

# Previously Employed Graduate Employees on Fellowships: Dental & Vision Options with the UAW/UMass Health & Welfare Trust Fund

## Information for Departments

Matching GEO benefits for your graduate students on fellowship is more straightforward when it comes to the student health plan. Graduate students are eligible for the student health plan as long as they are students; for the dental & vision plans, they must also be working in GEO-eligible positions and earning a minimum amount. While departments can “buy into” the health plan on a student’s behalf, that’s not possible for dental & vision.

The UAW/UMass Health & Welfare Trust Fund offers a *COBRA extension plan* for those graduate employees *who have previously been eligible and enrolled in dental & vision but have become ineligible due to transition from employment to fellowship status*. This is an important distinction: currently, grads must have been eligible and enrolled in the plans prior to moving onto fellowship to be eligible for the COBRA plan. Therefore, this isn’t an option for new graduate students who receive a fellowship prior to ever being employed.

COBRA plan benefits are exactly the same as the regular GEO dental & vision plans, except that the COBRA participant is responsible for the premiums.

Grad students who have a 2021-22 fellowship and were enrolled in dental & vision during 2020-21 will lose their regular coverage on August 30, 2021. The start date for their COBRA plan would be September 1, 2021 and they could continue this coverage for up to 18 months. COBRA participants can transition back onto the regular plan when they are again GEO-eligible. If a grad student has a fall 2021 fellowship but will return to an assistantship in spring 2022, providing a copy of the signed assistantship contract or commitment of funding will allow us to consider them eligible prospectively in the fall--departments can assist by providing this documentation early in September.

Departments can also assist by providing students with fellowships our COBRA application form to expedite their transition onto the plan (this application is due within 60 days after their loss of coverage). *Departments also have the option to pay the COBRA premiums on behalf of their fellowship recipients or facilitate the payment of these premiums using grant or fellowship funds.* Our COBRA rates are available at <https://www.uawumasstrustfund.org/geo-cobra> Typically, departments will set up a Purchase Order (PO) to pay for their COBRA participants.

For your PO, our supplier name and address is

UAW UMASS HEALTH AND WELFARE TRUST FUND  
6 UNIVERSITY DR STE 206-229  
AMHERST, MA 01002 US

We are happy to assist with coordinating with your department to ensure that your students maintain coverage without gaps whenever possible. For more information, please contact the Director of Benefit Programs, Leslie Edwards Davis, (413) 345-2156, [uawdental@external.umass.edu](mailto:uawdental@external.umass.edu)

## Information for Graduate Students

Unlike your student health plan, your dental & vision insurance is provided by GEO's Health & Welfare Trust Fund by virtue of your employee status, not your student status. To be eligible for the 2021-22 dental & vision plans, you need to be working in a GEO-eligible position earning a minimum of \$5762.70\* for 12 months of coverage.

Receiving a fellowship is very prestigious, but it does have an impact on your eligibility for dental & vision. Non-working fellowships aren't considered employment counting toward your eligibility for these benefits.

However, if you were enrolled in the dental & vision plans prior to receiving your fellowship, *there is a way to extend your previous coverage under the COBRA extension plan*. The COBRA plan provides the same dental and vision plan benefits you enjoyed when you were eligible, except that you, your department or fellowship provider pay the monthly premiums:

<i>2021-22 monthly COBRA Premiums:</i>	<b>Single plan</b>	<b>Single +1 plan</b>	<b>Family plan</b>
<b>Ameritas Dental</b>	\$30.19	\$60.48	\$103.79
<b>EyeMed Vision</b>	\$6.60	\$12.54	\$18.36

You can enroll for up to 18 months on the COBRA extension plan. Your COBRA coverage starts the day after you lose eligibility for the regular plans. For example, if you worked in a GEO-eligible position during 2020-21 and were enrolled in dental & vision, but have a fellowship for 2021-22, your regular coverage ends 8/31/20 and your COBRA coverage would start 9/1/21.

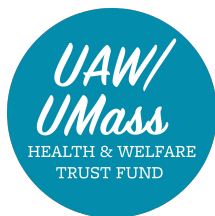
There is a required application form for the COBRA plan, available at <https://www.uawumasstrustfund.org/geo-cobra>. The application is due within 60 days after your loss of coverage date. You are responsible for completing and returning the application by the deadline. You are also responsible for the monthly premiums, but we encourage applicants to find out if their fellowship or department will cover the costs. We have many COBRA applicants for whom the costs are covered by their fellowship or department until they are GEO-eligible again. The wellness and childcare reimbursement benefits are unfortunately not extendable under COBRA.

If you were never an eligible grad employee enrolled in the dental & vision plans prior to your fellowship, unfortunately, you aren't eligible for the COBRA extension plan. Therefore, first year grad employees on fellowship need to explore other alternatives for dental insurance. Most insurance companies provide individual plans that you can purchase outright without being part of an employee group.

*\* subject to change when stipend increases are implemented.*

(rev 7/2021)

**UAW/UMass Health & Welfare Trust Fund**  
**(413) 345-2156   uawdental@external.umass.edu**



## 2021-2022 UAW/UMASS Health & Welfare Trust Fund COBRA Continuation Coverage Election Form

To elect COBRA continuation coverage, complete and sign this Election Form (EF) and return via secure email that will be sent to you by request. Under federal law, you have 60 days after your loss of coverage date to elect COBRA continuation coverage under the Plan. This form must be received no later than 60 days after your loss of coverage date. If you don't submit a completed EF by the due date, you lose your right to elect COBRA continuation coverage. If you officially reject COBRA continuation coverage via this EF before the due date, you may change your mind as long as you furnish a subsequent completed EF before the due date. If you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage begins on the date you furnish the subsequent completed EF. Your COBRA rights are detailed at: <http://www.hwtrust.geouaw.org> To return this form, please request a secure email link by emailing [uawdental@external.umass.edu](mailto:uawdental@external.umass.edu) Payment is not due with this form--once your coverage is processed, you will receive confirmation and invoices via the email address you supply below.

### PLAN SELECTIONS: I/We elect COBRA coverage in the GEO or Postdoc Unit Health & Welfare Plan as indicated:

Ameritas Classic PPO & Plus Plan (one plan selection per column)

EyeMed Vision Select Plan (one plan selection per column)

\_\_\_ Individual Dental: \$30.19/month

\_\_\_ Individual Vision: \$6.60/month

\_\_\_ Individual +1 Dental: \$60.48/month

\_\_\_ Individual +1 Person Vision: \$12.54/month

\_\_\_ Family Dental: \$103.79/month

\_\_\_ Family Vision: \$18.36/month

\_\_\_ Decline Dental

\_\_\_ Decline Vision

*Rates include 2% COBRA administrative fee.*

"I certify all information submitted to the UAW/UMass Health & Welfare Trust Fund (TF) is true and correct to the best of my knowledge. I understand the effective & termination date of my benefits will be determined by my employer and/or the Trustees of the TF and/or plan sponsor in accordance with the underwriting of any and all vendors employed by the TF for the purpose of providing benefits. I understand that by signing below, I'm agreeing to release to the administrative employees and Trustees of the TF, to GEO/PRO/UAW Local 2322, and to any and all vendors employed by the TF for the purpose of providing benefits, information necessary to provide me with, and to verify my eligibility for, any and all benefits offered by the TF (including but not limited to dental and vision). I understand I must have been eligible and enrolled in regular plan benefits prior to losing my eligible status in order to be subsequently eligible for COBRA continuation coverage. I understand that the email address I provide on this application will be used as the primary means of communication from the TF regarding all issues involving my benefits and COBRA rights & responsibilities. It is my sole responsibility to keep the TF apprised of my current and accurate email address.

I certify that I am applying for a COBRA extension of the above selected benefits for up to a maximum of 18 months. I understand I am responsible for paying my monthly COBRA premium via PayPal and that timely payments are a condition of maintaining coverage. I understand COBRA participants are required to use PayPal's automatic, recurring bill pay feature in order to make their payments and that automatic payments may be ended at any time by myself or the TF. Should I let my payments lapse, I am not guaranteed retroactive reinstatement. Should I elect to end my COBRA coverage prior to the 18 months I am eligible for, I agree to provide notice 15 calendar days prior to the end of the month in which I want to end my coverage. I agree to inform any and all dependents who are qualified COBRA beneficiaries under my plan of their status as qualified beneficiaries and of any early termination of benefits.

☐ By checking this box and entering my full name below, I authorize the TF to accept my COBRA application via electronic submission and agree that my entered name constitutes my electronic signature on this form. I understand that I am legally bound, obligated, and responsible by use of my electronic signature as much as I would be by my handwritten signature."

Printed Name \_\_\_\_\_

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

(this signature is on behalf of the subscriber and any and all qualified beneficiaries of the subscriber.)

Please provide a non-UMass email address we can use to send your invoices \_\_\_\_\_

Current Mailing Address \_\_\_\_\_