

Carrier	Product	Vendor for Cobra/State Continuation	Cobra/State Continuation	Notification Responsibility	Responsible for Premium Advance	Who Gets the Tax Credit?
Aetna	AFA 20-99	Employer Choice	Cobra only no state continuation in AFA	Employer	Employer	Employer
	51+	Employer Choice	Cobra	Employer	Employer	Employer
Anthem	ACA 2-19	Employer Choice	State Continuation	Employer	TBD	TBD
	ACA 20-50	Employer Choice	Cobra	Employer	Employer	Employer
	GM 2-19	Employer Choice	State Continuation	Employer	TBD	TBD
	GM 20-50	Employer Choice	Cobra	Employer	Employer	Employer
	SOCA MEWA 2-19	My Cobra Plan	State Continuation	Employer identifies for Mewa.io who is eligible from 11/1/2019 to 4/30/2020 beyond this timeframe Mewa.io has the information; Anthem will send Cobra notice	TBD	TBD
	SOCA MEWA 20-50	My Cobra Plan	Cobra	Employer identifies for Mewa.io who is eligible from 11/1/2019 to 4/30/2020 beyond this timeframe Mewa.io has the information; Anthem will send Cobra notice	Employer	Employer
	51+	Employer Choice	Cobra	Employer	Employer	Employer
	KY Chamber Advantage 2-19	N/A	State Continuation not offered until 1/1/2021	N/A	N/A	N/A
	KY Chamber Advantage 20-50	Employer Choice until 1/1/2021 then My Cobra Plan via Mewa.io	Cobra	Employer until 1/1/2021; then Mewa.io will send Cobra notice to those eligbile	Employer	Employer
	IN Chamber Alliance 2-19	TBD	TBD	TBD	TBD	TBD
IN Chamber Alliance 20-50	TBD	TBD	TBD	TBD	TBD	
Humana	ACA 2-19	Humana	State Continuation	Humana will notify only eligible members with a QE from 4/1/21 to 9/30/21	Humana	Humana
	ACA 20+	Employer Choice	Cobra	Employer	Employer	Employer
	GM 2-19	Humana	State Continuation	Humana will notify only eligible members with a QE from 4/1/21 to 9/30/21	Humana	Humana
	GM 20-50	Employer Choice	Cobra	Employer	Employer	Employer
	GF 2-19	Humana	State Continuation	Humana will notify only eligible members with a QE from 4/1/21 to 9/30/21	Humana	Humana

	GF 20-50	Employer Choice	Cobra	Employer	Employer	Employer
	LF 5-19	N/A	State Continuation not offered	N/A	N/A	N/A
	LF 20+	Employer Choice	Cobra	Employer	Employer	Employer
	NKY Chamber 2-19	Employer Choice	Cobra (due to aggregate size of pool)	Employer	Employer	Employer
	NKY Chamber 20+	Employer Choice	Cobra	Employer	Employer	Employer
	51+	Employer Choice	Cobra	Employer	Employer	Employer
MMO	ACA 2-19	Employer Choice	State Continuation	Employer	Employer	Employer
	ACA 20-50	Cobra Options by Wex	Cobra	Employer	Employer	Employer
	GM 2-19	Employer Choice	State Continuation	Employer	Employer	Employer
	GM 20-50	Cobra Options by Wex	Cobra	Employer	Employer	Employer
	GF 2-19	Employer Choice	State Continuation	Employer	Employer	Employer
	GF 20-50	Cobra Options by Wex	Cobra	Employer	Employer	Employer
	COSE 2-19	Employer Choice	State Continuation	Employer	Employer	Employer
	COSE 20-50	Cobra Options by Wex	Cobra	Employer will flag eligible employees in the Cobra Options system and then Cobra Options will send notice	Employer	Employer
	51+	Cobra Options by Wex	Cobra	Employer will flag eligible employees in the Cobra Options system and then Cobra Options will send notice	Employer	Employer
	UHC	ACA 2-19	Employer Choice	State Continuation	Employer	Employer
ACA 20-50		United Health Benefit Services if elected by employer	Cobra	Employer requests list of terminated employees and must inform UHCBS of the employees that were involuntarily terminated. UHCBS will send the Cobra notice to those eligible	Employer	Employer
GM 2-19		Employer	State Continuation	Employer	Employer	Employer
GM 20-50		United Health Benefit Services if elected by employer	Cobra	Employer	Employer	Employer
Chamber Mewa 2-19		United Health Benefit Services	Cobra - Medical Only	Employer requests list of terminated employees and must inform UHCBS of the employees that were involuntarily terminated. UHCBS will send the Cobra notice to those eligible	Employer	Employer

Chamber Mewa 20-50	United Health Benefit Services	Cobra - Medical Only	Employer requests list of terminated employees and must inform UHCBS of the employees that were involuntarily terminated. UHCBS will send the Cobra notice to those eligible	Employer	Employer
AllSavers 5-19	N/A	State Continuation not offered	N/A	N/A	N/A
AllSavers 20-99	United Health Benefit Services if elected by employer	Cobra	Employer requests list of terminated employees and must inform UHCBS of the employees that were involuntarily terminated. UHCBS will send the Cobra notice to those eligible	Employer	Employer
51+	United Health Benefit Services if elected by employer	Cobra	Employer requests list of terminated employees and must inform UHCBS of the employees that were involuntarily terminated. UHCBS will send the Cobra notice to those eligible	Employer	Employer

e for all carriers subject to possible change as more IRS guidance becomes available.

mployer Tax Credit filing, please advise your employer to speak with their tax preparer or CPA.