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Management Benefits Fund

VOICE



*A Newsletter for
Fund Members*

January 31, 2012

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Orthodontic Maximum Increased

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Please note Page 6 was updated on
February 24, 2012.

Dental Program



Effective January 1, 2012, the annual maximum for services received under the Dental Program is increased to \$4,000 per person. Also effective January 1, 2012, the lifetime orthodontic maximum is increased to \$4,000 per person.

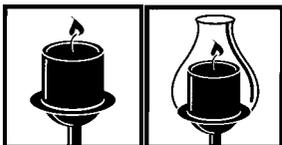
Please note that for services completed prior to January 1, 2012, the annual maximum will remain at \$2,500 per person, and the lifetime orthodontic maximum will remain at \$2,500 per person.

Overview of the MBF Programs

MBF would like to remind you of the benefits available to you and your eligible dependents. Please note that all programs are provided by MBF at no premium cost to members, except for Group Universal Life (GUL) Insurance, which is an additional, optional life insurance program.

The following is an overview of several benefit programs offered by MBF. For information on all benefit programs, as well as specific details of the programs discussed below, please refer to each program's individual booklet section on the MBF Web site at www.nyc.gov/mbf.

Basic Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance



MBF provides its members with Basic Life Insurance in coverage amounts based on the age and salary of each member. Coverage for active members ranges from \$15,000 to \$50,000, and retired members are covered at \$5,000 regardless of age.

Category	Coverage Amount
Active under age 65	1 x annual salary (up to \$50,000)
Active between ages 65-69	66 2/3% of annual salary (\$10,000 - \$34,000)
Active ages 70 and over	50% of annual salary (\$7,500 - \$25,000)
Retiree (regardless of age)	\$5,000

MBF also provides active members with AD&D insurance in the same amounts as their Basic Life Insurance coverage.

Group Universal Life (GUL) Insurance



MBF offers additional life and AD&D insurance to active members through the GUL Insurance Program (optional at an additional cost), insured by the Prudential Insurance Company of America*. For active members, premiums are paid via payroll deductions. Coverage is also available for the member's spouse/domestic partner and/or eligible children, if the member is enrolled in the GUL Program. When enrolled in GUL, each member and his or her spouse/domestic partner can also make contributions (interest earnings are tax-deferred) into an optional Cash Accumulation Fund. Should the member leave City service, coverage is portable at group rates and paid via direct bill to the Prudential Insurance Company of America. Please note that retired members are not eligible to enroll in the GUL Program unless they enrolled prior to retirement. The minimum coverage amount for any member is \$10,000, and the maximum coverage amount is the lesser of five (5) times the member's annual salary or \$1,000,000.

Coverage for the member is available by selecting either:

1. Multiple of salary: Either 1, 2, 3, 4 or 5 times annual salary rounded to the next higher \$1,000, or
2. Increments of \$10,000 up to \$50,000

Coverage for the member's spouse/domestic partner is available in \$10,000 increments up to \$100,000. It is also available for \$120,000, \$150,000, \$200,000 or \$250,000. Please note that the minimum coverage amount is \$10,000, and the maximum coverage amount is the lesser of five (5) times the member's salary or \$250,000. The member must be enrolled in GUL in order for the spouse/domestic partner to enroll.

Members may also purchase coverage for each eligible child between the ages of 15 days and 25 years, as long as the member is enrolled in GUL. Coverage is provided in a flat amount of \$10,000 for each child and costs \$0.295 regardless of the number of children in the family.

Please refer to the GUL section in the MBF Benefits Booklet at www.nyc.gov/mbf for current premium rates under the GUL Program.

* Group life, accidental death & dismemberment and disability coverages are issued by The Prudential Insurance Company of America, Newark, NJ.

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Long-Term Disability (LTD) Insurance



MBF provides LTD insurance for members to partially recoup income lost due to serious illness or injury, after satisfying several requirements. After six months of continuous disability, benefits are payable up to 66 2/3% of pre-disability basic monthly earnings, subject to a minimum of \$150 and a maximum of \$5,000 per month. Basic City health benefits and MBF SMMP, Dental, and Vision Care benefits are extended to members receiving LTD. Income received due to your disability from sources including, but not limited to, Pension, Social Security and Worker's Compensation may reduce your LTD benefit.

Superimposed Major Medical Plan (SMMP)



MBF provides supplemental coverage for members and their eligible dependents who have qualifying out-of-pocket medical expenses that remain after all other health coverage has been applied. Benefits are subject to a calendar year deductible and are reimbursable at 90% of Reasonable and Customary (R&C) medical allowances (80% of R&C for prescription drugs).

Primary Group Health Coverage	Prescription Drug Plan/Rider	One Individual	Two Individuals	Three or More Individuals
Yes	Yes	\$500	\$1,000	\$1,500
Yes	No	\$2,500	\$5,000	\$7,500
No	No	\$10,000	\$20,000	\$30,000

Prescription drug coverage under a plan other than the member's basic medical coverage with the City may also fulfill the prescription drug rider requirement. However, those members with limited prescription drug coverage through a non-city health plan and/or discounted plans will be treated as not having any prescription drug coverage, and covered charges will be subject to deductibles (see above chart). Members who are not enrolled in a prescription drug plan offered by the City, must submit documentation of their prescription drug plan, in effect at the time the expense was incurred, to Administrative Services Only (ASO) the SMMP claims administrator.

Superimposed Major Medical Plan: The Adult Wellness Benefit

The Adult Wellness Benefit (AWB) an important feature under the SMMP. Members may submit claims to the AWB for out-of-pocket costs for preventive and diagnostic medical services that remain after all other health coverage has been applied. These services include physicals, laboratory, tests, immunizations, and others that are necessary for the detection and intervention of serious or chronic conditions. The AWB is designed to encourage healthier lifestyles for each member and the member's spouse/domestic partner.

The AWB reimburses out-of-pocket expenses for eligible preventive care and diagnostic services up to \$800 per individual per year. Benefits are reimbursed at 100% of the Reasonable and Customary (R&C) allowances after offsetting benefit payments from all other health plans. The general SMMP deductibles do not apply to covered services under the AWB.

The following are examples of services covered under the AWB:

- Physicals
- Diagnostic procedures, including chest x-ray and colonoscopy
- Laboratory tests, including urinalysis and complete blood count
- Gender-specific services, including mammography
- Certain immunizations

When receiving any preventive or diagnostic services that are eligible for reimbursement through the AWB, it is important to remind your physician to include the correct CPT and diagnostic codes when billing for these services. This will ensure that your claim will be correctly processed under the AWB. Please refer to the SMMP section of the MBF Benefits Booklet at www.nyc.gov/mbf for a complete list of covered services under the AWB, as well as claim submission procedures. You may also download the SMMP claim form from the MBF Web site. If you are submitting a claim under the AWB, please make sure to check the appropriate box at the top of the claim form.

Dental Benefits Program



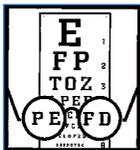
MBF covers members and their eligible dependents for dental services provided by a dentist in the Healthplex and SIDS Provider Organizations (PPO), or through an out-of-network provider. Coverage is subject to a specific calendar year deductible (with the exception of preventive and diagnostic care), an annual maximum of \$4,000* per person for dental services, and a lifetime maximum of \$4,000* per person for orthodontic services.

* For services completed prior to January 1, 2012, the annual maximum is \$2,500 per person for dental services, and the lifetime maximum is \$2,500 per person for orthodontic services.

The table below indicates the deductible amounts and the MBF co-insurance percentage for different services under the Dental Program:

	In-Network	Out-of-Network
Annual Deductible (amount you must pay out-of-pocket to a provider before MBF will issue reimbursement)	\$50/individual \$150/family	\$100/individual \$300/family
Preventive/Diagnostic (not subject to deductible)	100%	80%
Basic Restorative (extractions, fillings, root canals and periodontal treatment)	90%	70%
Major Restorative (crowns, dentures and bridges)	90%	70%
Implants	50%	50%

Vision Care Program



MBF covers members and their eligible dependents for vision care services, which include one eye exam and one pair of glasses or contact lens benefit per year. There are no out-of-pocket costs for most services rendered from a PPO Provider under the Davis Vision network.

Members have access to nearly 225 Davis Vision frames. Many lens options are included at no additional cost to members (such as all ranges of prescriptions, all lens powers, fashion and gradient tinting, oversize lenses, choice of glass or plastic lenses, progressive lenses, Ultraviolet Coating, Scratch-Resistant, Polarized Lenses, Ultra AR Coating among others). The Contact Lens Formulary makes a wide selection of contact lenses available to members, including many of the most popular soft/standard daily-wear, disposable or planned-replacement lenses on the market today.

MBF reimburses costs for services obtained through an out-of-network provider up to \$150 per person per year.

Health Club Reimbursement Program



MBF provides reimbursement to members and for their spouse/domestic partner for membership at an MBF approved health club, after exercising for a minimum of five times per month for six consecutive months. MBF will reimburse up to \$250 per person every six months.

All active City employee members' reimbursements are issued through regular paychecks. State Unified Court System active employee members, as well as all City and State retiree members, are issued reimbursements directly from MBF.

A Form W-2 will be mailed to New York City retirees and a Form 1099 will be mailed to New York State active and retired members in January of the following year for any reimbursements received from MBF during the current calendar year.

This benefit is considered taxable income for the member in the year the reimbursement is received by the member.