

If you wish to:

- Continue your current coverage in the Empire Blue Cross Blue Shield Network, (in-network only) and the Welfare Fund; Do nothing your coverage will continue in effect.
- Make changes to your current dependents and coverage category; Complete the Enrollment/Change form. On the form include the names of the eligible dependents that you wish covered. **Do not include dependents that are not to be enrolled.**
- Wave coverage or disenroll from coverage; Complete, sign and return the Enrollment Waiver (Opt-out) form to your center's bookkeeper

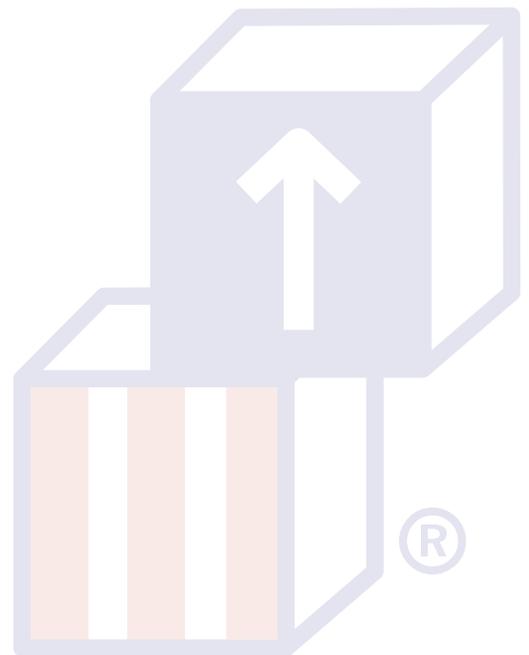
Whatever your decision, you must submit the appropriate form to the Fund Office no later than March 16, 2018 for their approval and verification.

Please note this is your only chance during the year to make any plan changes for the upcoming plan year unless you experience a Special Enrollment Event (see page 1). **Therefore, please follow the instructions carefully and refer to the appropriate parties should questions arise. The Fund will not recognize any Enrollments received after the Open Enrollment deadline.**

Please contact the Fund office or your center bookkeeper if you have any further questions.

Sincerely,

Randy Paul,
Fund Administrator



Open Enrollment March 1 - March 15, 2018

If you are not currently enrolled in the plan and want to enroll or if you want to make changes to your benefit elections, you must complete and return the open enrollment documents included in this packet to your center bookkeeper and returned to the Fund Office by March 16, 2018.

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Open Enrollment March 1 - March 15, 2018

If you are currently enrolled in the plan and do not want to make changes to your current coverage, no action is necessary. Your current elections will rollover and continue into the new contract year effective April 1, 2018.

If you are not currently enrolled in the plan and want to enroll or if you want to make changes to your benefit elections, complete and submit the enclosed Enrollment/Change form or Enrollment Waiver form. If your enrollment is not completed during the open enrollment period, you will have to wait until next year's open enrollment to apply for coverage.

Please note this is the only time you will be allowed to change your benefit elections without experiencing a Special Enrollment Events that will make you eligible for the plan. View page one (1) for more information on Special Enrollment Events.

Open Enrollment Elections Become Effective April 1, 2018

Disclaimer:

This brochure provides only a brief summary of the benefits available under the District Council 1707, Local 95 Head Start Employees Welfare Fund Plan.



Open Enrollment March 1 - March 15, 2018

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ENROLLING IN THE PLAN

How to Enroll

If you are currently enrolled in the plan and ***do not want to make changes*** to your current coverage, ***no action is necessary***. Your current elections will rollover and continue into the new contract year beginning April 1, 2018.

If you are not currently enrolled in the plan and want to enroll or if you want to make changes to your health insurance benefit elections, you **MUST** complete and return to your center bookkeeper an Enrollment/Change form included in this packet. This must be received by the Fund Office by March 16, 2018. Please follow the instructions carefully.

Once you have made your elections, you will not be able to make changes to your benefits until the next open enrollment period unless you experience a Special Enrollment Event that makes you eligible for the plan.

What Happens if I Don't Enroll

If your enrollment is not completed within the open enrollment period, you will have to wait until the next year's open enrollment period to apply for coverage.

Special Enrollment Events

Loss of Eligibility for Other Coverage

If you declined enrollment for you or your dependents (including your spouse) in the Plan, and you sign this enrollment waiver form, you may be able to enroll your dependents and you in the Plan if you or your dependents subsequently lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request special enrollment within 60 days of the loss of eligibility.

Marriage, Birth, Adoption or Placement for Adoption

You, your spouse and your new dependents may be permitted to special enroll because of marriage, birth, adoption, or placement for adoption. You must request special enrollment within 60 days of the event.

Eligibility or Loss of State Assistance

A special enrollment right also arises for you and your dependents who lose coverage under a State Children's Health Insurance Program (CHIP) or Medicaid, or who are eligible to receive premium assistance under those programs. You must request special enrollment within 60 days of the loss of eligibility.

Action is Required!

If you are not currently enrolled in the plan and want to enroll or if you want to make changes to your benefit elections, you must complete and return the Enrollment/Change form to your center bookkeeper and must be received by the Fund Office by March 16, 2018 to be enrolled in coverage as of April 1, 2018.

If you do not require coverage, you must complete and return the health insurance Enrollment Waiver form to your center bookkeeper.

Questions?

For questions about member eligibility please contact the Welfare Fund at 212-343-1660.

Open Enrollment March 1 - March 15, 2018

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WHO IS ELIGIBLE FOR WELFARE FUND BENEFITS?

Your Eligibility

You are eligible for Fund coverage if you are an employee of a New York City Head Start delegate agency covered under the Collective Bargaining Agreement or a Participation Agreement between District Council 1707 Head Start Local 95 Community and Social Agency Employees Union (“CSAEU”) and the New York City Head Start Sponsoring Board Council, and contributions to the Fund are being made on your behalf. Your coverage begins on the first day of the month following the completion of 30 days of employment; or the first day of the month following the completion of 30 days of employment in which the Fund receives the completed Fund enrollment form, if later.

Management or other Non-Union Employees

Management or other non-union employees of a New York City Head Start delegate agency are eligible for Medical benefits (for certain eligible employees) administered through the Fund.

Your Dependents’ Eligibility

Generally, coverage for your dependents begins at the same time your coverage begins, provided that they are enrolled in the family plan and contributions to the Fund are being made on their behalf.

Your eligible dependents are:

- Your spouse (a partner to a marriage legally recognized in the jurisdiction in which it is performed), unless legally separated.
- Your domestic partner*, who is:
 - at least 18 years of age;
 - neither married to you or any other person nor related to you by blood in a manner that would bar marriage in New York State;
 - someone with whom you have a close, committed personal relationship; and
 - someone with whom you currently live and have been living with on a continuous basis.
- Your children whether or not married, until they reach age 26;
 - Group health insurance benefits are available to eligible dependents until the dependent reaches age 26, regardless of their student status, financial dependency, residency, employment or any combination of those factors, except that, prior to January 1, 2014, if the dependent is eligible to receive coverage under a group health plan of the dependent’s employer, the dependent will not be eligible for coverage under the Fund’s health insurance benefits.
 - Under Michelle’s law, a dependent student on a medically necessary leave of absence will continue to be covered for 12 months. This rule will apply to your dependent only if the period of coverage under Michelle’s law is greater than coverage provided to eligible dependents until age 26.
 - Your child’s spouse and your child’s children (your grandchildren) are not eligible for coverage.
- Your unmarried children, regardless of age, who are unable to support themselves because of a physical or mental disability (all as defined under the New York Mental Hygiene Law), provided the incapacitating condition started before age 23;

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WHO IS ELIGIBLE FOR WELFARE FUND BENEFITS?

- Your adopted children from the moment of birth, provided that you take custody of the infant as soon as the infant is released from the hospital after birth and an adoption petition is filed with New York State within 30 days of the infant's birth, even if the adoption is not yet final. However, adopted newborns will not be covered from the moment of birth if: (1) the health insurance of the child's natural parents covers the newborn's initial hospital stay; (2) a notice revoking the adoption has been filed; or (3) one of the natural parents revokes their consent to the adoption.

For purposes of eligibility, your dependent children include your stepchildren and the children of your domestic partner.

Your foster children are not eligible for coverage.

*In order to enroll a domestic partner under a benefit plan offered through the Fund, you must present proof evidencing financial interdependence for at least 12 months and provide a copy of a signed and notarized Declaration of Domestic Partnership to the Fund. Contact the Fund office at 212-343-1660 for more information about Domestic Partner benefits.

Adding Eligible Adult Dependents

To add eligible dependents under age 26, who are not currently participating in the plan to your health insurance, you must complete and return the Adult Dependent Election and Eligibility form to your center bookkeeper. Adult Dependent Election and Eligibility forms can be obtained by calling the Welfare Fund office at 212-343-1660

TYPES OF COVERAGE

Coverage Available

- **Employee:** covers the employee only.
- **Family:** covers the employee, his/her legal spouse or domestic partner, and their child or children.

The Empire Blue Cross network benefit

offers members exceptional provider choice through an extensive network, with no referrals to specialists needed. In-network coverage only, with access to medical practitioners and acute care hospitals as well as access to physicians and hospitals is available across all 50 states.

MONTHLY CONTRIBUTION RATES

Employee Monthly Contribution Schedule

Employee	Family
\$92.57	\$240.69

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WAIVING-OUT OF THE PLAN

You may waive-out of enrollment in the Local 95 Head Start Employees Welfare Fund and its benefits if you are enrolled in another insurance plan or qualify for other assistance by providing the enclosed Enrollment Waiver form signed and returned, to your center bookkeeper for processing. Your disenrollment in the Fund and its benefits will be effective April 1, 2018 provided that we receive the Enrollment Waiver form within the required deadline.

Should you elect not to enroll in the Fund you will not be able to join the health insurance plan at a later date until the next open enrollment period unless you experience a Special Enrollment Event that would allow you the opportunity to enroll.

PERMITTED ELECTION CHANGE EVENTS

Change in Status

Qualifying changes in status include events that change your legal marital status or the number of your dependents. Qualifying changes in status also include the following events that cause you, your spouse, or your dependent to become (or cease to be) eligible under the Plan: changes in employment status; a change in place of residence; and your dependent attaining a certain age or any similar circumstance.

Significant Cost or Coverage Changes

A change in cost means a significant increase or decrease in your cost for an option offered under the Plan that occurs during the year. A change in coverage means the addition of a new benefit option, the elimination of an existing benefit option, or a significant change in an existing benefit under the Plan, or the plan in which your dependents (including your spouse) are enrolled.

Judgment, Decree, or Order

If a court has ordered you to cover a spouse or minor children, you must add the spouse and minor children as directed in the court order.

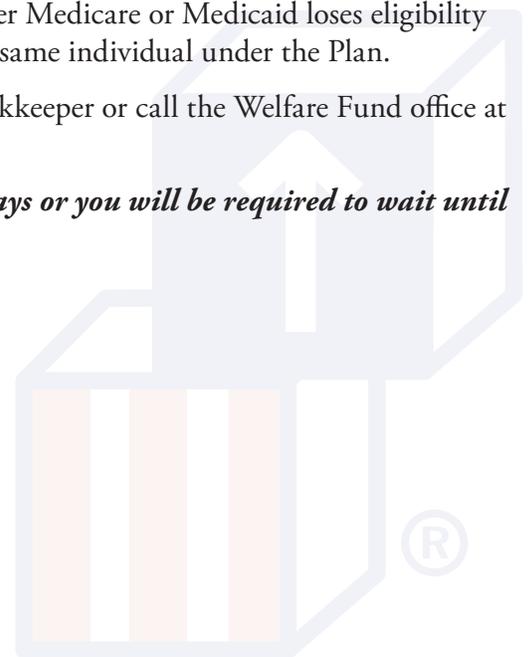
Loss of Entitlement to Medicare or Medicaid

If you, your spouse, or your dependent who has been entitled to coverage under Medicare or Medicaid loses eligibility for such coverage, you may be permitted to enroll or increase coverage for the same individual under the Plan.

If you have any questions regarding this option please contact your center bookkeeper or call the Welfare Fund office at 212-343-1660.

** All election changes or special enrollments must be received within 60 days or you will be required to wait until the next year's open enrollment.*

If you do not require coverage, you must sign the health insurance Enrollment Waiver form and return the form to your center bookkeeper. The Fund must receive all waivers by March 16, 2018



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Empire Blue Cross Blue Shield In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-800-633-5568

Provider Website: www.anthem.com or 1-800-810-BLUE

Benefit Highlights			
	Office or Free-Standing Facility	In-Network	Out-of-Network
	Office Visit Copay	\$ 20 Copay	N/A
	Diagnostic Lab Copay Per Visit	\$ 20 Copay	N/A
	Diagnostic Radiology Copay Per Visit	\$ 20 Copay	N/A
	Dependent Office Visit Copay	\$ 20 Copay	N/A
	Dependent Diagnostic Lab Copay Per Visit	\$ 20 Copay	N/A
	Dependent Diagnostic Radiology Copay Per Visit	\$ 20 Copay	N/A
	Individual Deductible	\$ 0	N/A
	Family Deductible	\$ 0	N/A
	Coinsurance	10%	N/A
	Individual Coinsurance Maximum	\$ 2,500 Medical Coins. Max \$ 2,500 Prescription Coins. Max	N/A
	Family Coinsurance Maximum	\$ 5,000 Medical Coins. Max \$ 5,000 Prescription Coins. Max	N/A
	Emergency Room Facility Copay	\$ 100 Copay	\$ 100 Copay
	Emergency Room Professional Charge	Coinsurance*	Coinsurance*
	Dependent Child Age	Age 26 EOM	Age 26 EOM

Inpatient Hospital Services Performed and Billed by a Hospital			
	Limitations	In-Network	Out-of-Network
Inpatient Hospital Coverage	PRECERT: YES	Coinsurance	No Coverage
Skilled Nursing Facility Care	PRECERT: YES	Coinsurance	No Coverage
Inpatient Admission for Medical Rehabilitation (i.e. PT, Physical Medicine and Rehabilitation)	PRECERT: YES 30 days per calendar year	Coinsurance	No Coverage
Hospice Care Inpatient and Outpatient	PRECERT: YES 210 days per lifetime	Coinsurance	No Coverage

Inpatient Hospital Services Performed and Billed by a Hospital or Facility			
	Limitations	In-Network	Out-of-Network
Pre-Admission Testing		\$ 100 Copay plus Coinsurance	No Coverage
Ambulatory Surgery facility charge	PRECERT: YES	\$ 100 Copay plus 10% Coinsurance	No Coverage
Ambulatory Surgery facility charge (OPD hospital)	PRECERT: YES	\$ 100 Copay plus Coinsurance	No Coverage
Home Health Care Services	PRECERT: YES 200 visits per calendar year	20% Coinsurance	No Coverage
Diagnostic Lab	For dependent copay refer to the Dependent Diagnostic Lab Copay	\$ 100 Copay plus 10% Coinsurance	No Coverage
Diagnostic Radiology	PRECERT: YES In-Network Radiology Services Only	\$ 100 Copay plus 10% Coinsurance	No Coverage
Preventive Mammography and Pap Smear & Prostate Screening		Covered in Full	No Coverage

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Empire Blue Cross Blue Shield In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-800-633-5568

Provider Website: www.anthem.com or 1-800-810-BLUE

Medical Services performed and billed by a Physician or other Medical Provider in an office visit setting			
	Limitations	In-Network	Out-of-Network
Dependent Office Visit Copay ²	Coverage effective until end of month	\$20 copay	No Coverage
Dependent Diagnostic Lab Copay	Coverage effective until end of month	\$20 copay	No Coverage
Dependent Diagnostic Radiology Copay	Coverage effective until end of month	\$20 copay	No Coverage
Adult Office Visit Copay ²		\$20 copay	No Coverage
Specialist Office Visits ²	For dependent copay refer to the Dependent Office Visit Copay	\$20 copay	No Coverage
Maternity Pre-Postnatal Care		Covered in Full	No Coverage
Adult Annual Physical Check-Up		Covered in Full	No Coverage
Preventive Mammography and Pap Smear & Prostate Screening		Covered in Full	No Coverage
Chiropractic Care ²	For dependent copay refer to the Dependent Office Visit Copay	\$20 copay	No Coverage
Physical Therapy, Osteopathic Manipulation, Occupational Therapy ²	30 visits per calendar: For dependent copay refer to Dependent Office Visit Copay	\$20 copay	No Coverage
Speech Therapy ²	10 visits per calendar: For dependent copay refer to Dependent Office Visit Copay	\$20 copay	No Coverage
Outpatient Surgery	Office, OP Hospital, Ambulatory Freestanding	\$20 copay	No Coverage ¹
Inpatient Surgery		Coinsurance	No Coverage ¹
Durable Medical Equipment (DME)	PRECERT : YES When amount is > \$2,000	Coinsurance	No Coverage
Diagnostic Lab	Providers office / Free Standing Facility; For dependent copay refer to the Dependent Diagnostic Lab Copay	\$20 copay	No Coverage ¹
Diagnostic Radiology	Providers office / Free Standing Facility Pre-cert required In-Network only; For dependent copay refer to the Dependent Diagnostic Radiology Copay	\$20 copay	No Coverage ¹
Well Baby and Child Care			
	Limitations	In-Network	Out-of-Network
Well baby and Well Child Care Including Immunizations		Covered in Full	No Coverage
Emergency Coverage			
	Limitations	In-Network	Out-of-Network
Emergency Room Facility Copay	ER Copay waived if admitted	\$ 100 copay	\$75 copay
Emergency Room Professional Charge		10% Coinsurance*	Coinsurance*

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Empire Blue Cross Blue Shield In-Network Summary of Health Insurance Benefits

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Provider Website: www.anthem.com or 1-800-810-BLUE

Emergency Coverage			
	Limitations	In-Network	Out-of-Network
Ground Ambulance		Coinsurance*	Covered at 100% of the usual & customary charge, In-Network Coinsurance
Emergency Admission Facility Charge		Coinsurance*	Coinsurance*
Emergency Admission Professional Charge		Coinsurance*	Coinsurance*
Inpatient Mental Health & Chemical Dependency			
	Limitations	In-Network	Out-of-Network
Inpatient Mental Health	PRECERT: YES	Coinsurance	No Coverage
Chemical Dependency: Detoxification	PRECERT: YES	Coinsurance	No Coverage
Chemical Dependency: Rehabilitation	PRECERT: YES	Coinsurance	No Coverage
Outpatient Mental Health & Chemical Dependency in an office visit setting			
	Limitations	In-Network	Out-of-Network
Outpatient Chemical Dependency ²	Up to 30 family visits: For dependent copay refer to the Dependent Office Visit Copay	\$20 copay	No Coverage
Outpatient Mental Health ²	For dependent copay refer to the Dependent Office Visit Copay	\$20 copay	No Coverage
Prescription Coverage			
	Deductible Individual / Family	Deductible Applies to:	Retail Threshold
Pharmacy Out-of-Pocket Maximum	Individual: \$ 2,500 Family: \$ 5,000	no deductible	
	Limitations	Retail Rx Tier 1 / Tier 2 / Tier 3	Mail Order Rx Tier 1 / Tier 2 / Tier 3
Rx Copay		\$10 generic *\$25 Brand Preferred *\$50 Non-Preferred Brand	\$10 generic *\$25 Brand Preferred *\$50 Non-Preferred Brand
<p>*The greater of \$25 Brand-Preferred / \$50 Non-Preferred or 25% of the cost of the medication. If there is a Generic equivalent the member's share will be the copay plus the difference in the cost between the Generic and Brand drug. The Emergent Charge is 100% at 90%ile of Fair Health. Members are responsible for any applicable cost-sharing including the difference between Empire Blue Cross Blue Shield's payment and a Non-Participating / Non-Network Provider's charge.</p> <p>1 - Non participating providers (anesthesiologist, radiologist, pathologist, asst surgeon) in a network hospital, facility, OPD, ambulatory facility or office are subject to the Non Emergent Charge 100% at 90%ile of Fair Health. Members are responsible for any applicable cost-sharing including the difference between payment and a Non-Participating / Non-Network Provider's charge.</p> <p>The benefits described here in are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.</p>			