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**RETIREE'S HEALTH PLAN CHECKLIST**

1. Time the retirement of wage earner plan participant to when the set of desired continuation and portability options are available to wage earner and spouse, dependents and/or domestic partner
2. Get the spouse, dependents and/or domestic partner on the group plan so that he can argue he is independently COBRA "qualified beneficiary" at time of retirement, to permit all to have options to upgrade during open enrollment periods, do conversion, add dependents.
3. Check into whether you can get the spouse, dependents and/or domestic partner on Medicare while actively employed or pre-COBRA and still keep the regular group coverage, as this opens up potential to keep the group private plan and its usually more extensive coverage longer - during a COBRA period at least
4. Over-55 Oregon rule - coverage guaranteed renewable for 20+ member plans if leave plan [separation = downsize, downshift] after age 55, and renewable up to Medicare eligibility or eligibility for other group coverage. ORS 743.602(3) - unless the entire group plans goes away.
5. Remind client to apply for COBRA continuation not less than 60 days after notice
6. Policy premium for COBRA conversion may go up on class basis; COBRA premiums change as the employer cost changes. Also, the retiree plan can be reduced or even go away if the company reserved the right to amend or terminate the plan.<sup>1</sup>
7. COBRA group coverage lasts at least 18 months, and up to 36 months for spouses and kids - very complicated. Work it out for each client by staring at the rules and applying those disability and separation event definitions to your client's particular situation each time - the rules are too complex to simplify or remember.
8. **Encourage the client to have you review the insurance choices before the client retires.** The insurance continuation rights of actively employed plan participants (and their dependents) are different from the rights of retirees (and their dependents).
9. Advise client to stay on recent job long enough to get creditable coverage of at least 180 days to qualify participant and family members for this HIPAA portability privilege
10. Advise client to get family members onto the group plan before termination, so the family members have HIPAA portability rights.
11. Advise clients to apply for portability not less than 63 days after termination of group coverage
12. Walk the client through how portability coverage would end: failure to pay premiums, eligibility for Medicare, or after a new health plan has been in place long enough to get the client past the preexisting condition exclusion period. The portability plan stays in place, even if the former employer drops the group plans altogether. ORS 743.610.

**REMEMBER TO CHECK SPOUSAL/DOMESTIC PARTNER/DEPENDENTS RIGHTS!**

**When does Medicare become primary, and should it? Examine plan options!**

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<sup>1</sup>Joyce v. Curtis Wright Corp 171 F3d 130 (2<sup>nd</sup> Cir. 1999) - an awful but significant opinion for elderly retirees falsely hoping retiree insurance can remain effective for life.