



New York City Board of Education Employees
125 Barclay Street, Room 650, New York, N.Y. 10007 - (212)815-1372 - www.local372.org
Affiliated with District Council 37, American Federation of State, County & Municipal Employees, AFL-CIO

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June 12, 2017

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Through collective bargaining the City and your Union, Local 372, District Council 37 are continuing the summer health benefit for eligible School Crossing Guards. If you have worked continuously since January 2017 and are currently enrolled in the City health plan coverage, you will be able to purchase health plan coverage this summer at a fraction of COBRA rates. Your coverage will continue without interruption if you complete the enclosed enrollment form and return it with the full payment to your health plan.

The enclosed rate chart shows the total costs for your basic and optional benefits coverage for the entire summer period. *Send full payment, together with the completed enrollment forms A and B, to your health plan, as soon as possible.* Health plan addresses are included in this package.

Please note that YOU CANNOT CHANGE YOUR ENROLLMENT STATUS for summer coverage. If you are currently enrolled in Individual coverage you may only enroll in Individual summer coverage. If you are currently enrolled in Family coverage you may only enroll in Family summer coverage. You may not change health plans or add or drop dependents for summer coverage. The exception to this would be if you experience a Qualifying Event such as marriage, divorce, birth, adoption, etc. and make that change within the 31 days of the event as stated in the Summary Program Description.

It is important that you send the form and payment directly to your health plan as soon as possible, and that you use the appropriate rate when making out your check to the health plan. If you do not send the enrollment form and full, correct payment directly to your health plan, your summer coverage will be delayed.

If you return to work during the summer, make sure that you notify the Police Department health benefits office at 646-610-5168 to have your employee health coverage reinstated.

We wish you a happy, healthy summer.

Sincerely,

Shaun D. Francois I
President, Local 372

LABOR DONATED

TRUSTEES: ANTONIO JORDAN, 3 YEAR TRUSTEE · MAYRA VEGA, 2 YEAR TRUSTEE · WILLIE MITCHELL, 5 YEAR TRUSTEE



New York City Office of Labor Relations
Health Benefits Program

nyc.gov/olr



SCHOOL CROSSING GUARDS
SUMMER HEALTH PLAN COVERAGE

2017 ENROLLMENT FORM

Complete this form and return it to your health plan with the appropriate payment as soon as possible.

A rate chart and a list of health plan addresses are provided with this package. Please make the check or money order for the full amount payable to your health plan. Write the words SCHOOL CROSSING GUARD on the envelope to ensure that your enrollment and payment will be processed promptly and accurately. Rates are current and subject to change.

YOU CANNOT CHANGE YOUR ENROLLMENT STATUS for summer coverage. If you are currently enrolled in Individual coverage, you may only enroll in Individual summer coverage, and, if you are currently enrolled in Family coverage, you may only enroll in Family summer coverage. You may not change health plans or add or drop dependents for summer coverage. The exception to this would be if you experience a Qualifying Event such as marriage, divorce, birth, adoption, etc. and the change is made within the 30 days of the event (as stated in the Health Benefits Summary Program Description).

Name: _____ Last _____ First _____ M.I. _____

Address: _____

Social Security Number: _____ EMPLID: _____

CONTRACT TYPE: (please choose one) Individual Family

Health Plan	Basic Only	Basic w/Optional Rider	Health Plan	Basic Only	Basic w/Optional Rider
GHI-CBP/EBCBS	<input type="checkbox"/>	<input type="checkbox"/>	CIGNA HealthCare	<input type="checkbox"/>	<input type="checkbox"/>
GHI HMO	<input type="checkbox"/>	<input type="checkbox"/>	Empire EPO	<input type="checkbox"/>	<input type="checkbox"/>
HIP Prime HMO	<input type="checkbox"/>	<input type="checkbox"/>	Empire HMO	<input type="checkbox"/>	<input type="checkbox"/>
HIP Prime POS	<input type="checkbox"/>	<input type="checkbox"/>	Vytra	<input type="checkbox"/>	<input type="checkbox"/>
DC 37 Med Team	<input type="checkbox"/>	<input type="checkbox"/>	MetroPlus	<input type="checkbox"/>	<input type="checkbox"/>
Aetna EPO	<input type="checkbox"/>	<input type="checkbox"/>			

LIST DEPENDENT(S) TO BE COVERED BELOW (for additional dependents, use a separate sheet)

Spouse:

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Dependent:

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Does dependent currently have Disabled status with the health plan? Yes No

Dependent:

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Does dependent currently have Disabled status with the health plan? Yes No



New York City Office of Labor Relations
Health Benefits Program
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HBP

HEALTH PLAN ADDRESS and CONTACT PERSON

You should complete the enrollment form and return it to your health plan at the address listed below, including the contact person's name. Please include the appropriate payment as soon as possible with **SCHOOL CROSSING GUARD** written on the envelope to ensure that your enrollment and payment will be processed promptly and accurately.

GHI Health Inc.
EmblemHealth
55 Water Street
New York, NY 10041
Attn: Margaret Dearlove,
Enrollment Dept.

HIP Prime HMO and Prime POS
EmblemHealth
55 Water Street
New York, NY 10041
Attn: Margaret Dearlove,
Enrollment Dept.

GHI HMO SELECT, INC
EmblemHealth
55 Water Street
New York, NY 10041
Attn: Margaret Dearlove,
Enrollment Dept.

Cigna HealthCare
140 East 45th Street, 9th floor
New York, NY 10017
Attn: Jaikish Lewis-Giue – School Xing

Med Team/Choice
125 Barclay Street
New York, NY 10007
Attn: Rose-Ann Socci

Aetna
151 Farmington Avenue
Hartford, CT 06156
Attn: Michelle Wrenn, AWB3

Empire HMO and EPO
3 Huntington Quadrangle, 3rd floor
Melville, NY 11747
Attn: Lillian Jones

Vytra Health Plan
EmblemHealth
55 Water Street
New York, NY 10041
Attn: Margaret Dearlove,
Enrollment Dept.

MetroPlus Health Plan
160 Water Street
New York, NY 10038
Attn: Karen Leung

Make the check or money order for the full amount payable to your health plan.

**NYC HEALTH BENEFITS PROGRAM
SCHOOL CROSSING GUARD 2017 SUMMER HEALTH PLAN COVERAGE**

Total Employee Contributions Required for 5 Bi-Weekly Periods

NOTE: Rates used are as of 6/21/2017 and are subject to change

BASIC COVERAGE			COVERAGE with Optional Rider <small>(Optional rider is for prescription drug coverage unless otherwise noted)</small>		
HEALTH PLAN NAME	INDIVIDUAL Cost	FAMILY Cost	HEALTH PLAN NAME	INDIVIDUAL Cost	FAMILY Cost
GHI - CBP / EBCBS	\$143.44	\$375.97	GHI - CBP / EBCBS <small>(rider is for non-participating provider benefits)</small>	\$156.04	\$407.92
HIP Prime HMO	\$156.62	\$383.72	HIP Prime HMO <small>(rider is for private duty nursing & appliances)</small>	\$173.92	\$426.02
Aetna EPO	\$620.37	\$2,657.47	Aetna EPO	\$3,058.12	\$9,495.12
CIGNA	\$1,842.47	\$4,956.32	CIGNA	\$2,448.72	\$6,771.42
Empire EPO	\$1,563.87	\$3,981.22	Empire EPO	\$2,056.12	\$5,187.97
Empire HMO	\$837.47	\$2,388.92	Empire HMO	\$1,329.72	\$3,595.67
GHI HMO	\$477.72	\$1,358.97	GHI HMO	\$1,106.62	\$2,962.37
HIP Prime POS	\$2,351.87	\$5,762.07	HIP Prime POS	\$3,006.47	\$7,365.77
Med Team (DC37 Members ONLY)	\$156.62	\$383.72	Med Team (DC37 Members ONLY)	Rider not available	Rider not available
Metroplus	\$156.62	\$383.72	Metroplus	\$590.87	\$1,381.12
Vytra	\$384.37	\$1,271.72	Vytra	\$928.62	\$2,687.12