



Office of Labor Relations Management Benefits Fund

22 Cortlandt Street, 28th Floor, New York, NY 10007
Tel: (212) 306-7290 / Fax: (212) 306-7353
nyc.gov/mbf

Renee Campion
Commissioner
Steven H. Banks
First Deputy Commissioner
General Counsel

Georgette Gestely
Director, Employee Benefits Program
Beth Kushner
Deputy Director, Administration
Sang Hong
Deputy Director, Operations

2019

This Management Benefits Fund (MBF) COBRA information and application is for use only for the MBF member or the member’s dependent when electing continuation of the below-indicated MBF Benefit Programs under COBRA. To request COBRA City health plan coverage information and an application, you should contact your agency human resources department or NYCAPS at (212) 487-0500. You may also visit the OLR Health Benefits Program Web site at nyc.gov/hbp.

Dear MBF Member or Member’s Dependent:

You have the option to continue coverage of some or all of the MBF benefit plans under the provisions of the Consolidated Omnibus Budget Reconciliation Act (Public Law 99-2721, Title X), also known as COBRA. These options are:

1. You may elect continuation in the MBF Superimposed Major Medical Plan (SMMP), Dental, and Vision Care Benefit Plans below, at the monthly premium specified.

	<i>Individual</i>	<i>Family</i>
SMMP, Dental & Vision Care	\$58.90	\$138.32

2. You may elect continuation in the MBF Dental and Vision Care Benefit Plans below, at the monthly premium specified.

	<i>Individual</i>	<i>Family</i>
Dental & Vision Care	\$43.43	\$96.39

3. You may elect continuation in the MBF SMMP below, at the monthly premium specified.

	<i>Individual</i>	<i>Family</i>
SMMP only	\$15.47	\$41.93

Please Note: If you do not have primary health coverage through the City or other group health plan, the SMMP deductible is \$10,000 per individual/\$30,000 per family.

These rates are effective as of May 2019 and will remain in effect until further notice.

You are eligible to receive COBRA continuation coverage for 36 months. Please refer to the table below, which details the qualifying events for which you and/or your eligible dependents may be eligible to receive COBRA continuation coverage.

<i>When is COBRA coverage Offered? (Qualifying Event)</i>	<i>To whom is COBRA coverage offered?</i>	<i>For how long is COBRA coverage offered?</i>
<ul style="list-style-type: none"> ● Reduction in hours of member's employment ● Termination of member's employment (including unpaid leaves of absence) for any reason other than gross misconduct ● Member's deferred retirement 	<ul style="list-style-type: none"> ● Employee ● Spouse/Domestic Partner ● Dependent children 	36 months
<i>When is COBRA coverage Offered? (Qualifying Event)</i>	<i>To whom is COBRA coverage offered?</i>	<i>For how long is COBRA coverage offered?</i>
<ul style="list-style-type: none"> ● Death of covered employee 	<ul style="list-style-type: none"> ● Spouse/Domestic Partner ● Dependent children 	36 months
<ul style="list-style-type: none"> ● Divorce ● Legal separation ● Termination of domestic partnership 	<ul style="list-style-type: none"> ● Spouse/Domestic Partner ● Dependent children 	36 months
<ul style="list-style-type: none"> ● Covered employee becomes eligible for Medicare 	<ul style="list-style-type: none"> ● Spouse/Domestic Partner ● Dependent children 	36 months
<ul style="list-style-type: none"> ● Loss of eligible dependent child status 	<ul style="list-style-type: none"> ● Dependent child 	36 months

Please do not send any premium payment with your MBF COBRA application. You will receive a bill from Healthplex, the MBF COBRA Billing Administrator.

For more detailed COBRA information, please visit the MBF Web site at nyc.gov/mbf.

If you have any questions, please contact MBF at (212) 306-7290.

Sincerely,
The City of New York
Management Benefits Fund