DEFINITIONS

Qualified Beneficiary means a person covered by one of the City health plans immediately before a Qualifying Event. A Qualified Beneficiary may be an employee, the spouse of a covered employee, the domestic partner of an employee, or the dependent child of a covered employee. This includes a child who is born to or placed for adoption with a covered employee during the employee's COBRA coverage period if the child is enrolled within the health plan's Special Enrollment Provision for newborns and adopted children. This also includes a child who was receiving benefits under a health plan pursuant to a Qualified Medical Child Support Order (QMCSO) immediately before the Qualifying Event.

Qualifying Event means Loss of Coverage due to one of the following:

- The death of the covered employee.
- Voluntary or involuntary termination of the covered employee's employment (other than for gross misconduct).
- A reduction in work hours of the covered employee.
- Divorce of the covered employee from the employee's spouse. (Also, if an employee terminates coverage for their spouse in anticipation of a divorce, and a divorce later occurs, then the later divorce may be considered a Qualifying Event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the health plan in writing within 60 calendar days after the divorce or and can establish that the coverage was originally eliminated in anticipation of the divorce, then COBRA coverage may be available for the period after the divorce or legal separation.)
- Termination of a domestic partner registration.
- The covered former employee becomes enrolled in Medicare.
- A dependent child no longer qualifies as a dependent as defined by the Health Benefits Program.

Loss of Coverage means any change in the terms or conditions of coverage in effect immediately before a Qualifying Event. Loss of Coverage includes a change in coverage terms, a change in plans, termination of coverage, partial Loss of Coverage, an increase in employee cost, and other changes that affect terms or conditions of coverage. Loss of Coverage does not always occur immediately after a Qualifying Event, but must always occur within the applicable 18- or 36-month coverage period. A Loss of Coverage that is not caused by a Qualifying Event may not trigger COBRA rights.

IF YOU HAVE QUESTIONS

Questions concerning your health plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

The Plan Administrator:

New York City Health Benefits Program
22 Cortlandt Street, 12th Floor
New York, NY 10007

SECTION IV – UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994

INTRODUCTION

Employers are required to offer COBRA-like health care continuation coverage to persons in the armed service if the absence for military duty would result in a loss of coverage. Employees on leave for military service must be treated as if they are on leaves of absence and are entitled to any other rights and benefits accorded to similarly situated employees on leaves of absence or furloughs. If an employer has different types of benefits available depending on the type of leave of absence, the most favorable comparable leave benefits must apply to employees on military leave. Reinstatement following a military leave of absence may not be subject to Waiting Periods.

COVERAGE

The maximum length of health care continuation coverage required under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) is the lesser of:

- 24 months beginning on the day that the uniformed service leave begins, or
- A period beginning on the day that the service leave begins and ending on the day after the employee fails to return to or reapply for employment within the time allowed by USERRA.

USERRA NOTICE AND ELECTION

An employee or an appropriate officer of the uniformed service in which their service is to be performed must notify the employer that the employee intends to leave the employment position to perform service in the uniformed services. An employee should provide notice as far in advance as is reasonable under the circumstances. The employee is excused from giving notice due to military necessity, or if giving notice is otherwise impossible or unreasonable under the circumstances.

Upon notice of intent to leave for uniformed service, employees will be given the opportunity to elect USERRA continuation. Dependents do not have an independent right to elect USERRA coverage. Election of, payment for, and termination of the USERRA extension will be governed by the same requirements set forth under the COBRA Continuation of Coverage section, to the extent the COBRA requirements do not conflict with USERRA.

PAYMENT

If the military leave orders are for a period of 30 days or less, the employee is not required to pay more than the amount they would have paid as an active employee. For periods of 31 days or longer, if an employee elects to continue health coverage pursuant to USERRA, such employee and covered dependents will be required to pay up to 102% of the full premium for the coverage elected.

EXTENDED COVERAGE RUNS CONCURRENTLY

Employees and their dependents may be eligible for both COBRA and USERRA at the same time. Election of either the COBRA or USERRA extension by an employee on leave for military service will be deemed an election under both laws, and the coverage offering the most benefit to the employee will generally be extended. Coverage under both laws will run concurrently. Dependents who choose to independently elect extended coverage will be deemed eligible for the COBRA extension only because they are not eligible for a separate, independent right of election under USERRA.

SECTION V – SPECIAL ENROLLMENT PROVISION

UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The health plans offered by the New York City Health Benefits Program give an eligible person special enrollment rights if the person experiences a qualifying event such as loss of other health coverage or a change in family status as explained below.

LOSS OF HEALTH COVERAGE

You and your dependents may be eligible to enroll for City health coverage if you experience a qualifying event or loss of other coverage.

In order for you to be eligible for special enrollment rights, you must meet the following conditions:

- You and/or your dependents were covered under a group health plan or health insurance policy at the time coverage under the New York City Health Benefits Program was offered; and
- The coverage under the other group health plan or health insurance policy was:
    - COBRA continuation coverage and that coverage was exhausted; or
    - Terminated because the person was no longer eligible for coverage under the terms of that plan or policy; or
    - Terminated and no substitute coverage was offered; or
    - No longer receiving any monetary contribution toward the premium from the employer.

You or your dependent must request and apply for City health coverage no later than 30 calendar days after the date the other coverage ended.

You and/or your dependents were covered under a Medicaid plan or state child health plan and coverage for you or your dependents was terminated due to loss of eligibility. You must request City health coverage within 30 days after the date of termination of such coverage.

You or your dependents may not enroll for City health coverage due to loss of health coverage under the following conditions:

- Coverage was terminated due to failure to pay timely premiums or for cause, such as making a fraudulent claim or an intentional misrepresentation of material fact, or
- You or your dependent voluntarily canceled the other coverage, unless the current or former employer no longer contributed any money toward the premium for that coverage.

NEWLY ELIGIBLE FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHILDREN'S HEALTH INSURANCE PROGRAM

A current employee and their dependents may be eligible for a special enrollment period if the employee and/or dependents are determined eligible, under a state's Medicaid plan or state child health plan, for premium assistance with respect to City health coverage. The employee must request coverage under this Plan within 30 days after the date the employee and/or dependents are determined to be eligible for such assistance.

CHANGE IN FAMILY STATUS

Current employees and their dependents, COBRA Qualified Beneficiaries, and other eligible persons have special opportunities to enroll for City health coverage if they experience changes in family status. Retired employees who are Covered Persons have special opportunities to enroll newly acquired dependents for City health coverage if they experience changes in family status.

If a person becomes an eligible dependent through marriage, registration of domestic partnership, birth, adoption or placement for adoption, the employee, spouse, and newly acquired dependent(s) who are not already enrolled may enroll for City health coverage during a special enrollment period. The employee must request and apply for coverage within 30 calendar days of the marriage, registration of domestic partnership, birth, adoption, or placement for adoption.