

TEXAS

Regulatory Compliance and Resources by State

STATE CONTINUATION

Covered Employers: All employers

Qualified Beneficiaries: Employees, spouses, and dependents who have been continuously insured for at least three consecutive months immediately prior to coverage termination

Qualifying Events:

- 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

COBRA Duration: In general, nine months if federal COBRA does not apply, or for an additional six months after federal COBRA coverage ends, three years if severance of family relationship, employee's death or retirement.

Maximum Premium Amount: 102% of the premium

Paid Family Leave: Federal only FMLA

STATE EMPLOYER REPORTING: NONE

PAID SICK LEAVE: NONE

MANDATORY 401(K): NONE

STATE DISABILITY: NONE

SURPRISE BILLING

Department of Insurance website: <https://www.tdi.texas.gov/>