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Vermont</b> See <a href="#">Vermont Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering group health and/or dental plans providing hospital, medical, or dental coverage.</p> <p>Accident or disease-specific policies issued under separate contract are expressly excluded.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan on the date of the qualifying event and who are ineligible for Medicare or similar dental or hospital and medical coverage under another insured or self-insured arrangement.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary termination for reasons other than gross misconduct or a reduction in hours of the covered employee's employment.</li> <li>• Death of the covered employee.</li> <li>• Divorce, dissolution, or legal separation of the covered employee from their spouse.</li> <li>• Loss of dependent status of a dependent enrolled in the plan.</li> </ul>
<b>Virginia</b> See <a href="#">Virginia Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group hospital, medical, or surgical plans.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) continuously covered under the group health plan for at least 3 months immediately prior to the loss of eligibility and who is ineligible for Medicare or Medicaid. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 12 months.</p> <p><b>Qualifying events:</b> Any reason for the loss of eligibility under the plan prior to becoming eligible for Medicare or Medicaid, other than for employment termination for gross misconduct.</p>
<b>Washington</b> See <a href="#">Washington Continuation of Coverage</a>	<p><b>Applicable to:</b> Insurance companies, including HMOs, that issue group policies providing hospital and medical coverage must provide employers the option to include a continuation provision in the plan. If the employer elects to provide continuation coverage, the insurance company and the employer will determine how long enrollees are covered under the plan, what the premiums will cost, and any employer-required administration or notification processes.</p>	
<b>West Virginia</b> See <a href="#">West Virginia Continuation of Coverage</a>	<p><b>Applicable to:</b> Small employers with fewer than 20 employees offering fully insured group health plans not subject to federal COBRA.</p> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents covered under the group health plan on the date of the qualifying event and who are ineligible for Medicare and any other group health plan.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Involuntary layoff of the covered employee.</li> <li>• Termination of employment for reasons other than misconduct that would disqualify the covered employee for unemployment benefits.</li> </ul>

State	Applicability	Duration and Qualifying Events
<b>Wisconsin</b> See <a href="#">Wisconsin Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health plans providing hospital or medical coverage to Wisconsin residents.</p> <p>Dental, vision, and prescription drug benefits provided under separate contracts are excluded.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Wisconsin mini-COBRA also applies to policies written outside of Wisconsin if at least 150 of the insureds are residents of Wisconsin.</li> <li>• When both federal COBRA and Wisconsin mini-COBRA apply, it is the opinion of the Office of the Commissioner of Insurance (OCI) where the federal and state laws differ, the law most favorable should apply.</li> <li>• In certain instances, children may be insured to age 27.</li> </ul> <p><b>Eligible individuals:</b> Enrollee (employee) and any qualified dependents continuously covered under the group health plan for at least 3 months prior to the qualifying event and who are residents of Wisconsin and ineligible for any other group health plan.</p>	<p><b>Duration:</b> 18 months.</p> <p><b>Note:</b> A former spouse receiving continuation coverage as a result of divorce or annulment will lose coverage if the covered employee is no longer eligible for coverage.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Voluntary or involuntary loss of eligibility for coverage other than termination for misconduct of the covered employee.</li> <li>• Divorce or annulment of the covered employee from their spouse.</li> <li>• Death of the covered employee.</li> </ul>
<b>Wyoming</b> See <a href="#">Wyoming Continuation of Coverage</a>	<p><b>Applicable to:</b> Employers offering fully insured group health plans, including HMOs, providing hospital, surgical, or major medical coverage.</p> <p>Accident or disease-specific policies issued under separate contract are expressly excluded. Continuation coverage doesn't need to include dental or vision care benefits or any other benefits provided under the group health plan in addition to its hospital, surgical, or major medical benefits unless the carrier previously included such benefits and the insured requests such benefits.</p> <p>Not available if federal COBRA applies.</p> <p><b>Eligible individuals:</b> Enrollee (employee) continuously covered under the group health plan for at least 3 months prior to the qualifying event and who is ineligible for Medicare or any other group health plan. Additionally, any qualified dependent (spouse or dependent child) of the enrollee who was enrolled in the plan immediately prior to the qualifying event is also eligible.</p>	<p><b>Duration:</b> 12 months.</p> <p><b>Qualifying events:</b></p> <ul style="list-style-type: none"> <li>• Termination of employment of the covered employee.</li> <li>• Termination of eligibility for coverage.</li> </ul>