SECTION I – ELIGIBILITY

A. Who Is Eligible
B. When Your Coverage Begins
C. Enrolling in the Fund
D. Coordinating Your Benefits
E. When Your Benefits Stop
F. Your COBRA Rights
SECTION I. A
WHO IS ELIGIBLE

YOU
You are eligible to participate in the Fund if you are a full-time or part-time Licensed Practical Nurse of the City of New York Health and Hospitals Corporation.

YOUR SPOUSE OR DOMESTIC PARTNER
Your spouse may be eligible if:
- You and your spouse are legally married. If you and your spouse are legally divorced or legally separated, your spouse is not covered by the Fund.

If you have a domestic partner, you must register with New York City. Call (212) 306-7605 for more information on eligibility and tax consequences.

PLEASE NOTE:
Changes within your family, including separation or divorce of a spouse or regarding the status of your dependent children, must be reported to the Fund immediately, and in no case more than 30 days from the date of the event.

Failure to do so may jeopardize your benefits and result in your being responsible for any benefits provided by the Fund for the period in which your spouse or dependent children were not eligible.
YOUR CHILDREN

Your children are eligible up to his/her 19th birthday if all the following conditions are met:

• He/she is your biological child;
• He/she is your legally adopted child; and
• He/she is not married.

The term children also includes any child who is related to you by blood for whom you have legal guardianship through the court and any child covered by a court-appointed child support order although that child may never be legally adopted.

To be eligible for Life Insurance benefits, each child must be at least 14 days of age and under age 19, or a full-time student under age 23.

For other benefits, each child must be under age 19 or a full-time student under age 23.

AFTER YOUR CHILD REACHES AGE 19

Your child’s coverage may be continued from your child’s 19th birthday up to his/her 23rd birthday if:

• He/she is a full-time matriculated student attending high school or college, not married, not working full-time, living at home or school, and totally dependent on you for support.

Your child is not a dependent if he/she:

• Lives outside of the United States, or
• Is in the military or similar forces of any country or subdivision thereof.

CHILDREN WITH DISABILITIES

If your child is disabled, as described below, coverage for your child may continue after age 19 if all of the following additional conditions are met:

• There is no other coverage available from either a government agency or through a special organization; and
• Your child is not married; and
• Your child became disabled before age 19; and
• You file a properly completed Disability Certification Form with the Fund each year after your child reaches age 19.

Your child is disabled if the Trustees determine, in their discretion, that your child lacks the ability to engage in any substantial gainful activity due to any physical or mental impairment that is verified by a physician and is expected to last for a continuous period of not less than 12 months or to result in death.
SECTION I. B
WHEN YOUR COVERAGE BEGINS

IF YOU ARE A FULL-TIME
1199SEIU LPN

Your coverage begins:
• On the date of your appointment as a full-time Licensed Practical Nurse of the City of New York Health and Hospitals Corporation.

If you are absent from work on the day on which your insurance would normally begin you will become insured on the day you return to active service.

Should there be any increase in benefits while you are absent from work, your increased benefit will become effective when you return to active service and are on the payroll.

IF YOU ARE A PART-TIME
1199SEIU LPN

Your coverage begins:
• On the day you start work.

If you and your spouse are legally divorced or legally separated, your spouse is not covered by the Fund, unless required by court order.

FOR YOUR DEPENDENTS

Coverage for your spouse, domestic partner and/or your children starts at the same time your coverage begins. Any additional dependents become eligible on the day he/she becomes your dependent.

Except for a child at birth, a dependent confined to a hospital or other covered institution when that person would normally be eligible on resumption of normal activities. This does not apply to Life Insurance benefits.

If any of your dependents is eligible under this plan for coverage as an employee, that person is not eligible for this coverage as a dependent. If both you and your spouse or domestic partner are insured under this plan as employees, your children may only be enrolled as dependents of either you or your spouse or your domestic partner, not both.
SECTION I. C
ENROLLING IN THE FUND

TO GET YOUR BENEFITS, YOU MUST FIRST ENROLL

You must fill out an Enrollment Form and send it to the Fund before you will be eligible for benefits.

To enroll in the Fund:

• Get an 1199SEIU LPN Enrollment Form from the Fund office, by calling the Member Services Department at (646) 473-9200 and identifying yourself as a HHC 1199SEIU LPN.

• Completely fill out the form (including the beneficiary section).

The form will ask for information about you and your family, including:

• Your name
• Your address
• Your Social Security number
• Your birth date
• Your marital status
• The names, birth dates and Social Security numbers of each member of your family
• The name and address of your designated beneficiary
• Your spouse’s employer
• Information on other insurance coverage.

After you fill out the form, you should:

• Sign and date the form.

• Include copies of a birth certificate for you, your spouse and your eligible children to be covered and a marriage certificate if you are enrolling your spouse.

• Send the form and any related documents to:

  1199SEIU LPN Welfare Fund
c/o 1199SEIU Benefit Funds
Times Square Station
PO Box 2426
New York, NY 10108-2426

The Fund will not be able to process your enrollment form, and therefore you will not be able to receive benefits, if you do not include all the documents and information required.

LET THE FUND KNOW OF ANY CHANGES

Your claims will be processed faster — and you will receive your benefits more quickly — if the Fund has up-to-date information on you and your family.

You must notify the Fund immediately, and in no case more than 30 days from the date of the event, when:

• You move
• You get married
• You are divorced or legally separated
• You have a new baby
• Your child reaches age 19
• A family member covered by the Fund dies
• You want to change your beneficiary, or
• You change employers.

Fill out an Enrollment Change Card and send it to the Fund’s Member Services Department so that your records can be updated.

Remember to send copies of all the documents needed by the Fund, including:
• Birth certificate(s)
• Adoption papers
• A marriage certificate if you are adding your spouse
• Your separation or divorce papers if you are separated or divorced
• An Affidavit of Domestic Partnership if you are adding your domestic partner
• Any other documents required by the Fund.

An English translation certified to be accurate must accompany foreign documents.

SECTION I. D
COORDINATING YOUR BENEFITS

When you, your spouse or your children are covered by more than one group health plan, the two plans share the cost of your family’s health coverage by “coordinating” benefits.

Here’s how it works:
• One plan is determined to be primary. It makes the first payment on your claim.
• The other plan is secondary. It may pay an additional amount, according to the terms of that plan.

If the Fund is:
• Primary, it will pay your claim in accordance with its Schedule of Allowances and the rules set forth in this Summary Plan Document.
• Secondary, the total amount paid by both plans shall not be more than the Trustees determine as the maximum allowable cost for the medically necessary care provided or 100% of the actual expenses, whichever is less. In no event will the Fund pay more than its Schedule of Allowances.
WHEN YOU AND YOUR SPOUSE ARE BOTH COVERED BY THE FUND

If you and your spouse are both covered by the Fund:

• Each of you may claim the other and your children as dependents; and

• The total amount paid shall not be more than the Trustees determine as the maximum allowable benefit.

WHEN YOU AND YOUR SPOUSE ARE COVERED BY DIFFERENT PLANS

When your spouse is covered by another plan, or benefit coverage is available through your spouse’s employer, the Fund will coordinate payment of your benefits with that Plan.

For your care:

• The Fund is the primary payer. It makes the first payment on your claim.

• Your spouse’s plan is your secondary payer. It may cover any remaining balance, according to the terms of that plan.

For your spouse’s care:

• Your spouse’s plan is the primary payer.

• The Fund is your spouse’s secondary payer.

When submitting a claim for your spouse’s care, you must include a statement from your spouse’s plan showing what action they have taken.

WHEN CHILDREN ARE COVERED BY BOTH PARENTS

If you and your spouse both have dependent coverage, benefits for your children are coordinated as follows:

• The primary payer is the plan of the parent whose birthday is earlier in the year.

• The other parent’s plan is the secondary payer.

EXAMPLE:

The mother’s birthday is March 11 and the father’s birthday is July 10. Since the mother’s birthday is earlier than the father’s birthday, her plan is the primary payer for her children’s benefits.

In the case of a divorce or separation, these rules will continue to apply except where a court order requires otherwise.
SECTION I. E
WHEN YOUR BENEFITS STOP

Your coverage ends when any of the following events occurs:
• You leave employment
• You are no longer eligible
• Group Policy ceases

Your dependent's insurance ends when any of the following events occurs:
• Insurance ends
• The dependent is no longer an eligible dependent

YOUR HIPAA RIGHTS

When your Fund coverage ends, a federal law – the Health Insurance Portability and Accountability Act (HIPAA) – protects you if your new health plan excludes pre-existing conditions.

When your Fund coverage ends, under HIPAA you and/or your dependents are entitled by law to, and will be provided with, a Certificate of Creditable Coverage. Certificates of Creditable Coverage indicate the period of time you and/or your dependents were covered under the Fund (including COBRA coverage), as well as certain additional information required by law. The Certificate of Creditable Coverage may be necessary if you and/or your dependents become eligible for coverage under another group health plan, or if you buy a health insurance policy within 63 days after your coverage under this Fund ends (including COBRA coverage). The Certificate of Creditable Coverage is necessary because it may reduce any exclusion for pre-existing coverage periods that may apply to you and/or your dependents under the new group health plan or health insurance policy.

The Certificate of Creditable Coverage will be provided to you shortly after this Fund knows, or has reason to know, that coverage (including COBRA coverage) has ended. The Certificate of Creditable Coverage will also be provided once the Fund Office receives a written request, provided that the request is received within two (2) years after the later of the date your coverage under the Fund ended or the date your COBRA coverage ended. Accordingly, the Fund will provide you with Certificates of Creditable Coverage showing when you were covered by the Fund:
• on your request, within 24 months after your Fund coverage ceases;
• when you are entitled to elect COBRA (see page 19);
• when your coverage terminates, even if you are not entitled to COBRA (see page 23), and
• when your COBRA coverage ceases.
You should retain these Certificates of Creditable Coverage as proof of prior coverage for your new health plan. For further information, call the Member Services Department of the Fund at (646) 473-9200.

**PRIVACY OF PROTECTED HEALTH INFORMATION**

HIPAA also imposes certain confidentiality and security obligations on the Fund with respect to medical records and other individually identifiable health information used or disclosed by the Fund. HIPAA also gives you rights with respect to your health information, including certain rights to receive copies of the health information that the Fund maintains about you, and knowing how your health information may be used. A complete description health information, and your other rights under HIPAA’s privacy rules is available in the Fund’s “Notice of Privacy Practices,” which is distributed to all named participants. Anyone may request an additional copy of this Notice by contacting the Fund office.

SECTION I. F
YOUR COBRA RIGHTS

Under the federal law commonly known as COBRA, you, your spouse and your children have the option of extending your group health care coverage for the benefits described in this SPD for a limited period of time in certain instances where group health coverage under the Fund would otherwise end (called a **qualifying event**). A qualified beneficiary is someone who will lose group health coverage under the Fund because of a qualifying event.

Continuation coverage is available on a **self-pay** basis. This means that you, your spouse and your children pay monthly premiums directly to the Fund to continue your group health coverage.

This section summarizes your rights and obligations regarding COBRA continuation coverage. You and your spouse should read it carefully. For more information, contact the Fund’s COBRA department at (646) 473-6815.

If you elect to continue your coverage, you, your spouse and/or your children will receive the same coverage that you were receiving right before you lost your coverage. This may include dental, vision and prescription coverage.

However, note that Life Insurance, Accidental Death and Dismemberment, and Legal benefits are not covered by COBRA continuation coverage.
In addition, a child born to or placed for adoption with you while you are receiving COBRA continuation coverage will also be covered for benefits by the Fund. The maximum coverage period for such child is measured from the same date as for other qualified beneficiaries with respect to the same qualifying event (and not from the date of the child’s birth or adoption).

WHEN AND FOR HOW LONG YOU ARE COVERED

How long you, your spouse and your children can extend health coverage will depend upon the nature of the qualifying event.

18 MONTHS COVERAGE – YOU, YOUR SPOUSE, YOUR ELIGIBLE CHILDREN

You, your spouse and your eligible children may have the right to elect COBRA continuation coverage for a maximum of 18 months if coverage is lost as a result of one of the following qualifying events:

- The number of hours you work are reduced, resulting in a change in your Eligibility Class or
- Your employment is terminated for reasons other than gross misconduct on your part.

Note that when the qualifying event is the end of your employment or reduction of your hours of employment, and when you became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for your spouse and eligible children can last up to 36 months after the date of Medicare entitlement.

Being on a Family and Medical Leave of Absence is not a qualifying event for COBRA. If you do not return to work, you will be considered to have left your job, which may lead to a qualifying event.

You may be eligible for COBRA continuation coverage if you lose your Fund coverage because your employer has filed a Title 11 bankruptcy proceeding.

Please contact the Plan Administrator if this occurs.

36 MONTHS COVERAGE – YOUR SPOUSE

Under certain circumstances, your spouse may have the right to elect COBRA continuation coverage for a maximum of 36 months. These include:

- You die or
- You and your spouse become divorced or legally separated or
- You become entitled to Medicare.

EXTENDED COVERAGE

Second Qualifying Event Extension

Additional qualifying events can occur while continuation coverage is in effect. If your family experiences
another qualifying event while receiving 18 months (or in the case of a disability extension, 29 months) of COBRA continuation coverage, the spouse and children receiving COBRA continuation coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Fund.

This extension may be available to the spouse and any children receiving COBRA continuation coverage if:

- You die;
- You become entitled to Medicare;
- You get divorced or legally separated; or
- If the child stops being eligible as a dependent child, but only if the additional qualifying event would have caused a loss of coverage had the initial qualifying event not occurred.

This extension due to a second qualifying event is available only if you notify the Fund of the second qualifying event within 60 days after the later of:

- The date of the second qualifying event;
- The date on which the qualified beneficiary would have lost coverage as a result of the second qualifying event if it had occurred while the qualified beneficiary was still covered; or
- The date on which the qualified beneficiary is informed of COBRA’s requirements, through the furnishing of this SPD, of both the responsibility to provide and the procedures for providing notice of the second qualifying event.

DISABILITY EXTENSION

If you are disabled as determined by the New York City Employees’ Retirement System, or your spouse or a child covered under the Fund is determined by the Social Security Administration to be disabled and you notify the Fund in a timely fashion, you, your spouse and children may be entitled to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability must have started at some time before the 60th day of the initial 18-month continuation period and must last at least until the end of the 18-month period of continuation coverage. (Note: If the disabled qualified beneficiary is a child born to or adopted by you during the initial 18-month continuation period, the child must be determined to be disabled during the first 60 days after the child was born or adopted.)

The disability extension is available only if you notify the Fund of the disability determination within 60 days after the later of:

- The date of the disability determination
- The date of the qualifying event
• The date on which the qualified beneficiary loses (or would lose) coverage as a result of the qualifying event or
• The date on which the qualified beneficiary is informed, through the furnishing of this SPD, of both the responsibility to provide and the procedures for providing notice of the disability determination but before the end of the first 18 months of COBRA continuation coverage.

YOU MUST NOTIFY THE FUND TO OBTAIN COBRA CONTINUATION COVERAGE

Under the law, you, your spouse, or your children are responsible for notifying the Fund if:
• You and your spouse are divorced or legally separated
• Your child is no longer an eligible dependent.

You must notify the Fund at (646) 473-9200 or at P.O. Box 1036, New York, NY 10108 within 60 days after the later of (i) the date of the qualifying event; (ii) the date on which the qualified beneficiary loses (or would lose coverage) as a result of the qualifying event; and (iii) the date on which the qualified beneficiary is informed through the furnishing of this SPD, of both the responsibility to provide and the procedures for providing notice of a qualifying event.

Your employer is responsible for notifying the Fund within 30 days if coverage is lost because:
• Your hours or days are reduced
• Your employment terminates
• You become entitled to Medicare, or
• You die.

INFORMING YOU OF YOUR RIGHTS

After the Fund is notified of your qualifying event, you will receive information on your COBRA rights. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

If you decide to elect COBRA coverage, you, your spouse or your children have to notify the Fund of your decision within 60 days of the date (whichever is latest) that:
• You would have lost your Fund coverage, including extensions
• You are notified by the Fund of your right to elect COBRA coverage.

In order for your election to be timely and valid, your election form must be:
• Actually received by the Fund office on or before the 60-day period noted above at PO Box 1036, New York, NY 10108 or
- Mailed to the Fund office and postmarked on or before the 60-day period noted above.

If you or your spouse or dependent children do not choose COBRA continuation coverage in a timely manner, your group health coverage under the Fund will end and you will lose your right to elect continuation coverage.

Even if you decide not to receive COBRA coverage when you qualify, your spouse and each of your children, if eligible, have a right to choose this coverage.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you may lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you may lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you.

With respect to other health plans, you should also take into account that you have special enrollment rights under federal law.

You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying event.

You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

**COST OF COBRA COVERAGE**

Each qualified beneficiary is required to pay the entire cost of COBRA continuation coverage.

**WHEN COBRA COVERAGE ENDS**

Your COBRA continuation coverage may end before the end of the applicable 18-, 29-, or 36-month coverage period when:

- Your employer ceases to be a contributing employer to the Fund, except under circumstances giving rise to a qualifying event for active employees
- The Fund is terminated
- Your premium for your coverage is not paid on time (within any applicable grace period)
- You, your spouse or your children get coverage under another group health plan which does not include a pre-existing condition clause that applies to you, your spouse or your children (as applicable)
- A qualified beneficiary becomes entitled to Medicare, or
• Coverage had been extended for up to 29 months due to a disability and there has been a final determination that the qualified beneficiary is no longer disabled.

Continuation coverage may also be terminated for any reason the Fund would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

Notice from one individual will satisfy the notice requirement for all related qualified beneficiaries affected by the same qualifying event.

If there is a determination that the individual is no longer disabled, this extended period of COBRA coverage will end as of the last day of the month that begins more than 30 days after the determination that the individual is no longer disabled. The disabled individual or a family member is required to notify the Fund office within 30 days of any such determination.

You do not have to show that you are insurable to elect this continuation coverage. However, you must be eligible for coverage under the Fund to be eligible for COBRA continuation coverage. The Plan Administrator reserves the right to end your COBRA continuation coverage retroactively if you are found to be ineligible for coverage.

Once your COBRA coverage has stopped for any reason, it can’t be reinstated.

Claims incurred by you will not be paid unless you have elected COBRA coverage and pay the premiums, as required by the Plan Administrator.

This description of your COBRA rights is only a general summary of the law. The law itself must be consulted to determine how the law would apply in any particular circumstance.

If you have any questions about COBRA continuation coverage, please call the Fund at (646) 473-6815.

REMEMBER TO NOTIFY THE FUND IMMEDIATELY IF:
• You get married
• You get divorced or legally separated
• You or your spouse move, or
• Your child is no longer an eligible dependent.