

# Accuray Incorporated Open Enrollment Instructions

Dear Valued COBRA Participant,

We are excited to present you with information regarding your COBRA Open Enrollment opportunity through Accuray Incorporated, effective January 1, 2025. This guide is designed to facilitate your understanding of the open enrollment process, ensuring that you are well-prepared to make informed decisions about your health coverage.

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## Key Information:

- **Eligibility Reminder:** If your COBRA start date is **after the open enrollment effective date**, this notice does not apply to you. You can disregard this notice as you will not be subject to open enrollment rights.
- **Pending COBRA Election:** If you have been offered COBRA coverage but have not yet elected it, you are required to submit your standard COBRA election form **alongside or before** submitting your open enrollment elections. This requirement is applicable regardless of the timing of your COBRA effective date.

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## Important Open Enrollment Deadline

- **Deadline to submit changes: January 31, 2025**  
It is crucial that all open enrollment forms are submitted to Igoe by this date. Unfortunately, late submissions cannot be accepted under any circumstances. If you are mailing your forms in, please ensure they are postmarked by this deadline.

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## Your Comprehensive Open Enrollment Kit

To assist you in navigating your COBRA open enrollment, we have assembled a variety of resources. Below is a detailed overview of the materials available to you:

1. **Open Enrollment Kit:** This kit has been compiled in partnership with Accuray Incorporated to provide you with all necessary benefit forms and plan descriptions. These resources are essential for making informed decisions for the upcoming plan year.
2. **Rate Sheet:** This important document outlines the costs associated with your monthly COBRA coverage. If your rates are influenced by geographic or demographic factors (such as age, state or zip code), additional instructions for calculating your specific rate will be included.
3. **COBRA Continuation Change Form:** This form allows you to notify us if you wish to remove a dependent or cancel your coverage for the upcoming benefit year. Please note that this form is **not** intended for electing a new plan.
4. **COBRA Continuation Enrollment Form:** Use this form if you wish to enroll in a new plan or in a plan you were not previously enrolled in. This form should be used along with any specific carrier form included in your Open Enrollment Kit.

## Understanding Your Open Enrollment Categories

- **Terminating Plan:** If the plan you were enrolled in during the previous year is no longer available, you **must** make a new election to continue your coverage. Please review the available benefit plans to determine your options.
- **No Rate Changes:** If your coverage rates remain unchanged, you do not need to take any action to maintain your current coverage.
- **Rate Change:** If the plan is available but the rates have changed, we encourage you to review the new rates to ensure the plan still meets your needs.
- **New Plan:** Some plans offered during the previous benefit year may not be available this year. If you were enrolled in one of those plans, you will need to elect a new plan to maintain coverage.

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### Step One: Explore Your Plan Options

Before making your enrollment decisions, it's important to familiarize yourself with your current and potential plan options. Below, you'll find an overview of the available plans along with their corresponding open enrollment categories. This will help you identify whether any action is needed on your part.

#### Medical Coverage Options:

**Plan Name:**

Quartz Health HMO Medical

**Open Enrollment Category:** **No Rate Change**

**Plan Name:**

Kaiser HMO

Quartz Health HMO HDHP Medical

Quartz Health POS HDHP Medical

UHC Select Plus/Choice Plus HDHP Medical Plan

UHC Select Plus/Choice Plus PPO Medical Plan

**Open Enrollment Category:** **Rate Change**

**Plan Name:**

Garner with UHC HDHP

Garner with UHC PPO

**Open Enrollment Category:** **New Plan**

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#### Dental Coverage

**Plan Name:**

Delta Dental of WI Gold

Delta Dental of WI Silver

**Open Enrollment Category:** **Rate Change**

## Vision Coverage

**Plan Name:**

VSP Vision Plan

**Open Enrollment Category:** No Rate Change

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## Employee Assistance Plan Coverage

**Plan Name:**

Concern EAP

**Open Enrollment Category:** No Rate Change

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## Step Two: Communicate Your Enrollment Choices

With your plan category in mind, please follow the guidelines below to communicate your enrollment decisions effectively:

**If There Are No Changes:**

- **Keep Current Coverage:** No action is required on your part. Your coverage will automatically continue at the current rates.
- **Change Plans or Add a Dependent:** If you wish to enroll in a different plan or add a dependent, please complete the enrollment form with your new open enrollment election(s) and dependent information.
- **Drop a Dependent or Cancel Coverage:** Complete the COBRA Continuation Change Form to initiate this change. Once processed, you will receive confirmation and updated COBRA premium coupons.

**If There is a Rate Change:**

- **Keep Current Coverage at New Rate:** No action is necessary; you will automatically receive new premium coupons reflecting the updated rate.
- **Change Plans:** If you decide to switch to a different plan, complete the appropriate enrollment form for your chosen plan.
- **Add a Dependent:** Complete the enrollment form included in your Open Enrollment Kit.
- **Drop a Dependent or Cancel Coverage:** Complete the COBRA Continuation Change Form to submit your request.

**If There is a New or Terminated Plan:**

- **Enroll in a New Plan:** Fill out the enrollment form(s) included in your Open Enrollment Kit. If no specific form is available, you may use the generic Igoe COBRA enrollment form.
  - **Terminated Plan:** A new election **must** be made in order to continue coverage under this plan type unless instructed otherwise.
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## Important Payment Information

Upon receipt of your enrollment or change forms, you will be issued new premium coupons that reflect any changes. Please note that you are responsible for any premium rate increases and must ensure that your payment is received within the standard **30-day payment grace period**.

**Special Note for Automated Recurring Payments:** If you are currently enrolled in Igoe's automatic recurring payment option, please be aware that any outstanding premium balances for current or past months must be paid separately via check or one-time online payment. Igoe will not draft your bank account for any past due premiums. Additionally, your account must be fully paid up to date in order for Igoe to draft for the next month's COBRA premium.

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## Submission Instructions

To submit your enrollment forms and any necessary payments, please send them to:

### Igoe Administrative Services

P.O. Box 2291

Omaha, NE 68103-2291

**Email:** [cobra@goigoe.com](mailto:cobra@goigoe.com)

**Fax:** 858-430-5896

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## Coverage Activation

After Igoe receives your enrollment decisions, we will relay them to the appropriate insurance carrier. Please allow up to **two weeks** for your coverage to be activated. If you do not receive your insurance cards or any confirmation from your carrier within this timeframe, please contact us for assistance. We will be happy to reach out to your carrier on your behalf.

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## Questions?

Our Participant Services representatives can assist you with any questions you may have. They can be reached Monday through Friday between the hours of 8:00 a.m. - 5:00 p.m. PST. Their contact information is as follows:

Phone: 800-633-8818, option 2

Email: [cobra@goigoe.com](mailto:cobra@goigoe.com)

Fax: 800.975.7296

Mail: P.O. Box 2291, Omaha, NE 68103

We are here to support you every step of the way!

Thank you for your attention and we wish you the best as you navigate your health coverage options.

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