

Conversion of Benefits

In General

Conversion of benefits is not required in self-funded health care plans. Rights to conversion begin when regular plan coverage terminates. May a participant waive right of COBRA continuation and directly elect conversion? The answer depends on the approval of such election by the carrier of the excess loss coverage.

Rules Of Conversion

An individual policy will be issued. The health status of the participant is not a factor. The rates are based on age and sex and type of coverage elected.

Between the plan and the individual policy, there should be no break in coverage.

The conversion may extend to covered dependents of the participant. The conversion may extend to covered dependents of the participant. The conversion policy may be a family form or may be an individual policy for each dependent.

Conversion is not extended to persons otherwise eligible for Medicare or another employer-sponsored group plan or a state plan such as Medicaid.