

New York State United Teachers Member Benefits Trust
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2021 Summary Plan Description

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PLAN NUMBER: 503

2021 Summary Plan Description

March 2021

Dear Participant:

The NYSUT Member Benefits Trust (the “Plan” or “MBT”) is pleased to provide you with this Summary Plan Description (SPD) of benefits, an overview of NYSUT Member Benefits Trust-endorsed Programs. The Member Benefits Trust was established to provide Participants and their Dependents with access to Benefit Programs endorsed by the Member Benefits Trust.

The NYSUT Member Benefits Trust does not claim that each Member Benefits Trust-endorsed Benefit Program is the lowest-cost product, but Member Benefits Trustees, Directors, staff, consultants and advisors work to obtain and maintain quality programs at competitive prices. Participants are also encouraged to shop and compare before utilizing any Member Benefits-endorsed Benefit Programs.

Although some NYSUT Member Benefits Trust-endorsed Programs may provide legal or financial advice, Member Benefits itself does not offer investment, legal or tax advice. Participants are urged to consult their own investment, financial, tax and legal advisers to help them with an evaluation of the Benefit Programs.

The Benefit Programs described herein are provided by Benefit Providers. This SPD is not a contract, does not guarantee benefits and is not to be considered a substitute for the Official Documents maintained by the Benefit Providers. If a discrepancy arises between this SPD and the Official Documents, the Official Documents will govern.

We have made every effort to ensure this information is as updated and transparent as possible. If you would like to receive additional information about any NYSUT Member Benefits-endorsed programs or services, please call **800-626-8101** or visit ***memberbenefits.nysut.org***.

Please note that this document is updated every five years and will be next updated in 2026. Any changes to the herein will be declared on an annual basis in a Summary of Material Modifications, which is published in March/April each year if necessary.

Sincerely,

BOARD OF TRUSTEES OF
NYSUT MEMBER BENEFITS TRUST

IMPORTANT NOTICES

Claims Procedures

Procedures for any group health or disability claims must be provided to you automatically and without charge. Such procedures are included in the applicable Benefit Program Official Documents. Briefly, claims procedure information includes the following:

1. Procedures for obtaining pre-authorizations, approvals or utilization review decisions in the case of group health plan services or benefits;
2. Procedures for filing claim forms, providing notifications of benefit determinations and reviewing determinations of any plan; and
3. Applicable time-limits and remedies available under a Plan for the redress of claims, which are denied in whole or in part.

Any questions regarding claims procedures should be directed towards the Claims Administrator of the applicable Benefit Programs.

Deadline for submitting claims for Benefits

In order to receive the Benefits that you are entitled to, you must submit a claim for such Benefits to the relevant Benefit Provider before the deadline for filing such claims. The deadlines for submitting claims for different types of Benefits vary. Therefore, you should review the relevant Official Document in order to determine the applicable deadline. If you have any questions regarding a deadline, please contact the relevant Benefit Provider.

Termination or Amendment of the Plan

The Plan Sponsor has the right to modify or amend the Plan, in whole or in part, to

change or discontinue any of the Benefit Programs, or to terminate the Plan at any time.

Named Fiduciaries

The named fiduciary for each of the Benefit Programs is listed in the description of each Benefit Program below. A plan fiduciary is a person or entity: (1) that is authorized by the plan to exercise discretionary authority or discretionary control respecting management of the plan or disposition of plan assets; (2) who has any authority or responsibility with respect to any monies or other properties of the plan; or (3) who has any discretionary authority or discretionary responsibility in the administration of the plan. A Named Fiduciary with regard to a plan benefit is a plan fiduciary with authority to make benefit determinations (claims decisions and/or decisions on claims appeals).

No Guarantee of Income Tax Consequences

Neither the Board of Trustees nor the Benefit Fund Trust Office makes any commitment or guarantee that any amounts paid to, or for the benefit of, a Participant under this Plan will be excludable from the Participant's gross income for Federal or State income tax purposes, or that any other Federal or State tax treatment will apply to or be available to any Participant.

Special Enrollment Rights

If you acquire a new Dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your Dependents in certain Benefit Programs outside of the usual open-enrollment timeframes, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. You should review the Official Documents for detailed information regarding any special enrollment or open enrollment rights that may apply to you. These rights may also be available if you lose coverage under another group health plan or program.

**** Special Temporary COVID-19 Related Plan Provision** – Effective March 1, 2020, through 60 days following the announced end of the COVID-19 National Emergency (or such later date as may be provided in applicable government guidance), referred to as the “outbreak period,” the 30-day timeframe for requesting

special enrollment in certain Benefit Programs will be suspended until after the end of the outbreak period. This means that you will have until 30 days following the end of the outbreak period in which to request special enrollment for any new Dependent in these Benefit Programs.

Omnibus Budget Reconciliation Act of 1993 (OBRA)

OBRA 1993 requires that an eligible dependent child for purposes of medical coverage will include a child who is adopted or placed for adoption prior to age 18 and a child for whom the participant or covered dependent spouse is required to provide coverage due to a Qualified Medical Child Support Order (QMCSO), which is determined by the Plan Administrator to be a QMCSO. A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under state law and having the force and effect of law under state law and which satisfies the QMCSO requirements of ERISA. If a QMCSO is received, the Member Benefits Trust and applicable Benefit Providers will comply with it to the extent required by law.

Notices

You should send notices to Benefit Providers to their addresses, as specified in their brochures. You must provide notice to the applicable Benefit Provider in the event that you are divorced or legally separated, your domestic partner fails to qualify as a domestic partner, or if your dependent ceases to meet the eligibility requirements for being covered as a dependent under the applicable Benefit Program.

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ARTICLE 1: DEFINITIONS

For the purposes of this Plan, the terms below are defined. However, in the event of a conflict between the definition specified in this document and the definition stated in an Official Document issued by the Benefit Provider, the definition used in the Official Document will govern. Thus, you should be aware of the definitions used in the Official Documents you receive.

Section 1.01 Associate Member

The term “Associate Member” refers to an individual who is currently covered by one or more NYSUT Member Benefits Trust-endorsed Programs and wishes to continue participation in such Program(s), but has no other means of maintaining NYSUT membership. This category is called Associate Member – Continuing NYSUT Member Benefits Coverage, but is referred to as the shortened “Associate Member” throughout this Summary Plan Description.

Section 1.02 Beneficiary

A “Beneficiary” is a person designated by a Participant under the terms and conditions of a Benefit Program endorsed by this Plan.

Section 1.03 Benefit Fund

A “Benefit Fund” is a collectively-bargained Program designed to provide a plan of benefits to members of the bargaining unit and others as agreed.

Section 1.04 Benefits

“Benefits” are payments or services that you may be entitled to under a Benefit Program endorsed by this Plan.

Section 1.05 Child or Children

The terms “Child” and “Children” refer to natural children, stepchildren, lawfully adopted children and foster children, as determined by the Benefit Provider.

Section 1.06 Dependent

A “Dependent” is a legal spouse, domestic partner, or Child or such other individual eligible for Benefits as determined under the rules and requirements of a Benefit Program.

Section 1.07 Local Association

A “Local Association” is a group of Members who hold collective bargaining rights for classroom teachers, school-related personnel, private school employees, higher education faculty and professional staffs, and health care professionals or other non-supervisory employees at the school district or institutional level recognized by the NYSUT Board of Directors.

Section 1.08 Member

A “Member” is an individual represented by NYSUT or a local affiliate thereof, or who has otherwise satisfied NYSUT Membership requirements.

Section 1.09 Official Document(s)

“Official Documents” are the Master Insurance Policies, your Individual Insurance Policy, and other policies, certificates, contracts or similar documents issued to you by the Benefit Providers that set forth the terms and conditions of the respective Benefit Programs.

Section 1.10 Participant

You are a “Participant” in this Plan if you are an in-service or retiree Member of New York State United Teachers (NYSUT), or you are a Service Fee Payer or Associate Member. You are also considered a “Participant” if your Employer, Local Association or Benefit Fund has purchased or provides a Group Benefit Program and has included you as an individual eligible for coverage under that Group Benefit Program.

Section 1.11 Service Fee Payer

A “Service Fee Payer” refers to an individual in private sector employment who pays the equivalent of membership dues for collective bargaining-related services and who receives a refund of the part of the fee that the Union uses for political and ideological purposes only incidentally related to the terms and conditions of employment.

Section 1.12 Union

The “Union” is the New York State United Teachers.

ARTICLE 2: GENERAL

Section 2.01 About this Plan

The name of this Plan is the New York State United Teachers Member Benefits Trust – referred to in this document as the “Member Benefits Trust.” The Member Benefits Trust is sponsored by the Union. The purpose of this Plan is to provide Participants and their Dependents with access to Benefit Programs endorsed by the Member Benefits Trust. Benefit Programs are provided by independent Benefit Providers who are solely responsible for the Program Contracts; eligibility determinations; coverage and exclusions; and for paying claims and resolving any disputes about Benefits.

The Member Benefits Trust is a tax-exempt, not-for-profit, Trust Fund established and maintained for the exclusive benefit of the Participants of the Trust and their Dependents. No Union dues monies are received from NYSUT to support the Member Benefits Trust’s operation.

The Member Benefits Trust has endorsement arrangements with the Benefit Providers. All such payments are used solely to defray the costs of administering the Benefit Programs of the Member Benefits Trust, including compensation, rent, office expenses, and the cost of retaining consultants, auditors and attorneys to

advise the Trustees and the Trust's staff.

Where appropriate, Member Benefits Trust's revenue is also used to enhance the Benefit Programs for Participants. No monies are paid to NYSUT except reimbursement for use of facilities and for services and personnel provided by NYSUT to, and at the request of, the Member Benefits Trust (the reasonableness of which amounts is certified annually to the Trustees by Member Benefits Trust's independent auditors).

Section 2.02 About this Document

This SPD provides an overview of all Member Benefits Trust-endorsed Programs. This Description is a brief summary of the provisions of the Member Benefits Trust-endorsed Benefit Programs. Official Documents provided to you by the respective Benefit Provider(s) set forth the details of all Benefits and provisions of the Benefit Programs.

This SPD is not to be considered a substitute for the Official Documents. If a discrepancy arises between this SPD and the Official Documents, the Official Documents will govern.

Section 2.03 Plan Trustees

The names and titles of the Plan's Trustees are listed on the front page of this SPD. For all Plan Trustees, their business address is NYSUT Member Benefits, 800 Troy-Schenectady Road, Latham, NY 12110.

Section 2.04 Plan Administrator and Service of Legal Process

While the Board of Trustees is the Plan Administrator for purposes of ERISA, the Board has designated Jeffrey S. Hartnett as the Plan Administrator responsible for carrying out the Trustees' decisions and for overseeing the daily operation of the Plan and the Fund Office. If you have any questions about the Plan, you may

contact the Fund Office as follows:

By writing:

NYSUT Member Benefits Trust

800 Troy-Schenectady Road

Latham, NY 12110

Or by calling: 518-213-6000 or 800-626-8101

The Trustees have designated the Plan Administrator as agent for service of legal process at the above address.

Service of legal process upon Jeffrey S. Hartnett will be deemed to be service upon the Trustees in their capacity as Trustees. However, service of legal process may also be made upon any Trustee.

Section 2.05 Plan Year

The Plan Year begins on September 1 and ends on August 31.

Section 2.06 How Benefits Are Provided

This Plan has entered into agreements with the Benefit Providers and certain Third-Party Administrators, herein referred to as Benefit Providers, to provide the Benefit Programs described below.

The Benefit Providers, Third-Party Administrators and Benefit Programs are:

- Aon Voluntary Benefits & Enrollment Solutions administers the WrapPlan[®] II Universal Life Insurance Plan and grandfathered WrapPlan[®] Term Life Coordination Program. The mailing address for Aon Voluntary Benefits and Enrollment Solutions is 605 Crescent Executive Court, Suite 400, Lake Mary, FL 32746.
- Chubb Group Insurance Companies provides the Accidental Death & Dismemberment Insurance Plan. The mailing address for Chubb is 202B Hall's

Mill Road, P.O. Box 1650, Whitehouse Station, NJ 08889.

- Davis Vision provides the Vision, Group Vision Care and Group Voluntary Vision Care Plans. The mailing address for Davis Vision is 700 Troy-Schenectady Road, Suite 301, Latham, NY 12110.
- Delta Dental of New York provides the Group Dental Plan. The mailing address for Delta Dental is One Delta Drive, Mechanicsburg, PA 17055.
- First Unum Life Insurance Company provides the Group Term Life Insurance, Group Disability Insurance, Group Voluntary Disability Insurance and grandfathered Group Long-Term Care Plans. The mailing address for First Unum is 1225 Franklin Avenue, Suite 250, Garden City, NY 11530.
- Health Advocate provides the Group Health Advocate benefit. The mailing address for Health Advocate is 3043 Walton Road, Plymouth Meeting, PA 19462.
- Mercer Consumer administers the Disability Insurance Plan, Term Life Insurance Plan, Level Term Life Insurance Plan and grandfathered Senior Term Life Insurance Plan. The mailing address for Mercer Consumer is P.O. Box 9186, Des Moines, IA 50306.
- MetLife Auto & Home provides the Personal Property and Liability Insurance Plan. The mailing address for MetLife Auto & Home is P.O. Box 671, Warwick, RI 02887.
- Metropolitan Life Insurance Company provides the Dental Plan. The mailing address for MetLife is P.O. Box 14588, Lexington, KY 40512.
- Metropolitan Life Insurance Company provides the Disability Insurance Plan, Term Life Insurance Plan, Level Term Life Insurance Plan and grandfathered

Senior Term Life Insurance Plan. The mailing address for MetLife is 200 Park Avenue, New York, NY 10166.

- Metropolitan Life Insurance Company provides the grandfathered Long-Term Care Insurance Plan. The mailing address for MetLife is P.O. Box 14634, Lexington, KY 40512.
- The National Legal Office of Feldman, Kramer & Monaco, P.C. provides the Legal Service Plan, Group Access Legal Service Plan and Group Prepaid Legal Service Plan. The mailing address for Feldman, Kramer & Monaco is 330 Vanderbilt Motor Parkway, Hauppauge, NY 11788.
- New York Long-Term Care Brokers provides the Long-Term Care Insurance Program. The mailing address for NYLTCCB is 11 Executive Park Drive, Clifton Park, NY 12065.
- P & A Administrative Services, Inc. administers the Dental Plan and is one of the administrators of the Flexible Benefits Plans and Health Reimbursement Arrangements. The mailing address for P & A is 17 Court Street, Suite 500, Buffalo, NY 14202.
- The Preferred Group Plans, Inc. is one of the administrators of the Flexible Benefits Plans and Health Reimbursement Arrangements. The mailing address for The Preferred Group Plans is P.O. Box 15136, Albany, NY 12212.
- Transamerica Financial Life Insurance Company provides the WrapPlan® II Universal Life Insurance Plan and grandfathered WrapPlan® Term Life Coordination Program. The mailing address for Transamerica is 440 Mamaroneck Avenue, Harrison, NY 10528.

Section 2.07 What is the financial arrangement between the NYSUT Member Benefits Trust and the Benefit Providers?

The Member Benefits Trust has endorsement arrangements with the Benefit Providers. The details of each endorsement arrangement are included in this SPD. All payments to Member Benefits pursuant to such arrangements are used solely to defray the costs of administering its various endorsed Programs and, where appropriate, to enhance them for Participants.

For the following Benefit Programs, the Insurer pools (or, in the case of the Group Vision Care and Group Voluntary Vision Care Plans, insured group vision plans pool) the premiums of Member Benefits Participants who are insured for the purposes of determining premium rates and accounting– Term Life Insurance Plan, grandfathered Senior Term Life Insurance Plan, Disability Insurance Plan, grandfathered Long-Term Care Insurance Plan, Group Term Life Insurance Plan, Group Disability and Group Voluntary Disability Insurance Plans, Group Dental Plan, and Group Vision Care and Group Voluntary Vision Care Plans.

Coverage outside of these plans may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits.

ARTICLE 3: ELIGIBILITY

Section 3.01 Voluntary Programs

Eligibility for Voluntary Benefit Programs is determined by the Benefit Providers. In most instances, participation is limited to In-Service Members, Retiree Members and Service Fee Payers. Other benefits are also available to Associate Members. Your Dependents may be eligible to apply for Benefits or be added to your coverage based upon the criteria established by the Benefit Providers. Official Documents from the Benefit Providers set forth the eligibility criteria. Refer to the Official Documents for eligibility rules.

Section 3.02 Group Programs

Eligibility for Group Programs is based on the criteria established by your Employer, Local Association or Benefit Fund. Official Documents from the Benefit Providers set forth the eligibility criteria. Your Dependents may be eligible to apply for Benefits or be added to your coverage based upon the criteria established by your Employer, Local Association or Benefit Fund.

ARTICLE 4: GRANDFATHERED PROGRAMS

The following Programs are closed to new applicants and new Group Program purchasers: Senior Term Life Insurance Plan provided by Metropolitan Life Insurance Company and administered by Mercer Consumer; WrapPlan[®] Term Life Insurance Coordination Program provided by Transamerica Financial Life Insurance Company and administered by Aon Voluntary Benefits & Enrollment Solutions; Long-Term Care Insurance Plan provided by Metropolitan Life Insurance Company; and Group Long-Term Care Insurance Plan provided by First Unum Life Insurance Company.

VOLUNTARY PROGRAMS

ARTICLE 5: ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Section 5.01 What is the Accidental Death & Dismemberment Insurance Plan?

The Member Benefits Trust provides up to \$1,500 Accidental Death & Dismemberment (AD&D) Insurance that includes Travel Assistance Services provided by Europ Assistance.

Section 5.02 Who is eligible to apply for coverage under this Program?

All Members, Service Fee Payers and Associate Members are automatically provided with the coverage at no cost.

Section 5.03 Who provides the Benefits under this Program?

The Accidental Death & Dismemberment Insurance is provided by Chubb Group Insurance Companies and administered by the Member Benefits Trust. Travel Assistance Services are provided by Europ Assistance.

Section 5.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust purchases the coverage from the Provider.

ARTICLE 6: DENTAL PLAN

Section 6.01 What is the Dental Plan?

This is a dental insurance Program that pays Benefits for three categories of service: Preventive Services, Basic Restorative Services and Major Restorative Services.

Section 6.02 Who is eligible to enroll for coverage under this Program?

NYSUT Members, Service Fee Payers and Associate Members are eligible to enroll in this Program. Coverage is also available for spouses or domestic partners, and for unmarried Dependent Children through the end of the month of their 26th birthday.

Section 6.03 Who provides Benefits under this Program?

The Program is underwritten by Metropolitan Life Insurance Company and administered by the P&A Group.

Section 6.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 5% of gross premiums for this Program.

ARTICLE 7: DISABILITY INSURANCE PLAN

Section 7.01 What is the Disability Insurance Plan?

The Disability Insurance Plan helps pay living expenses in the event that you are unable to work due to a covered illness or injury. The Program pays 60% of your gross monthly earnings, up to \$5,000 per month. Long-term, five-year and short-term plans are available.

Section 7.02 Who is eligible to apply for coverage under this Program?

In-Service Members of and Service Fee Payers to NYSUT who are age 65 and under and work 20 or more hours weekly are eligible to apply for disability insurance. Retiree Members and Associate Members of NYSUT are not eligible to apply. Medical information will be required for all coverage amounts. In certain circumstances, depending on the coverage amount elected, a physical examination or additional medical information will be required.

Section 7.03 Who provides the Benefits under this Program?

The Metropolitan Life Insurance Company provides the Benefits under this Program. Mercer Consumer administers this Program.

Section 7.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 5% of gross premiums for this Program.

ARTICLE 8: LEGAL SERVICE PLAN

Section 8.01 What is the Legal Service Plan?

The Legal Service Plan provides access to attorneys who will answer legal questions, write letters and review documents concerning personal legal matters. Guaranteed maximum fees for specific legal matters; two, free, hour-long office consultations; and discounted rates for legal representation are included. The Legal Service Plan also includes a Simple Will, Health Care Proxy, Living Will and Power of Attorney.

Section 8.02 Who is eligible to enroll in this Program?

NYSUT Members, Service Fee Payers and Associate Members are eligible to enroll in the Program. Once a Member enrolls, the Program also covers their spouse or domestic partner who is living with the Member and unmarried Dependent Children (including stepchildren and legally adopted children) under the age of 19, or under the age of 25 if the Child is wholly dependent upon the Member for support and maintenance and is enrolled as a full-time student in an educational institution. Coverage is also extended to parents who are wholly dependent on the Program Member for their own support and maintenance.

Section 8.03 Who provides the Benefits under this Program?

Legal advice is provided by the National Legal Office attorneys or by a local referral attorney. The National Legal Office is Feldman, Kramer & Monaco, P.C. The Florida State Legal Office is Glantz Law and serves Florida residents and individuals needing legal assistance for matters arising in the state of Florida.

In the event that your problem cannot be resolved with telephone advice or by correspondence, you will be referred to a participating referral attorney in your area. Referral attorneys are located throughout the continental U.S. All are licensed and will provide legal representation at discounted rates. This Program is

administered by the Member Benefits Trust.

Section 8.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 33.33% of annual participation fees received for this Program.

ARTICLE 9: LEVEL TERM LIFE INSURANCE PLAN

Section 9.01 What is the Level Term Life Insurance Plan?

The Level Term Life Insurance Plan provides up to \$1 million in benefits to a Beneficiary if the insured dies within the covered term. Terms are available for 10-year, 15-year and 20-year periods.

At the end of the term period, the insured may exchange their certificate for one with a new term period subject to insurance company approval with medical underwriting. The insured may also continue a new premium contribution under a new certificate with the Term Life Insurance Plan annual renewable rate schedule, subject to age and coverage limitations; otherwise, coverage ends at the end of the covered term period. Individual premiums are scheduled to remain level for the initial term of the plan.

Section 9.02 Who is eligible to apply for coverage under this Program?

NYSUT Members, Service Fee Payers, Associate Members, and their spouses or domestic partners under age 65 are eligible to apply for coverage. There is no child coverage available. Your age determines the length of coverage that may be applied for under the plan. Medical information will be required for all coverage amounts. In certain circumstances, depending on the coverage amount elected, a physical examination or additional medical information will be required. Applicants must be under age 55 to be eligible for the 20-year plan, under age 60

for the 15-year plan and under age 65 for the 10-year plan.

Section 9.03 Who provides the Benefits under this Program?

The Metropolitan Life Insurance Company provides the Benefits under this Program. This Program is administered by Mercer Consumer.

Section 9.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 7.61% of earned premiums for this Program.

ARTICLE 10: LONG-TERM CARE INSURANCE PLAN (METLIFE)

Section 10.01 What is the Long-Term Care Insurance Plan?

The Long-Term Care Insurance Plan (a grandfathered Program) is a Program formerly offered to Members, Service Fee Payers and Associate Members that includes care planning and coverage for home health care, adult day care, homemaker services, assisted living facilities, nursing home care, and hospice care at home or in a licensed hospice care facility. The Plan allows you to choose the plan design and daily benefit amount that best meet your needs.

Section 10.02 Who is eligible to apply for coverage under this Program?

Effective January 1, 2012, new enrollments in the Long-Term Care Insurance Plan were discontinued. All existing policies in effect prior to December 31, 2011 will continue to be covered by the Program.

Section 10.03 Who provides the Benefits under this Program?

The Metropolitan Life Insurance Company provides the Benefits under this Program.

Section 10.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 2.5% of gross quarterly premiums for this Program.

ARTICLE 11: LONG-TERM CARE INSURANCE PLAN (NYLTCB)

Section 11.01 What is the Long-Term Care Insurance Plan?

The Long-Term Care Insurance Plan provides a variety of Benefits that include care planning and coverage for home health care, adult day care, homemaker services, assisted living facilities, nursing home care, and hospice care at home or in a licensed hospice care facility. It allows you to choose the plan design and daily benefit amount that best meet your needs.

Section 11.02 Who is eligible to apply for coverage under this Program?

NYSUT Members, Service Fee Payers and Associate Members are eligible to apply, as are their spouses (or domestic partners where permissible by law), parents, parents-in-law, grandparents, and grandparents-in-law.

Section 11.03 Who provides the Benefits under this Program?

New York Long-Term Care Brokers acts as an insurance intermediary for this Program – offering access to discounted long-term care insurance plans from multiple highly-rated insurance companies (including the New York State Partnership for Long-Term Care).

Section 11.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 2.5% of first-year premium and 1% of renewal premium received in years 2-10 for this Program.

ARTICLE 12: PERSONAL PROPERTY AND LIABILITY INSURANCE PLAN

Section 12.01 What is the Personal Property and Liability Insurance Plan?

Through the MetLife Choice[®] Program, you may apply to purchase auto, homeowners, renters, boat owners, personal excess liability, and other personal property insurance coverage from MetLife Auto & Home[®] and multiple other insurance companies. Special group rates, coverage and discounts offered through this Program are available in most states to those who qualify.

Auto insurance policies purchased from MetLife Auto & Home[®] through the MetLife Choice Program include the “Identity Theft 911” identity theft resolution service at no additional premium. Policyholders of home, condominium, renters, and mobile home (New York State only) also receive the “Identity Theft 911” identity theft resolution service at no additional premium.

Section 12.02 Who is eligible to apply for coverage under this Program?

NYSUT Members, Service Fee Payers and Associate Members are eligible to apply for coverage, subject to MetLife Auto & Home’s underwriting requirements and restrictions. A spouse or domestic partner and Dependents may be covered under the Member’s policy.

Section 12.03 Who provides the Benefits under this Program?

Coverage offered through the MetLife Choice[®] Program is provided by the following carriers: MetLife Auto & Home[®], Travelers, Safeco, Progressive,

Homesite, State Auto, ASI and Foremost; each individual carrier underwrites its own policies. MetLife Auto & Home® is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI.

Section 12.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 5.5% of total premiums for this Program.

ARTICLE 13: SENIOR TERM LIFE INSURANCE PLAN

Section 13.01 What is the Senior Term Life Insurance Plan?

The Senior Term Life Insurance Plan (a grandfathered Program) is term life insurance formerly offered to Members and their spouses or domestic partners between the ages of 65 and 84. Coverage amounts are lower than those in the Term Life Insurance Plan. Coverage decreases with age and terminates at age 85.

Section 13.02 Who is eligible to apply for coverage under this Program?

Effective September 1, 2007, new enrollments in the Senior Term Life Insurance Plan were discontinued due to the expansion of age eligibility within the Term Life Insurance Plan. Those individuals insured under the Senior Term Life Insurance Plan as of August 31, 2007 are allowed to continue this coverage, although no changes to existing coverage are permitted.

Section 13.03 Who provides the Benefits under this Program?

The Metropolitan Life Insurance Company provides the Benefits under this Program. Mercer Consumer administers this Program.

Section 13.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 7.61% of earned premiums for this Program.

ARTICLE 14: TERM LIFE INSURANCE PLAN

Section 14.01 What is the Term Life Insurance Plan?

The Term Life Insurance Plan provides up to \$1 million in benefits to a Beneficiary when the insured dies within the covered term. There is no cash value with term insurance. The coverage amount reduces by 40 percent at the billing anniversary date coinciding with or next following the date an insured person attains age 65. The coverage amount will further reduce at ages 70, 75 and 80, depending on the coverage amount in force at ages 69, 74 and 79 respectively. Coverage terminates at the billing anniversary date coinciding with or next following the date an insured person reaches age 85.

Medical information will be required for all coverage amounts. In certain circumstances, depending on the coverage amount elected, a physical examination or additional medical information will be required. Limited amounts of coverage are available for ages 65 to 84.

Section 14.02 Who is eligible to apply for coverage under this Program?

NYSUT Members, Service Fee Payers, Associate Members, and their spouses or domestic partners under age 85 are eligible to apply for coverage. All Dependent Children, age 15 days but under age 23, are also eligible for \$25,000 of coverage. Dependent Child coverage may be added to the Member's policy or to the spouse's policy, but not both.

Section 14.03 Who provides the Benefits under this Program?

The Metropolitan Life Insurance Company provides the Benefits under this Program. This Program is administered by Mercer Consumer.

Section 14.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 7.61% of earned premiums for this Program.

ARTICLE 15: VISION PLAN

Section 15.01 What is the Vision Plan?

The Vision Plan provides high quality eye care services from the Program's participating providers and includes a comprehensive eye exam, frames and lenses, or contact lenses. The Program is designed for Participants to receive services from participating providers, as maximum Benefit is provided when using an in-network provider. A small reimbursement is provided for out-of-network eye examinations, eyeglasses and contact lenses. Each plan year runs from January 1 through December 31.

Section 15.02 Who is eligible to enroll in this Program?

This Program is open to NYSUT Members, Service Fee Payers and Associate Members. Individual or Family coverage can be purchased. Adult children up to age 26 are eligible for family coverage.

Section 15.03 Who provides the Benefits under this Program?

The Program is provided by Davis Vision and administered by the Member Benefits Trust.

Section 15.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 7.9% of premiums for this Program.

ARTICLE 16: WRAPPLAN[®] TERM LIFE COORDINATION PROGRAM

Section 16.01 What is the WrapPlan[®] Term Life Coordination Program?

The WrapPlan[®] Term Life Coordination Program (a grandfathered Program) is a Program formerly offered to Members and Service Fee Payers as a way to plan for the continuing need for life insurance coverage, while taking advantage of the term life insurance they already have. This life insurance coverage increases as their term life coverage decreases or terminates. Premiums may be set at a level to produce as much or as little accumulation cash value at age 95 as may be desired.

Section 16.02 Who is eligible to apply for coverage under this Program?

Effective December 31, 2008, new enrollees in the WrapPlan Term Life Coordination Program were discontinued due to the introduction of WrapPlan II[®] Universal Life Insurance. Those individuals insured under the WrapPlan Term Life Coordination Program are allowed to continue this coverage.

Section 16.03 Who provides the Benefits under this Program?

Transamerica Financial Life Insurance Company provides the Benefits under this Program. The Program is administered by Aon Voluntary Benefits & Enrollment Solutions.

Section 16.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 6.5% of first-year premium and 0.195% of renewal premium, with a guaranteed annual minimum amount of \$100,000 for this Program.

ARTICLE 17: WRAPPLAN® II UNIVERSAL LIFE INSURANCE PLAN

Section 17.01 What is the WrapPlan® II Universal Life Insurance Plan?

The WrapPlan® II Universal Life Insurance Plan offers a way to plan for the continuing need for life insurance coverage, while taking advantage of the term life insurance that you already have. This life insurance coverage increases as your term life coverage decreases or terminates. Premiums may be set at a level to produce as much or as little accumulation cash value at age 95 as may be desired.

Section 17.02 Who is eligible to apply for coverage under this Program?

You must be a NYSUT Member, Service Fee Payer or Associate Member; actively at work and age 70 or younger on your last birthday (or if you are retired, you must be age 70 or younger); and you must reside or work in New York State. Retirees who are not New York State residents may be eligible. You may add a spouse or domestic partner and Dependent Child coverage under this Program.

Section 17.03 Who provides the Benefits under this Program?

Transamerica Financial Life Insurance Company provides the Benefits under this Program. The Program is administered by Aon Voluntary Benefits & Enrollment Solutions.

Section 17.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 6.5% of first-year premium and 0.195% of renewal premium, with a guaranteed annual minimum amount of \$100,000 for this Program.

GROUP PROGRAMS

ARTICLE 18: GROUP PROGRAM ELIGIBILITY

Section 18.01 Who is eligible for coverage under a Group Program?

Eligibility is determined by the purchaser of this coverage (i.e., an Employer, Local Association or its Benefit Fund).

ARTICLE 19: FLEXIBLE BENEFIT PLANS

Section 19.01 What is a Flexible Benefit Plan?

The Member Benefits Trust offers Flexible Benefit Plans that allow you to set aside money for certain health-related and dependent care expenses on a pre-tax basis. These include health and health-related insurance premiums provided through a premium-only plan under Section 125 of the Internal Revenue Code, and reimbursement of dependent care and unreimbursed medical expenses provided through a Dependent Care Flexible Spending Account (DCFSA) or Flexible Spending Account (FSA).

Section 19.02 Who is eligible to participate?

Eligibility for the Program is determined by the Employer, subject to the collective bargaining agreement.

Section 19.03 Who provides the services?

Both The Preferred Group Plans Inc. and P & A Administrative Services provide administration for Flexible Benefits Plans and Health Reimbursement Arrangements throughout New York State.

Section 19.04 What are the financial arrangements between the NYSUT Member Benefits Trust and the Providers?

The Member Benefits Trust has an endorsement arrangement of \$0.20 per Participant per month with an additional \$0.05 for each participant in an additional endorsed program with The Preferred Group Plans, Inc. and \$0.10 per Participant per month with P & A Administrative Services, Inc.

ARTICLE 20: GROUP ACCESS LEGAL SERVICE PLAN

Section 20.01 What is the Group Access Legal Service Plan?

The Group Access Legal Service Plan provides access to attorneys who will answer legal questions, write letters and review documents concerning personal legal matters. Guaranteed maximum fees for specific legal matters; two, free, hour-long office consultations; and discounted rates for legal representation are included. The Group Access Legal Service Plan also includes a Simple Will, Health Care Proxy, Living Will and Power of Attorney.

Section 20.02 Who is eligible for coverage under this Program?

In addition to the Program Participant, the spouse or domestic partner who is living with the Participant and unmarried Dependent Children under the age of 19 (or under the age of 25 if the Child is wholly dependent upon the Program Participant for support and maintenance and is enrolled as a full-time student) are eligible for coverage. Coverage is also extended to parents who are wholly dependent on the Program Participant for their own support and maintenance.

Section 20.03 Who provides the Benefits under this Program?

Legal advice is provided by the National Legal Office attorneys or by a local referral attorney. The National Legal Office is Feldman, Kramer & Monaco, P.C. The Florida State Legal Office is Glantz Law and serves Florida residents and individuals needing legal assistance for matters arising in the State of Florida.

In the event that your problem cannot be resolved with telephone advice or by correspondence, you will be referred to a participating referral attorney in your

area. Referral attorneys are located throughout the continental U.S. All are licensed and will provide legal representation at discounted rates. This Program is administered by the Member Benefits Trust.

Section 20.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 15% of annual participation fees received for this Program.

ARTICLE 21: GROUP DENTAL PLAN

Section 21.01 What is the Group Dental Plan?

The Group Dental Plan allows eligible Members the freedom of choice to select any dentist, regardless of whether they are a member of the participating dentist panel. However, participating dentists' fees have been pre-negotiated and normally will provide for less out-of-pocket costs than non-participating dentists. Fee-for-service and pre-paid dental Programs are available. A pre-paid dental Program is also referred to as a DHMO (Dental Health Maintenance Organization). This Group Program is offered to Employers, Local Associations and their Benefit Funds.

Section 21.02 Who provides the Benefits under this Program?

Delta Dental of New York provides the Benefits under this Program.

Section 21.03 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 2% of all premium paid to Delta Dental by NYSUT member groups; 0.5% of all claims paid by those groups with an Administrative Services Only (ASO) dental Program; or 2% of all

premiums paid to Delta Dental by NYSUT member groups with a pre-paid dental Program.

ARTICLE 22: GROUP DISABILITY INSURANCE PLAN

Section 22.01 What is the Group Disability Insurance Plan?

The Group Disability Insurance Plan protects Participants' incomes by replacing a percentage of the insured's lost income if they become disabled because of an injury or illness. The Program can be individually tailored to meet the needs and financial resources of the group. This Group Program can be purchased as a long-term plan, a short-term plan or a combination of both. This Group Program is offered to Employers, Local Associations and their Benefit Funds.

Section 22.02 Who provides the Benefits under this Program?

The First Unum Life Insurance Company provides and administers the Benefits under this Program.

Section 22.03 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 5% of gross premiums for this Program.

ARTICLE 23: GROUP HEALTH ADVOCATE

Section 23.01 What is Group Health Advocate?

Health Advocate helps group Program Participants more easily navigate the complexities of the health care and insurance systems. Health Advocate's personalized service provides assistance across a broad range of health care- and insurance-related issues, helping Participants deal with clinical and administrative matters involving hospital, dental, pharmacy and other health care needs. This Group Program is offered to Employers, Local Associations and their Benefit

Funds.

A separate feature called Medical Bill Saver is available for an additional fee beyond the cost of the core Health Advocate Program. Medical Bill Saver negotiates with providers to lower out-of-pocket medical and dental bills not covered by insurance.

Section 23.02 Who is eligible for coverage under this Program?

In addition to eligible Participants, the service covers spouses, Dependents, parents and parents-in-law.

Section 23.03 Who provides the Benefits under this Program?

The Benefits are provided by Health Advocate.

Section 23.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of \$0.125 per Participant per month for the core Health Advocate Program.

ARTICLE 24: GROUP LONG-TERM CARE INSURANCE PLAN

Section 24.01 What is the Group Long-Term Care Insurance Plan?

The Group Long-Term Care Insurance Plan (a grandfathered Program) provides Benefits that include care planning and coverage for home health care, adult day care, homemaker services, assisted living facilities, nursing home care, and hospice care at home or in a licensed hospice care facility. This Group Program was formerly offered to Employers, Local Associations and their Benefit Funds.

Section 24.02 Who is eligible for coverage under this Program?

This Program is not accepting any new group purchasers. Those groups that have already purchased the Group Long-Term Care Insurance Plan are allowed to continue this coverage.

Section 24.03 Who provides the Benefits under this Program?

The First Unum Life Insurance Company provides the Benefits under this Program.

Section 24.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 5% of gross quarterly premiums for this Program.

ARTICLE 25: GROUP PREPAID LEGAL SERVICE PLAN

Section 25.01 What is the Group Prepaid Legal Service Plan?

The Group Prepaid Legal Service Plan provides access to attorneys who will answer legal questions, write letters and review documents concerning personal legal matters along with additional Benefits at no cost to Participants. Guaranteed maximum fees for specific legal matters; six, half-hour, office consultations per year; and discounted rates for legal representation are included. The Group Prepaid Legal Service Plan also includes a Simple Will, Reciprocal Will, Health Care Proxy, Living Will, Power of Attorney, and Simple Testamentary Trust.

Section 25.02 Who is eligible for coverage under this Program?

In addition to the Program Participant, the spouse or domestic partner who is living with the Participant and unmarried Dependent Children under the age of 19 are eligible for coverage. Dependent Children to age 25 who are full-time students and Dependent parents may participate in some of the services offered by this Program.

Section 25.03 Who provides the Benefits under this Program?

Legal advice is provided by the National Legal Office attorneys or by a local referral attorney. The National Legal Office is Feldman, Kramer & Monaco, P.C. The Florida State Legal Office is Glantz Law and serves Florida residents and individuals needing legal assistance for matters arising in the State of Florida.

In the event that your problem cannot be resolved with telephone advice or by correspondence, you will be referred to a participating referral attorney in your area. Referral attorneys are located throughout the continental U.S. All are licensed and will provide legal representation at discounted rates. This Program is administered by the Member Benefits Trust.

Section 25.04 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 15% of annual participation fees received for this Program.

ARTICLE 26: GROUP TERM LIFE INSURANCE PLAN

Section 26.01 What is the Group Term Life Insurance Plan?

The Group Term Life Insurance Plan offers a life insurance Benefit for Participants with additional options and services that provide more than a typical death Benefit. The group life insurance Benefit is payable to a Beneficiary or estate when a Participant of the policyholder dies while insured. This Group Program is offered to Employers, Local Associations and their Benefit Funds.

Accidental Death & Dismemberment Insurance is optional coverage that may be included in the Group Term Life Insurance Plan for a minimal additional cost. This insurance provides additional protection for Participants in the event of a dismembering injury or accidental death while insured. The loss must occur within 365 days of the accident. Death Benefits are paid to the Participant's named

Beneficiary; dismemberment Benefits are paid to the Participant.

Section 26.02 Who provides the Benefits under this Program?

The First Unum Life Insurance Company provides and administers the Benefits under this Program.

Section 26.03 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 5% of earned premiums for this Program.

ARTICLE 27: GROUP VISION CARE PLAN

Section 27.01 What is the Group Vision Care Plan?

The Group Vision Care Plan provides high quality eye care services from the Program's participating providers and includes a comprehensive eye examination, frames and lenses, or contact lenses. The group selects the length of Benefit period and frame collection. An enhanced lens package is also available. This Group Program is offered to Employers, Local Associations and their Benefit Funds.

Section 27.02 Who provides the Benefits under this Program?

Davis Vision provides the Benefits under this Program and jointly administers this Program with the Member Benefits Trust.

Section 27.03 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually.

At the end of the plan year, any surplus funds revert to the Member Benefits Trust; if a deficit exists, the Member Benefits Trust is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 14.38% of paid premiums has resulted. For self-insured group vision plans, the Member Benefits Trust has an endorsement arrangement of \$.07 per month per enrolled Participant.

ARTICLE 28: GROUP VOLUNTARY DISABILITY INSURANCE PLAN

Section 28.01 What is the Group Voluntary Disability Insurance Plan?

The Group Voluntary Disability Insurance Plan protects Participants' incomes by replacing a percentage of the insured's lost income if the individual becomes disabled because of an injury or illness. This Group Program can be purchased as a long-term plan or a short-term plan and is offered to Employers, Local Associations and their Benefit Funds. This Program requires a minimum of 20% of the eligible population to enroll in the coverage and is generally paid for by the Participant.

Section 28.02 Who provides the Benefits under this Program?

The First Unum Life Insurance Company provides the Benefits under this Program. It is administered by First Unum in conjunction with the Employer, Local Association's Benefit Fund and/or the Member Benefits Trust.

Section 28.03 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust has an endorsement arrangement of 8% of gross premiums for this Program.

ARTICLE 29: GROUP VOLUNTARY VISION CARE PLAN

Section 29.01 What is the Group Voluntary Vision Care Plan?

The Group Voluntary Vision Care Plan provides high quality eye care services from the Program's participating providers and includes a comprehensive eye examination, frames and lenses, or contact lenses. The benefit period for the Program is one year. This Group Program requires a minimum 20% of the eligible population to enroll in the coverage; is generally paid for by the Participant; and is offered to Employers, Local Associations and their Benefit Funds.

Section 29.02 Who provides the Benefits under this Program?

Davis Vision provides the Benefits under this Group Program and jointly administers this Program with the NYSUT Member Benefits Trust.

Section 29.03 What is the financial arrangement between the NYSUT Member Benefits Trust and the Provider?

The Member Benefits Trust self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually. At the end of the plan year, any surplus funds revert to the Member Benefits Trust; if a deficit exists, the Member Benefits Trust is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 14.38% of paid premiums has resulted.

ARTICLE 30: HEALTH REIMBURSEMENT ARRANGEMENTS

Section 30.01 What is a Health Reimbursement Arrangement?

Health Reimbursement Arrangements (also known as Health Reimbursement Accounts and HRAs) are tax-advantaged, employer-funded, medical reimbursement Programs that help manage increasing health care costs. HRA Programs are used to pay for qualified medical expenses for employees and their

families. They are entirely employer-funded, and unused amounts in an HRA can be carried forward for reimbursement in future years.

Section 30.02 Who is eligible to participate?

Eligibility for the Program is determined by the Employer, subject to the collective bargaining agreement.

Section 30.03 Who provides the services?

The Preferred Group Plans Inc. and P & A Administrative Services provide administration for Flexible Benefits Plans and Health Reimbursement Arrangements throughout New York State.

Section 30.04 What are the financial arrangements between the NYSUT Member Benefits Trust and the Providers?

The Member Benefits Trust has an endorsement arrangement of \$0.20 per Participant per month with an additional \$0.05 for each participant in an additional endorsed program with The Preferred Group Plans, Inc. and \$0.10 per Participant per month with P & A Administrative Services, Inc.

ARTICLE 31: COBRA CONTINUATION COVERAGE

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for the continuation of group health coverage for individuals who experience a “Qualifying Event” that would cause a loss of their group health coverage.

The following is a summary of only the major features of the law. You should review the relevant Official Documents (group and voluntary vision, group and voluntary dental, HRA and FSA, as applicable) from the applicable Benefit Providers for more specific information regarding your particular situation.

The information below is a shortened version of the actual notice provided by the applicable entity maintaining the program (group and voluntary vision, group and voluntary dental, HRA and FSA, as applicable) and should only be used as a

reference.

Under Federal COBRA law, your employer is required to offer covered employees and their covered family members (legal spouse and dependent children) the opportunity for a temporary extension of group health coverage called “Continuation Coverage” or “COBRA Continuation Coverage” at group rates when coverage under the applicable Benefit Program would otherwise end due to certain “Qualifying Events.”

Qualifying Events for a Covered Employee – A covered employee may have the right to elect COBRA Continuation Coverage if group health coverage is lost because of a termination of employment (for any reason other than gross misconduct) or reduction in hours of employment.

Qualifying Events for a Covered Spouse – A covered spouse of an employee may have the right to elect COBRA Continuation Coverage if group health coverage is lost because of any of the following reasons: termination of the employee’s employment (for any reason other than gross misconduct) or reduction in the employee’s hours of employment; death of the employee; divorce or legal separation from the employee; or the employee becomes entitled to Medicare.

Qualifying Events for Covered Dependent Children – A covered dependent child of an employee may have the right to elect COBRA Continuation Coverage if group health coverage is lost because of any of the following reasons: termination of the employee’s employment (for any reason other than gross misconduct) or reduction in the employee’s hours of employment; death of the employee; parents’ divorce or, if applicable, legal separation; employee becomes entitled to Medicare; or the child loses eligibility status under the terms of the applicable Benefit Program.

Employee, Spouse and Dependent Notification Requirements – Under the law, the employee, spouse or other covered family member has the responsibility to notify the Benefit Provider of a divorce, legal separation or a child losing dependent status under the terms of the applicable Benefit Program. This notification must be made within 60 days from whichever date is later, the date of the event or date on which health plan coverage would be lost under the Official Documents because of the event. If this notification is not completed according to the Benefit Provider’s procedures and within the required 60-day notification period, your rights to Continuation Coverage may be forfeited.

Election Period and Coverage – Once a Qualifying Event has occurred and is reported, the covered individuals (also known as “Qualified Beneficiaries”) will be notified of their rights to elect Continuation Coverage. Each Qualified Beneficiary will have an independent right to elect COBRA Continuation Coverage. Covered Employees may elect Continuation Coverage on behalf of their spouse, and parents may elect Continuation Coverage on behalf of their children.

COBRA Continuation Coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. For all other Qualifying Events, COBRA Continuation Coverage may last up for up to 36 months.

If coverage is lost due to termination of employment (for any reason other than gross misconduct) or reduction in hours of work, the maximum COBRA Continuation Coverage period may be extended if a second Qualifying Event occurs within the initial 18-month Continuation Coverage period. This extension is only available if the second Qualifying Event would have caused the spouse or dependent child to lose coverage under the applicable Benefit Program had the first Qualifying Event not occurred.

An 11-month disability extension of the initial 18-month period (for a maximum of 29 months) is also available if any family member covered under the applicable Benefit Program is determined by the Social Security Administration to be disabled. The disability must have started at some time before the 60th day of COBRA Continuation Coverage and must last until at least the end of the 18-month period of COBRA Continuation Coverage.

If a Qualified Beneficiary elects Continuation Coverage, that individual will be required to pay the entire cost of the group health coverage, plus a 2% administration fee. This coverage will be identical to the coverage that is required under the applicable Benefit Program to active employees and/or covered dependents.

**** Special Temporary COVID-19 Related Plan Provision** – Effective March 1, 2020, through 60 days following the announced end of the COVID-19 National Emergency (or such later date as may be provided in applicable government guidance), referred to as the “outbreak period,” the timeframes for notifying the applicable Benefit Provider of a qualifying event (including a disability determination during a COBRA Continuation Coverage period), for electing

COBRA Continuation Coverage and paying for COBRA Continuation Coverage will be suspended until after the end of the outbreak period. This means, for example, that you will have until 60 days following the end of the outbreak period in which to elect COBRA Continuation Coverage. You should contact the applicable Benefit Provider if you have questions about your COBRA rights during the COVID-19 outbreak period.

ARTICLE 32 – STATEMENT OF ERISA RIGHTS

Section 32.01 What are ERISA rights?

As a Participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that a Plan Participant shall be entitled to:

Receive Information About Your Plan and Benefits. This includes the right to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations such as worksites, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
2. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of a Plan, including, if applicable, insurance contracts and collective bargaining agreements and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies. Where permitted by law, these documents may be provided electronically; and
3. Receive a summary of a Plan's annual financial report. The Plan Administrator is required by law to automatically furnish each participant with a copy of this summary annual report if the Plan files a Form 5500.

Continue Group Health Coverage. This includes:

The right to continue health care coverage for yourself, your spouse and your dependents if there is a loss of coverage under a plan providing group health coverage (group and voluntary dental, group and voluntary vision, HRA and FSA, as applicable) as a result of a Qualifying Event. You or your Dependents may have to pay for such coverage. See Article 31 above.

Prudent actions by Plan fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of a Plan (referred to as “fiduciaries”). Fiduciaries have a duty to operate a Plan prudently and in the interest of Plan participants and beneficiaries. No one, including the Employer, may fire you or discriminate against you to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the appropriate Claims Administrator review and reconsider your claim.

Under ERISA, there are steps that a Plan participant can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a State or Federal court. In addition, if you disagree with a Claims Administrator’s determination or lack thereof concerning the qualified status of a medical child support order, you may file suit in a Federal court.

If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the

U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person that you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (for example, if it finds that your claim is frivolous).

Assistance with Questions

If you have any questions about your Plan, you should contact the NYSUT Member Benefits Trust at 800-626-8101. If you have any questions about this statement or about your rights under ERISA, you should contact (1) the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor as listed in your telephone directory, or (2) the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Section 32.02 Confidentiality of Protected Health Information

A Federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that health plans protect the confidentiality of your private health information, effective April 14, 2003. A complete description of your rights under HIPAA can be found in the Plan’s Privacy Notice, which is distributed to you in accordance with HIPAA and is available from the Plan’s Privacy Official or by visiting the NYSUT Member Benefits website at *memberbenefits.nysut.org*.

ARTICLE 33: IMPORTANT INFORMATION

NYSUT Member Benefits Trust.....	800-626-8101
Accidental Death & Dismemberment Insurance	800-626-8101
Dental Plan.....	888-883-0046
Disability Insurance Plan	888-386-9788

Group Access & Prepaid Legal Service Plans.....	800-626-8101
Group Dental Plan.....	800-932-0783
Group Disability & Group Voluntary Disability Insurance Plans.....	800-275-8686
Group Health Advocate	866-695-8622
Group Long-Term Care Insurance Plan (grandfathered plan).....	800-275-8686
Group Term Life Insurance Plan	800-275-8686
Group Vision & Group Voluntary Vision Care Plans	800-999-5431
Legal Service Plan	800-626-8101
Level Term Life Insurance Plan.....	888-386-9788
Long-Term Care Insurance Plan (MetLife grandfathered plan).....	800-638-0133
Long-Term Care Insurance Plan (NYLTCB)	888-884-0077
P & A Administrative Services, Inc.....	800-688-2611
Personal Property and Liability Insurance Plan.....	866-697-8822
Senior Term Life Insurance Plan (grandfathered plan)	888-386-9788
Term Life Insurance Plan.....	888-386-9788
The Preferred Group Plans, Inc.	800-573-7474
Vision Plan	800-626-8101
WrapPlan [®] Term Life Coordination Program (grandfathered plan)	866-697-8897
WrapPlan [®] II Universal Life Insurance Plan.....	866-697-8897