

Federal COBRA & State Continuation Coverage Chart

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The Consolidated Omnibus Budget Reconciliation Act (COBRA) generally requires employers with 20 or more employees (on a controlled group basis) who sponsor group health plans to offer employees, their spouses, and their dependents a temporary period of continued health care coverage if they lose coverage through the employer’s plan. Since federal COBRA’s passage, states have enacted similar laws to allow employees who do not qualify under federal COBRA to obtain continuation of coverage benefits. State continuation coverage laws are usually state insurance mandates that apply only to fully insured plans. Self-funded plans are generally not subject to these state continuation coverage provisions. Employers should contact their insurance carriers to determine the applicable state requirements as they may differ from federal COBRA.

Note: State laws are subject to frequent change. Information provided here should be verified with insurance carriers.

	Covered Employers	Qualified Beneficiaries	Qualifying Events	COBRA Duration	Maximum Premium Amount	Website
Federal	Employers with 20 or more employees	Employees, spouses, and dependent children	<p>For Employees:</p> <ul style="list-style-type: none"> • Voluntary or involuntary termination of employment (other than gross misconduct) • Reduction in the number of hours of employment <p>For Spouses:</p> <ul style="list-style-type: none"> • All events under “For Employees” above • Employee becoming entitled to Medicare • Divorce or legal separation from the employee • Death of the employee <p>For Dependent Children:</p>	<p>Generally 18 months; or</p> <p>36 months for a spouse or dependent child, if the qualifying event is divorce, legal separation, or the employee becoming entitled to Medicare</p> <p>36 months for a dependent child, if that child loses dependent child status under plan</p> <p>36 months for any qualified beneficiary who experiences a second qualifying event</p>	<p>102% of the premium</p> <p>However, a plan can charge qualified beneficiaries eligible for the disability extension 150% of the cost to the plan during the final 11 months of COBRA coverage.</p>	<p>https://www.dol.gov/general/topic/health-plans/cobra</p>

			<ul style="list-style-type: none"> • All events under “For Spouses” above • Loss of dependent child status 	29 months for all of a family’s qualified beneficiaries, if one of the qualifying beneficiaries in a family is disabled and meets certain requirements		
AL	See Federal	See Federal	See Federal	See Federal	See Federal	N/A
AK	See Federal	See Federal	See Federal	See Federal	See Federal	N/A
AZ	Employers with fewer than 20 employees	Employees and dependents who were covered by the plan for at least 3 months prior to qualifying event	<ul style="list-style-type: none"> • Termination (except for gross misconduct) • Divorce or legal separation • Loss of dependent status • Employee enrolls in Medicare • Employee dies 	18 months; 36 months if there is a second qualifying event	105% of the premium; 150% during disability duration	https://insurance.az.gov/arizona-sample-notice-continuation-coverage-mini-cobra
AR	Employers with fewer than 20 employees	Employees and dependents who have been continuously insured for at least 3 months prior to a qualifying event	<ul style="list-style-type: none"> • Termination • Change in marital status • Termination of membership in a class eligible for coverage 	120 days	Not specified	https://insuranc.e.arkansas.gov
CA	Employers with 2 to 19 employees For employers with 20 or more employees and fully insured medical plans, Cal-COBRA may extend continuation coverage for up to 36 months. Cal COBRA extension does not apply to dental and vision plans.	Any individual who is an enrollee in a group health plan on the day before a qualifying event	<ul style="list-style-type: none"> • Termination (except for gross misconduct) • Reduction in hours • Divorce or legal separation • Loss of dependent status • Employee enrolls in Medicare • Employee dies 	36 months. This can be 36 months of Cal- COBRA alone or 18 months of federal COBRA followed by 18 months of Cal- COBRA.	110% of the premium; 150% after the first 18 months of continuation coverage for disability	https://www.dmhc.ca.gov/HealthCareinCalifornia/TypesofPlans/KeepYourHealthCoverage(COBRA).aspx

CO	Employers with fewer than 20 employees	Employee and dependents when the employee has been continuously covered for at least 6 months	<ul style="list-style-type: none"> • Termination • Employee's death • Change in marital status (or civil union status) of an eligible employee • Reduction in hours 	18 months	Not specified	https://www.colorado.gov/dora/division-insurance	
CT	All employers	Employee Employee's spouse Unmarried children who are under 26 Stepchildren (on the same basis as biological children)	<ul style="list-style-type: none"> • Layoff • Reduction in hours • Employee dies • Divorce or legal separation • Loss of dependent status • Leave of absence • Termination (except for gross misconduct) • Eligibility for Medicare 	30 months for layoff, reduction in hours, leave of absence, or termination; 36 months for employee's death, divorce, Medicare eligibility, or loss of dependent status	102% of the premium	https://www.ct.gov/cid/cwp/view.asp?Q=434920&A=1272	
DE	Employers with fewer than 20 employees	Employees and dependents who have been continuously insured for at least 3 months prior to a qualifying event	<ul style="list-style-type: none"> • Employee's death • Employee's termination (other than gross misconduct) or reduction of hours • Divorce or legal separation • The covered employee becoming entitled to Medicare • Loss of dependent child status • Certain employer bankruptcies 	9 months	102% of the premium	https://insurance.delaware.gov/	
DC	Employers with fewer than 20 employees	Employees and dependents	<ul style="list-style-type: none"> • Any event that results in loss of coverage; except termination for gross misconduct 	3 months	102% of the premium	https://disb.dc.gov/	
FL	Employers with fewer than 20 employees	Employees and dependents	<ul style="list-style-type: none"> • Employee's death • Termination (except termination for gross misconduct) or reduction in hours • Divorce or legal separation • Employee becoming entitled to Medicare • Loss of dependent child status • A retiree or the spouse or child of a retiree losing coverage within 1 year before or after the employer's bankruptcy 	18 months; 29 months for disability	115% of the premium; 150% of the premium during 11-month disability extension	https://www.floridH.com/Sections/LandH/AccidentHealth/default.aspx	
GA		Employers with fewer than 20 employees	Employees and dependents covered under the plan for 6 months prior to termination	<ul style="list-style-type: none"> • Any event that results in loss of coverage, except termination for cause 	3 months starting after month in which coverage was lost	Not specified	https://www.ga.gov/

HI		All employers	Employees who have been employed for 4 consecutive weeks	<ul style="list-style-type: none"> If an employee is hospitalized or otherwise prevented from working due to sickness 	3 months following the month the employee becomes hospitalized or stops working, or the period the employer pays regular wages; whichever is longer	Not specified	https://eui.aai.gov/colerreview/
ID		See Federal	See Federal	See Federal	See Federal	See Federal	N/A
IL		All employers	<p>Employees and dependents who were continuously covered for 3 months before the qualifying event</p> <p>Divorced or widowed spouses (any age) and dependent children may also be protected</p>	<ul style="list-style-type: none"> Loss of coverage due to termination of or reduction in hours Also, divorce from the employee, death of the employee or retirement of the employee may be qualifying events under spousal continuation 	<p>12 months; 2 years for divorced/widowed spouses, under age 55, and children.</p> <p>Time of the qualifying event. If he or she is age 55 or older, the maximum period of coverage extends until Medicare eligibility</p>	100% of the premium; for spouses 55 or older 120% after first two years of coverage.	http://insu.nois.gov/health-coverage/continuationRights.pdf
IN	See Federal	See Federal	See Federal	See Federal	See Federal	See Federal	N/A
IA	All employers	Employees and dependents who were continuously covered for 3 months before the qualifying event	<ul style="list-style-type: none"> Termination of employment (including permanent or temporary layoff, approved leave of absence) Employee's death Dissolution or annulment of marriage. 	9 months	100% of the premium	https://iid.iowa.gov/health-insurance	
KS	Employers with fewer than 20 employees	Employees and dependents who were continuously covered for 3 months before the qualifying event	<ul style="list-style-type: none"> Any event that results in loss of coverage 	18 months	100% of the premium	https://www.ksinsurance.org/index.php	

KY	Employers with fewer than 20 employees	Employees and their covered dependents, if they have been covered by the group policy for at least 3 months.	<ul style="list-style-type: none"> • Termination of group membership of the covered employee • Death of the covered employee • Loss of dependent child status under the group policy • Dissolution of marriage between the covered employee and his or her spouse 	18 months	Not specified	http://insurance.ky.gov/static_info.aspx?static_id=120&Div_id=16
LA	Employers with fewer than 20 employees	Employees and their eligible dependents who have been continuously insured under the group policy for at least 3 consecutive months prior to the qualifying event	<ul style="list-style-type: none"> • When coverage would otherwise end due to the death, divorce, or termination of employment or of membership in the class eligible for coverage under the policy. • A surviving spouse 50 or older whose eligibility for group coverage terminates due to the covered employee's death may continue coverage, and provide coverage to covered dependents at the time of death. 	Generally 12 months; however, spousal continuation coverage may not be terminated unless certain events occur	100% of the premium	http://www.lds.state.la.us/home
ME	Employers with fewer than 20 employees	Employees who have been employed for at least 6 months and dependents covered under the group policy for at least 3 months (unless the dependents were not eligible for coverage until after the beginning of the 3-month period)	<ul style="list-style-type: none"> • Continuation coverage must be provided for eligible employees and dependents when group insurance coverage terminates because: • The employee is temporarily laid off • The employee loses employment because of an injury or disease that would be covered under workers' compensation 	1 year from the last day of work	102% of the premium	https://www.maine.gov/pfr/insurance/faq/cobra_faqs.html

MD	All employers	Employees who have been continuously covered by the plan for at least 3 months prior to termination; in the event of death or divorce, spouses who were covered 30 days prior to the event and dependents covered immediately before the event.	<ul style="list-style-type: none"> • Termination (other than for cause) • Death of covered employee • Divorce 	<p>Generally 18 months. However, state COBRA for divorced spouses ends when the spouse:</p> <ul style="list-style-type: none"> Becomes eligible for another group health benefit plan or Medicare; Becomes covered under an individual health policy; Fails to pay premiums on time; Decides to remarry Drops the coverage; or Employer no longer offers any plan. <p>For a dependent child, state COBRA ends when the child would no longer qualify for coverage had there been no divorce.</p>	102% of the premium	https://insurance.maryland.gov/Consumer/pages/CobraCoverage.aspx
MA	Employers with fewer than 20 employees	Employee and covered dependents	<ul style="list-style-type: none"> • Death of employee • Termination (other than by reason of employee's gross misconduct) • Reduction in hours • Divorce or legal separation • Employee becomes entitled to Medicare • Loss of dependent child status under the plan 	<p>18 months for termination or reduction of hours</p> <p>36 months for employee's death, divorce/legal separation, employee becoming entitled to Medicare, or if dependent child is no longer considered a dependent</p> <p>Certain disabled qualified beneficiaries may also be able to extend coverage to 29 months</p>	102% of the premium; 150% of the premium for disability period	https://www.mass.gov/service-details/minicobra-continuation-of-coverage-benefits-guide
MI	See Federal	See Federal	See Federal	See Federal	See Federal	N/A

MN	Employers with 2 or more employees	Employee and covered dependents	<ul style="list-style-type: none"> • Termination (except for gross misconduct) • Reduction in hours • Legally separated or divorced • Covered child no longer qualifies as a dependent • Employee becomes totally disabled • Employee dies • Employee becomes eligible for/enrolled in Medicare 	18 months or 36 months, depending upon the qualifying event. However, under Minnesota law, an employee who becomes totally disabled while employed can remain in the group health plan indefinitely.	102% of the premium	http://www.health.state.mn.us/macros/topics/healthcare.html
MS	Employers with fewer than 20 employees	Employees and eligible dependents continuously insured for 3 consecutive months	<ul style="list-style-type: none"> • Termination • Death of the employee • Divorce of the employee from his or her spouse • Employee becomes entitled to Medicare • A child ceases to be an eligible dependent 	12 months	100% of the premium	http://www.dfa.ms.gov/
MO	Employers with fewer than 20 employees	Employees, spouses, and dependents	<ul style="list-style-type: none"> • Termination (for reasons other than gross misconduct) or a reduction in hours • Death of the employee • Divorce or legal separation • Employee becomes eligible for Medicare • Loss of child coverage due to age 	Up to 18 months. However, coverage may be extended up to 36 months if other qualifying events occur during the initial 18-month coverage period. Former and surviving spouses of covered employees may be eligible for an extended period of state mini-COBRA (including coverage for any dependent children) following the expiration of federal COBRA.	102% of the premium	https://insurance.mo.gov/consumers/smallbusiness/health.php
MT	See Federal	See Federal	See Federal	See Federal	See Federal	N/A
NE	Employers with fewer than 20 employees	Employees, eligible spouses, and dependents	<ul style="list-style-type: none"> • Involuntary termination of employment (for reasons other than misconduct) • Death of a covered employee 	<p>6 months for involuntary termination</p> <p>12 months for the employee's death</p> <p>18 months for victims of domestic abuse</p>	102% of the premium	https://doi.nebraska.gov/

NV	All employers	Employees and dependents	Employee is on unpaid leave as a result of a total disability.	12 months	Not specified	http://doi.nv.gov/	
NH		Employers with more than one employee	Employees, spouses, and dependents	<ul style="list-style-type: none"> • Termination (other than for gross misconduct) • Layoff • Declared disabled • Employee's death • Divorce or legal separation • Loss of dependent child status • Certain circumstances under an employer's bankruptcy 	Generally, either 18 months, 29 months, or 36 months, depending on the qualifying event.	102% of the premium	https://www.nh.gov/insurance/consumers/continuation-coverage
NJ		Employers with 2 to 50 eligible employees working at least 25 hours per week. (Employers with 20 to 50 employees must comply with both federal COBRA and state COBRA.)	Employees and dependents	<ul style="list-style-type: none"> • Termination (other than for cause) • Reduction in hours to less than 25 per week • Employee's death • Divorce or dissolution of a civil union or domestic partnership • Loss of dependent child status 	<p>18 months for employees in the event of termination or reduction in hours</p> <p>29 months for an employee determined to have been disabled under the Social Security Act</p>	102% of the premium; 150% of the premium for employees determined to be disabled under the Social Security Act	https://www.nj.gov/department-treasury/insurance/continuation-coverage/
NM	All employers	Employees and dependents	<ul style="list-style-type: none"> • Termination • Death of the employee • Divorce, annulment, dissolution of marriage, or legal separation 	6 months	Not specified	https://www.osi.state.nm.us/	

NY	Employers with fewer than 20 employees Note: Individuals in NY subject to federal COBRA may be eligible for an extension under state law	Employees, spouses, and dependent children	<ul style="list-style-type: none"> • Termination (for any reason) • Reduction in work hours • Employee's death • Divorce or legal separation • Employee becoming entitled to Medicare • Loss of dependent child status 	36 months	102% of the premium	https://www.dfs.ny.gov/consumer/cobra_prem.htm
NC	All employers	Employees, spouses, and dependents who have been continuously insured for 3 consecutive months prior to qualifying event	<ul style="list-style-type: none"> • Termination (for any reason) • Reduction in hours • Loss of eligible employee status 	18 months	102% of the premium	http://www.ncdoi.com/Publications/What%20Happens%20to%20my%20Coverage%20if%20my%20Job%20Status%20Chang
ND	Employers with fewer than 20 employees	Employees, spouses, and dependents continuously insured during 3-month period ending with termination	<ul style="list-style-type: none"> • Termination of employment or membership in the group eligible for coverage • Upon entry of a decree of annulment of marriage or divorce 	39 weeks in the event of termination of employment or coverage eligibility 36 months upon entry of a decree of annulment of marriage or divorce	100% of the premium; 102% for divorce/annulment	https://www.nd.gov/ndins/consumers/health/
OH	All employers	Employees and eligible dependents. The employee must have been continuously insured under the group policy during the 3-month period ending with termination.	<ul style="list-style-type: none"> • Involuntary termination (other than for gross misconduct) 	12 months	100% of the premium	http://www.insurance.ohio.gov/consumer/pages/cobra.aspx
OK	Employers with fewer than 20 employees	Employees and dependents	<ul style="list-style-type: none"> • Termination of group health insurance for any reason other than termination of employment for gross misconduct or termination of the group plan 	At least 63 days. An employee covered for at least 6 months and whose employment is terminated may be entitled to an extension of at least 3 months (basic coverage) or 6 months (major medical).	100% of the premium	https://www.ok.gov/oid/Consumers/Buying_Insurance/index.html

OR	Employers with fewer than 20 employees	Employee must have been insured continuously during the 3- month period ending on the date of the qualifying event. A spouse or dependent child must have been covered on the day before the qualifying event.	<ul style="list-style-type: none"> • Voluntary or involuntary termination • Reduction in hours • Covered employee becomes eligible for Medicare • Loss of dependent child status • Covered employee's death • Dissolution of marriage between the covered employee and his or her spouse 	9 months	100% of the premium	https://dfr.oregon.gov/insure/health/understand/coverage/Pages/state-continuation.aspx
PA	Employers with fewer than 20 employees	Employee or eligible spouse and dependent must have been continuously insured for 3 consecutive months ending with the termination of coverage	<ul style="list-style-type: none"> • Employee's death • Termination • Reduction in hours • Divorce or legal separation • Covered employee becoming entitled to Medicare • Loss of dependent child status • Employer bankruptcy 	9 months	105% of the premium	https://www.insurance.pa.gov/Coverage/Pages/For-Employees.aspx
RI	All employers, except those in the construction industry with certain multi-employer plans	Employees, spouses, and dependents	<ul style="list-style-type: none"> • Involuntary layoff • Employee's death • The employee's workplace ceases to exist • A permanent reduction in the size of the workforce • Divorce 	Generally 18 months; For divorce- until remarriage, time provided by judgment; or former spouse becomes eligible for comparable group health plan	100% of the premium	http://www.ohic.ri.gov/ohic-regulation.php
SC	All employers	All eligible employees and dependents who have been continuously covered under the group policy for at least 6 months	<ul style="list-style-type: none"> • Termination of group insurance for any reason other than nonpayment of the required contribution 	Remainder of the month in which coverage ends plus six months.	100% of the premium	https://doi.sc.gov/DocumentCenter/View/2557/State-Continuation

SD	Employers with fewer than 20 employees	Employees and eligible dependents	<ul style="list-style-type: none"> • Termination (other than for gross misconduct) • Employer termination of group coverage • Employee's death • Loss of eligibility as qualified family member • A qualified beneficiary is ineligible for Medicare • Employee's eligibility for Medicare • Divorce or legal separation 	<p>18 months for termination of employment or group coverage</p> <p>29 months if the individual is determined to be disabled during the first 60 days of continuation coverage</p> <p>36 months for certain other qualifying events</p>	102% of the premium; 150% of the premium after 18 months	http://dlr.sd.gov/insurance/cobra.aspx#questions
TN	All employers	Employees, spouses, and dependents that were continuously insured for at least 3 months immediately prior to coverage termination	<ul style="list-style-type: none"> • Termination of employee coverage for any reason, except for: • Discontinuance of the policy • The employee's failure to pay any required contribution • The employee's eligibility for Medicare 	<p>In the event of termination, the fractional policy month remaining at termination, plus up to 3 additional months</p> <p>In the event of divorce or death of an insured spouse, the fractional policy month remaining at termination, plus up to 15 additional months</p> <p>For individuals whose coverage is terminated during pregnancy, the fractional month remaining at termination, plus at least 6 months after the pregnancy</p>	100% of the premium	https://www.tn.gov/commerce/insurance.html
TX	All employers	Employees, spouses, and dependents who have been continuously insured for at least 3 consecutive months immediately prior to coverage termination	<ul style="list-style-type: none"> • Termination of coverage for any reason (including discontinuance of the group policy) other than involuntary termination for cause (excluding any health-related cause) • For spouses and dependents, retirement or death of the employee or severance of the family relationship 	<p>In general, 9 months if federal COBRA does not apply, or for an additional 6 months after federal COBRA coverage ends.</p> <p>3 years if severance of family relationship, employee's death or retirement</p>	102% of the premium	https://www.tdi.texas.gov/hmo/documents/enroll_eecobra.pdf

UT	Employers with fewer than 20 employees	Employees and dependents covered for 3 months immediately before the qualifying event	<ul style="list-style-type: none"> • Voluntary or involuntary termination (except for gross misconduct) • Retirement • Death • Divorce or legal separation • Loss of dependent status • Sabbatical • Disability • Leave of absence • Reduction of hours 	12 months	102% of the premium	https://insurance.utah.gov/consumer/health/extension-conversion-rights/extension
VT	Employers with fewer than 20 employees	Employees and dependents	<ul style="list-style-type: none"> • Loss of employment (other than for misconduct), including a reduction in hours • Divorce, civil union dissolution, or legal separation • A child no longer qualifying as a dependent child • Death of the covered employee 	18 months	102% of the premium	http://www.dfr.vermont.gov/insurance/insurance-division
VA	Employers with fewer than 20 employees	Employees or family members who have been continuously insured during the entire 3-month period immediately before termination of coverage eligibility	<ul style="list-style-type: none"> • Termination of the person's eligibility for coverage prior to that person becoming eligible for Medicare or Medicaid benefits 	12 months	102% of the premium	http://www.scc.virginia.gov/boi/index.aspx
WA	All employers	Employees whose salaries are suspended or terminated as a result of strike, lockout or other	<ul style="list-style-type: none"> • Strike, lockout, or other labor dispute 	6 months	100% of the premium	https://www.insurance.wa.gov/lost-your-coverage
WV	Employers with fewer than 20 employees	Employee and his or her spouse or dependents	<ul style="list-style-type: none"> • Involuntary layoff or termination (for reasons other than misconduct) that would disqualify the employee for unemployment benefits 	18 months	100% of the premium	https://www.wvinsurance.gov/

WI	Group policies issued to employers of any size	Employee, spouse, and dependents who have been continuously covered for at least 3 months	<ul style="list-style-type: none"> • Divorce or annulment • Voluntarily or involuntarily losing coverage eligibility (other than discharge for misconduct) • Death of the covered employee 	18 months	100% of the premium	https://oci.wi.gov/Documents/Consumers/PI-023.pdf
WY	Employers with fewer than 20 employees	Employees and covered dependents who have been continuously insured during the entire 3-month period ending with the termination	<ul style="list-style-type: none"> • Termination of employment or eligibility for coverage 	12 months	102% of the premium	http://doi.wyo.gov