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Management Benefits Fund
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Management Benefits Fund

VOICE



*A Newsletter for
Fund Members*

Winter 2009

In this Issue...

A Quick Reference Guide for MBF Programs

- Basic Life and Accidental Death & Dismemberment Insurance
- Group Universal Life (GUL) Insurance
- Long Term Disability (LTD) Insurance
- Superimposed Major Medical Plan (SMMP)
- *Adult Wellness Benefit*
- Dental Benefits Program
- Vision Care Program
- Health Club Reimbursement Program

Quick Reference Guide for Management Benefit Fund 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 cost to members, except for Group Universal Life (GUL) Insurance, which is an additional cost, optional life insurance program for which members pay premiums.

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 benefit booklet section on the MBF Web site at www.nyc.gov/mbf.



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

MBF provides its members with Basic Life Insurance in coverage amounts based on the member's age and salary. Generally, coverage amount is one times the member's annual salary, up to a maximum of \$50,000.

Category	Coverage Amount
Active under age 65	\$15,000 - \$50,000
Active between ages 65-69	\$10,000 - \$34,000
Active ages 70 and over	\$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 (optional for members at an additional cost)

MBF offers additional life and AD&D insurance to active members through the GUL Insurance Program, 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 unmarried dependent 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 tax-deferred contributions 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 member's salary or \$250,000. The member must be enrolled in GUL in order for the spouse/domestic partner to enroll.

The premium rates on GUL Insurance are as follows:

PREMIUM RATES (Effective January 1, 2007)			
Monthly Rates for the Cost of Insurance			
Age of Insured as of prior to January 1	Member Monthly Cost of Insurance/ \$1,000 of Coverage		Spouse/Domestic Partner Monthly Cost of Insurance/\$1,000 of Coverage
	Non-Smoker	Smoker	
Under 30	\$ 0.055	\$ 0.062	\$ 0.043
30-34	0.059	0.072	0.048
35-39	0.074	0.081	0.078
40-44	0.098	0.110	0.115
45-49	0.141	0.163	0.194
50-54	0.227	0.267	0.279
55-59	0.335	0.401	0.436
60-64	0.555	0.669	0.606
65-69	0.966	1.146	0.836
70-74	1.165	1.498	1.502
75-79	1.470	1.918	1.933
80-84	3.208	3.884	4.132
85-89	5.013	6.038	6.996
90-94	7.166	8.662	10.160
95-99	9.527	11.523	13.492

Members may also purchase coverage for each unmarried dependent child between the ages of 15 days and 19 years, or up to age 25 if a full-time student, 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.

Group life, accidental death & dismemberment, and disability coverages are issued by The Prudential Insurance Company of America, Newark, NJ. Contract series 83500, 96945.



Long-Term Disability (LTD) Insurance

MBF provides LTD insurance for active 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 the members 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 for up to 29 months to members receiving LTD. Income received from pension, Social Security and worker's compensation will offset this 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% for prescription drugs).

The following table explains the deductible under the SMMP:

Date of Service	Primary Group Health Coverage	Prescription Drug Plan*/Rider	One Individual	Two Individuals	Three or More Individuals
On or after 1/1/08	Yes	Yes	\$500	\$1,000	\$1,500
7/1/07-12/31/07	Yes	Yes	\$250	\$500	\$750
Prior to 7/1/07	Yes	Yes	None	None	None
On or after 1/1/08	Yes	No	\$2,500	\$5,000	\$7,500
Prior to 7/1/07	Yes	No	\$2,000	\$4,000	\$6,000
7/1/07-12/31/07	Yes	No	Additional \$250**	Additional \$500**	Additional \$750**
All Dates	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 ASO.

** These amounts are in addition to the remaining amount of deductible that the member is still required to meet for 2007.

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

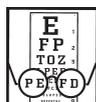
MBF covers members and their eligible dependents for dental services provided under the in-network benefits by a dentist in the Healthplex or SIDS Preferred Provider Organization (PPO). Dental services can also be obtained from an out-of-network provider. Coverage is subject to a specific calendar year deductible (with the exception of preventive and diagnostic care), an annual maximum of \$2,500 for dental services and a lifetime maximum of \$2,500 for orthodontic services.

The benefit year for the Dental program runs from January 1 through December 31 of each year. A *benefit year* is a 12-month period during which members are entitled to receive the maximum potential benefit amount.

Under the Dental program, deductibles and annual benefit maximums accumulate during each benefit year. Once a new benefit year begins, members and their eligible dependents are again entitled to receive maximum benefits as described above, subject to a deductible.

The table below indicates the deductible amounts and the MBF co-insurance percentage for different services under the Dental program (as of July 1, 2007):

	<i>In-Network</i>	<i>Out-of-Network</i>
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 lenses 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, Coating, 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 by an out-of-network provider up to \$150 per person per year.

The benefit year for the Vision Care program runs from January 1 through December 31 of each year. A benefit year is a 12-month period during which members are entitled to receive the maximum potential benefit amount.



Health Club Reimbursement Program

MBF provides reimbursement to each member and his/her 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 issue reimbursement up to \$250 per person every six months. This benefit is paid to the member and is considered taxable income for the member in the year it was paid.