

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Summary Plan Description (SPD)
CONTINUATION COVERAGE RIGHTS UNDER THE CONSOLIDATED
OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

Introduction

The following paragraphs generally explain COBRA coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

COBRA (and the description of COBRA coverage found in this Summary Plan Description) applies to only two health components, Medical and Dental, offered by the East Central School District. No other benefits offered through the school district (such as life insurance, accident, cancer, heart or disability) are eligible for COBRA continuation coverage. The Plan provides no greater COBRA rights than what COBRA requires – nothing in the SPD is intended to expand your rights beyond COBRA’s requirements.

What is COBRA coverage?

COBRA coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed below in the section “Who Is Entitled to Elect COBRA?”

COBRA coverage may become available to “qualified beneficiaries”

After a qualifying event occurs and any required notice of that event is properly provided to the East Central School District, COBRA coverage must be offered to each person losing Plan coverage who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries and would be entitled to elect COBRA if coverage under the plan is lost because of the qualifying event. (Certain newborns, newly adopted children and alternate recipients under a Qualified Medical Child Support Order (QMCSO) may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below.)

Who is Entitled to Elect COBRA?

The pronoun “you” is used in the following paragraphs regarding COBRA to refer to each person covered under the Plan who is or may become a qualified beneficiary.

Qualifying events for the covered employee

If you are an employee, you will be entitled to elect COBRA if you lose your group health coverage under the Plan because either one of the following qualifying events occur:

- your hours of employment are reduced; or
- your employment ends for any reason other than gross misconduct

Qualifying events for the covered spouse

If you are the spouse of an employee, you will be entitled to elect COBRA if you lose your group health coverage under the Plan because of any of the qualifying events occur:

- your spouse dies

- your spouse's hours of employment are reduced

- your spouse's hours of employment are reduced;
- your spouse's employment ends ; or
- your become divorced or legally separated from your spouse. Also, if your spouse (the employee) reduces or eliminates your group health coverage in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for you even though your coverage was reduced or eliminated before the divorce or separation.

Qualifying events for dependent children

If you are the dependent child of an employee, you will be entitled to elect COBRA if you lose your group health coverage under the Plan because any of the following qualified events occur:

- your parent-employee dies
- your parent-employee's hours of employment are reduced
- your parent-employee's employment ends for any reason other than his or her gross misconduct; or
- you stop being eligible for coverage under the Plan as a "dependent child."

Electing COBRA after leave under the Family and Medical Leave Act (FMLA)

Under special rules that apply if an employee does not return to work at the end of an FMLA leave, some individuals may be entitled to elect COBRA even if they were not covered under the Plan during the leave. Contact the Employee Benefits Office at the East Central School District for more information concerning these special rules concerning death of an employee while on FMLA.

When is COBRA Coverage Available?

When the qualifying event is the end of employment, reduction of hours of employment, or death of the employee, the Plan will offer COBRA coverage to qualified beneficiaries. It is not necessary to notify the school district of any of these three qualifying events.

You must notify the Plan Administrator of certain qualifying events by this deadline

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), a COBRA Election Notice will be made available to you only if you notify the East Central School District Employee Benefits Office within 60 days after the later of (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. (Exception: employees on cafeteria Plan – Section 125 IRC)

No COBRA election will be available unless you follow the Plan's notice procedures and meet the notice deadline

In providing this notice, you must use the Plan's form entitled "Notice of Qualifying Event (Form & Notice Procedures)," and you must follow the procedures specified in the section below entitled "Notice Procedures for Notice of Qualifying Event." If these procedures are not followed or if the notice is not provided in writing to the East Central School District during the 60-day notice period, YOU WILL LOSE YOUR RIGHT TO ELECT COBRA. (You may obtain a copy of the Notice of Qualifying Event (Form & Notice procedures) from the Employee Benefits Office of the East Central School District.

Electing COBRA Coverage

How to elect COBRA

To elect COBRA, you must complete the Election Form that is part of the Plan's COBRA election notice and mail or hand deliver it to the East Central School District. (An election notice will be provided to qualified beneficiaries at the time of a qualifying event. You may also obtain a copy of the Election Form from the Employee Benefits Office at the East Central School District.

Deadline for COBRA election

If mailed, your election form must be postmarked (and if hand delivered, your election form must be received at the address specified on the Election Form) no later than 60 days after the date of the COBRA election notice provided to you at the time of your qualifying event (or, if later, 60 days after the date that the Plan coverage is lost. IF YOU DO NOT SUBMIT A COMPLETED ELECTION NOTICE FORM BY THIS DUE DATE, YOU WILL LOSE YOUR RIGHT TO ELECT COBRA.

Independent election rights

Each qualified beneficiary will have an independent right to elect COBRA. **Any qualified beneficiary for whom COBRA is not elected within the 60-day election period specified in the Plan's COBRA election notice WILL LOSE HIS OR HER RIGHT TO ELECT COBRA COVERAGE.**

Special Considerations in Deciding Whether to Elect COBRA

In considering whether to elect COBRA, you should take into account that a failure to elect COBRA will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of COBRA may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get COBRA coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage under the Plan ends because of one of the qualifying events listed above. You will also have the same special enrollment right at the end of COBRA coverage if you get COBRA coverage for the maximum time available to you.

Length of COBRA Coverage

COBRA coverage is a temporary continuation of coverage. The COBRA coverage periods described below are maximum coverage periods. COBRA coverage can end before the end of the maximum coverage for several reasons, which are described in the section below entitled "Termination of COBRA Coverage Before the End of the Maximum Coverage Period."

Death, divorce, legal separation or child's loss of dependent status

When Plan coverage is lost due to the death of the employee, the covered employee's divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA coverage can last for up to a total of thirty-six (36) months.

If the covered employee becomes entitled to Medicare within 18 months before his or her termination of employment or reduction of hours

When Plan coverage is lost due to the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits before less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can last until up to 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA coverage under the Plan's medical and dental components for his spouse and children who lost coverage as a result of his termination can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months). This COBRA coverage period is available only if the covered employee becomes entitled to Medicare within 18 months **before** the termination or reduction of hours.

Termination of employment or reduction of hours

Otherwise, when Plan coverage is lost due to the end of employment or reduction of the employee's hours of employment, COBRA coverage can generally last for only up to a total of 18 months.

Extension of Maximum Coverage Period

If the qualifying event that resulted in your COBRA election was the covered employee's termination of employment or reduction of hours, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the East Central School District of a disability or a second qualifying event in order to extend the period of COBRA coverage. Failure to provide notice of disability or second qualifying event will eliminate the right to extend the period of COBRA coverage.

Disability extension of COBRA coverage

If a qualified beneficiary is determined by the Social Security Administration to be disabled and you notify the East Central School District in a timely manner, all of the qualified beneficiaries in your family may be entitled to receive up to an additional eleven (11) months of COBRA coverage, for a total maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. The disability must have started at some time before the 61st day after the covered employee's termination of employment or reduction of hours and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above). Each qualified beneficiary will be entitled to the disability extension if one of them qualifies.

You must notify the East Central School District of a qualified beneficiary's disability by this deadline

The disability extension is available only if you notify the East Central School District in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination
- the date of the covered employee's termination of employment or reduction of hours; and

- the date on which the qualified beneficiary loses (or would lose) the date on which the qualified coverage under the terms of the Plan as a result of the

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension.

No disability extension will be available unless you follow the Plan's notice procedures and meet the notice deadline

In providing this notice, you must use the Plan's form entitled "Notice of Disability (Form & Notice Procedures)," and you must follow the procedures specified in the section below entitled "Notice Procedure for Notice of Disability." If these procedures are not followed or if the notice is not provided in writing to the East Central School District during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.

(You may obtain a copy of the Notice of Disability (Form & Notice Procedures) from the Employee Benefits Office of the East Central School District.)

Second qualifying event extension of COBRA coverage

An extension of coverage will be available to spouses and dependent children who are receiving COBRA coverage if a second qualifying event occurs during the 18 months (or, in the case of a disability extension, the 29 months) following the covered employee's termination of employment or reduction of hours. The maximum amount of COBRA coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or legal separation from the covered employee, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. (This extension is not available under the Plan when a covered employee becomes entitled to Medicare).

You must notify the East Central School District of a second qualifying event by this deadline

This extension due to a second qualifying event is available only if you notify the East Central School District in writing of the second qualifying event within 60 days after the later of (1) the date of the second qualifying event; and (2) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the Plan).

No extension will be available unless you follow the Plan's notice procedures and meet the notice deadline

In providing this notice, you must use the Plan's form entitled "Notice of Second qualifying Event (Form & Notice Procedures)," and you must follow the procedures specified in the section below entitled "Notice Procedures for Notice of Second Qualifying Event." If these procedures are not followed or if the notice is not provided in writing to the East Central School District during the 60-day notice period, THEN THERE WILL BE NO EXTENSION OF COBRA COVERAGE DUE TO A SECOND QUALIFYING EVENT. (You may obtain a copy of the Notice of Second qualifying Event (Form & Notice

Procedures) from the Employee Benefits Office of the East Central School District.

Termination of COBRA coverage Before the End of the Maximum Coverage Period

COBRA coverage will automatically terminate before the end of the maximum period if:

- any required premium is not paid in full on time;
- a qualified beneficiary becomes covered, after electing COBRA, under another group health plan (but only after any preexisting condition exclusions of that other plan for a preexisting condition of the qualified beneficiary have been exhausted or satisfied);
- a qualified beneficiary becomes entitled to Medicare benefits (under part A, Part B, or both) after electing COBRA
- the employer ceases to provide any group health plan for its employees; or
- during a disability extension period, the disabled qualified beneficiary is determined by the Social Security Administration to be no longer disabled. For more information about the disability extension period, see the section above entitled “Extension of Maximum Coverage Period.”

COBRA coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving COBRA coverage (such as fraud).

You must notify the East Central School District if a qualified beneficiary becomes entitled to Medicare or obtains other group health plan coverage

You must notify the East Central School District in writing within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage (but only after any preexisting condition exclusions of that other plan for a preexisting condition of the qualified beneficiary have been exhausted or satisfied). You must use the Plan’s form entitled “Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability (Form and Notice Procedures),” and you must follow the procedures specified below in the section entitled “Notice Procedures for Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability.” (You may obtain a copy of the Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability (Form & Notice Procedures) from the East Central School District Employee Benefits Office.)

You must notify the East Central School District if a qualified beneficiary ceases to be disabled.

If a disabled qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify the East Central School District of that fact within 30 days after the Social Security Administration’s determination. You must use the Plan’s form entitled “Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability (Form & Notice Procedures),” and you must follow the procedures specified below in the section entitled “Notice Procedures for Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability.” (You may obtain a copy

of this form from the East Central School District Employee Benefits Office.)

Cost of COBRA Coverage

Each qualified beneficiary is required to pay the entire cost of COBRA coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA coverage. The amount of your COBRA premiums may change from time to time during your period of COBRA coverage and will most likely increase over time. You will be notified of COBRA premium changes.

Payment for COBRA Coverage

How premium payments must be made

Your first payment and all monthly payments for COBRA coverage must be mailed or hand delivered to the Employee Benefits Office at the address specified on the Election Form that is part of the Plan's COBRA election notice.

When premium payments are considered to be made

If mailed, your payment is considered to have been made on the date that it is postmarked. If hand delivered, your payment is considered to have been made when it is received at the address specified above. You will not have made any payment either by mailing or hand delivering a check if your check is returned to insufficient funds or otherwise.

First payment for COBRA coverage

If you elect COBRA, you do not have to send any payment with the Election Form. However, you must make your first COBRA coverage payment no later than forty-five (45) days after the date of your election. (This is the date your Election Form is postmarked if mailed, or the date your Election Form is received at the school district administration office).

Your first payment must cover the cost of COBRA coverage from the time your coverage under the Plan has terminated up through the end of the month before the month in which you make your first payment. (Example: Your coverage terminates on September 30th. You elect COBRA on November 15th. Your initial premium equals the premiums for October and November and is due on or before December 30th, the 45th day after the date of your COBRA election). You are responsible for making sure that the amount of your first payment is correct. You may contact the Employee Benefits Office of the East Central School District to confirm the correct amount of your payment.

If you do not make your first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under the Plan.

Monthly Payments for COBRA coverage

After you make your first payment for COBRA coverage, you will be required to make monthly payments for each subsequent month of COBRA coverage. The amount due for each month for each qualified beneficiary will be disclosed in the election notice provided to you at the time of your qualifying event. Under the

Plan, each of these monthly payments for COBRA coverage is due on the first day of the month for that month's COBRA coverage. If you make a monthly payment on or before the first day of the month to which it applies, your COBRA coverage will continue for that month without any break. The East Central School District will not send a bill to you for your COBRA coverage – it is your responsibility to pay your COBRA premiums on time.

*Grace periods for monthly
COBRA premium payments*

Although monthly payments are due on the first day of each month of COBRA coverage, you will be given a grace period of thirty (30) days after the first day of the month to make each monthly payment. Your COBRA coverage will be provided for each month as long as payment for that month is made before the end of the grace period for that payment.

If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA coverage under the plan.

**More information about
Individuals who may be
Qualified Beneficiaries**

*Children born to or placed
for a adoption with the
covered employee during a
period of COBRA coverage*

A child born to, adopted by, or placed for adoption with a covered employee during a period of COBRA coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected COBRA coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

*Alternate recipients under
QMCSOs*

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by the East Central School District during the covered employee's period of employment with the East Central School District is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

NOTICE PROCEDURES

East Central Independent School District Benefits Plan (the Plan)

**Notices Must Be Mailed or
Hand Delivered to:**

Employee Benefits Office
East Central Independent School District
6634 New Sulphur Springs Road
San Antonio TX 78263
210/648-7861

**Notice Procedures for
Notice of Qualifying Event**
*Deadline for Notice of
Qualifying Event*

The deadline for providing this notice is sixty (60) days after the later of (1) the qualifying event [i.e. a divorce or legal separation or a child's loss of dependent status]; and (2) the date on which the covered spouse of dependent child would lose coverage under the terms of the Plan as a result of the qualifying event.

*How to provide Notice
of Qualifying Event*

You must mail or hand deliver this notice to the Employee Benefit's Office at the address specified above. Your notice must be in writing (using the Plan's form described below) and must be mailed or hand delivered. Oral notice, including notice by telephone, is not acceptable. E-mails will not be accepted. However, we will accept a faxed, signed copy of the form. The form must be post-marked if mailed or received at the district administration office if hand delivered or faxed no later than the deadline described above.

*Required form and
information for Notice
of Qualifying Event*

You must use the Plan's form entitled "Notice of Qualifying Event (Form and Notice Procedures)" to notify the East Central School District of a qualifying event [i.e. a divorce or legal separation or a child's loss of dependent status], and all the applicable items on the form must be completed. (You may obtain a copy of the Notice of Qualifying Event from the Employee Benefits Department at the East Central School District administrative office.

If you are notifying the East Central School District of a divorce or legal separation, your notice must include a copy of the decree or legal separation.

If your coverage is reduced or eliminated and later a divorce or legal separation occurs, and you are notifying the East Central School District that your Plan coverage was reduced or eliminated in anticipation of the divorce or legal separation, you must provide notice within sixty (60) days after the divorce or legal separation in accordance with these Notice Procedures for Notice of Qualifying Event and must also provide evidence satisfactory to the East Central School District that your coverage was reduced or eliminated in anticipation of the divorce or legal separation.

**Notice Procedures for
Notice of Disability**
*Deadline for Notice
of Disability*

The deadline for providing this notice is sixty (60) days after the latest of (1) the date of the Social Security Administration's disability determination; (2) the date of the covered employee's termination of employment or reduction of hours; and (3) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the termination of employment or reduction of hours. Your Notice of Disability must also be provided within 18 months after the covered employee's termination of employment or reduction of hours.

*How to provide Notice
of Disability*

You must mail or hand deliver this notice to the Employee Benefits Office at the East Central Administrative Office. Your notice must be in writing (using the Plan's form described below) and must be

mailed or hand delivered. Oral notice, including notice by telephone, is not acceptable. E-mails will not be accepted. However, we will accept a faxed, signed copy of the form. The form must be post-marked if mailed or received at the district no later than the deadline described above.

*Required form and
information for Notice
of Disability*

You must use the Plan's form entitled "Notice of Disability (Form and Notice Procedures)" to notify the East Central School District of a qualified beneficiary's disability. All the applicable items on the form must be completed. (You may obtain a copy of the Notice of Disability (Form and Notice Procedures) from the Employee Benefits Office at the East Central District Administration office.

**Notice Procedures for
Notice of Second Qualifying
Event**

*Deadline for Notice of
Second Qualifying Event*

The deadline for providing this notice is sixty (60) days after the later of (1) the date of the second qualifying event (i.e. a divorce or legal separation, the covered employee's death, or a child's loss of dependent status); and (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan).

*How to provide Notice
of a Second Qualifying
Event*

You must mail or hand deliver this notice to the Employee Benefit's Office at the address specified above. Your notice must be in writing (using the Plan's form described below) and must be mailed or hand delivered. Oral notice, including notice by telephone, is not acceptable. E-mails will not be accepted. However, we will accept a faxed, signed copy of the form. The form must be post-marked if mailed or received at the district administration office if hand delivered or faxed no later than the deadline described above.

*Required form and
Information for Notice
of Second Qualifying
Event*

You must use the Plan's form entitled "Notice of Second Qualifying Event (Form and Notice Procedures)" to notify the East Central School District of a second qualifying event (i.e. a divorce or legal separation, the covered employee's death, or a child's loss of dependent status). All applicable items on the form must be completed. (You may obtain a copy of the Notice of Second Qualifying Event from the Employee Benefits Department at the East Central Administrative Office.

**Notice Procedures for
Notice of Other Coverage,
Medicare Entitlement, or
Cessation of Disability**
*Deadline for Notice of
Other Coverage*

If you are providing a Notice of Other Coverage (a notice that a qualified beneficiary has become covered, after electing COBRA, under other group health plan coverage), the deadline for this notice is thirty (30) days after the other coverage becomes effective or, if later, 30 days after exhaustion or satisfaction of an preexisting condition exclusions for a preexisting condition of the qualified beneficiary.

*Deadline for Notice of
Medicare Entitlement*

If you are providing a Notice of Medicare Entitlement (a notice that a qualified beneficiary has become entitled, after electing COBRA, to Medicare Part A, Part B, or both), the deadline for this notice is 30 days after the beginning of Medicare entitlement (as shown on the Medicare card).

*Deadline for notice of
Cessation of Disability*

If you are providing a Notice of Cessation of Disability, a notice that a disabled qualified beneficiary whose disability resulted in an extended COBRA coverage period is determined by the Social Security Administration to be no longer disabled), the deadline for this notice is 30 days after the date of the Social Security Administration's determination.

How to provide notices

You must provide these notices to the Employee Benefits Department at the East Central Administration no later than the deadline described above.

*Information and form
required*

You should use the Plan's form entitled "Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability (Form and Notice Procedures)" to notify the East Central School District of any of these events. All of the applicable items on the form should be completed. (You may obtain a copy of this form from the Employee Benefits Department at the East Central Administration Office).

*Additional information
required for certain notices*

If you are providing a Notice of Other Coverage, your notice should include evidence of the effective date of the other coverage.

If you are providing a Notice of Medicare Entitlement, your notice should include a copy of the Medicare card showing the date of Medicare entitlement.

If you are providing a Notice of Cessation of Disability, your notice must include a copy of the Social Security Administration's determination.

**Certificate of Creditable
Coverage**

All individuals who lose coverage under an employer-provided health plan, or who would have lost coverage but for an election to take COBRA coverage, will be provided with a Health Insurance Portability and Accountability Act (HIPAA) Certificate of Creditable Coverage. Certificates will be provided when an individual's COBRA coverage ceases (whether due to nonpayment of premiums or expiration of the maximum coverage period). Certificates will also be issued when a written request by an individual for a HIPAA certificate is received (but only if the request is made while coverage is in effect or within 24 months after coverage is lost).