CONTINUATION OF DENTAL & VISION COVERAGE AS A RETIREE

CAN I CONTINUE MY DENTAL & VISION COVERAGE AS RETIREE?

Yes – eligible Active Employee(s) covered under the Cambridge Public Employees Dental & Vision Fund, have the right to purchase and elect Dental & Vision Continuation Coverage through COBRA (the federal Consolidated Omnibus Budget Reconciliation Act) – administrated through the Fund, when coverage would otherwise terminate due to your retirement for a maximum of 18 months.

COBRA may extend beyond the 18 months for retirees receiving a retirement pension from the Cambridge Retirement System or MTRS (Massachusetts Teachers Retirement System) until eligible for the Annual Retiree Continuation Coverage, which opens every January 1st.

If you are not receiving a retirement pension – you will not be eligible to continue your dental and vision coverage beyond COBRA – your coverage will cease when COBRA ends or sooner if you stop making your premium payments, covered under another plan, or request to discontinue coverage.

WHEN WILL MY DENTAL & VISION COVEARGE END AFTER I RETIREE?

Dental & Vision benefits as an active employee will terminate at the end of the month of your retirement date, unless your retirement date is the first of the month, then your coverage will terminate the same date (1st of the month). Example:

- If you retire May 2nd then your coverage will terminate May 31st
- If you retire May 1st then your coverage will terminate May 1st

HOW AM I NOTFIED?

Once the Dental & Vision Fund receives notification of your retirement from either Cambridge Retirement System or MTRS (CEA Retiree) via School Benefits Office; the Fund will mail a COBRA Continuation Election Notice & Form that you are eligible as a retiree to elect COBRA Retiree Continuation Coverage at a monthly premium cost. Please make sure the Fund has your current address on file, prior to retirement.

HOW DO I ENROLL?

Once you receive your COBRA Continuation Election Notice & Form from the Fund you will have until a set date after your retirement to mail in your completed Election Form and monthly premium payment(s) to the Fund. Information on when your COBRA Election Form is due, monthly premium cost, COBRA effective date, etc. – will be outlined in the COBRA Notice mailed to you. **If you do not Elect COBRA Continuation coverage when it is offered to you by the deadline date, you will not be eligible in the future to elect dental and vision coverage through the Fund – you must elect continuation coverage by the due date outlined in the COBRA Notice.**

If you do not receive your COBRA Notice after your retirement date, please contact the Fund Office on the status of your Notice.

WHAT IS THE COST FOR COBRA RETIREE COVERAGE?

Retiree COBRA Continuation Coverage: The monthly premium cost of Retiree COBRA Continuation Coverage will be outlined in your initial election notice. The monthly premium cost is subject to change each year – not a set price. The current COBRA Monthly Premium Rates can be found on the Funds website: www.cdvfund.org.

HOW DO I MAKE COBRA PAYMENTS?

Your initial premium payment due must be paid by check or money order made payable to the Cambridge Dental & Vision Fund (CDVF) and mailed to the address outlined on the COBRA Election Form.
After submitting your COBRA Election Form and making your first initial payment via check or money order, you can make subsequent premium payments online through the Fund's membership portal at https://member.cdvfund.org.

The link to create an account is on the Fund website at www.cdvfund.org. Please confirm your email address on file with Fund before you create an account – *this is the email address you will need to create an account and must match what the Fund has on file*. If you already have an existing account, you can simply log in. If you need to update or change your email address, please notify the Fund – this may require re-registration.

After your initial payment by check or money order you can start to pay your monthly premiums online by either credit card or debit card. **There is no automatic withdrawal at this time** – must go into member portal directly and make payments – can pay more than one month at a time.

AFTER THE FIRST INITIAL PAYMENT, WHEN IS MY NEXT COBRA PREMIUM DUE?

After your first initial premium payment, your next premium is due 30 days in advance on the first of each month and should be received on or before the due date. For example, June premium would be due on the first of May.

IS THE RETIREE COVERAGE THE SAME ACTIVE EMPLOYEES?

Yes – the coverage is the same Dental & Vision Coverage you had as an Active Employee. It is a continuation of your benefits. Your Subscriber ID with Delta remains the same, along with your claims and benefits history.

ARE MY DEPENDENT(S) ELIGIBLE UNDER MY RETIREE COVERAGE?

Yes **– if your dependent(s) were "active" on your coverage prior to retirement** – must be currently active & enrolled on your Active Employee Dental & Vision Coverage.

Please check with Dental & Vision Fund prior to retirement to see who is active on your coverage. **You will not be able to add/enroll dependent(s) after retirement**.

COVERED ELIGIBLE DEPENDENT(S) INCLUDE?

Your Spouse (must be enrolled/active prior to retirement) – spouses receiving a survivor's benefits and your dependent children are eligible to be covered, unless the surviving spouse remarries, then coverage is terminated.

Your Dependent Children - must be enrolled/active prior to retirement. **Once a dependent child turns 19 years of age, they must meet one of the dependent children eligibility requirements listed below** to remain "active" on your coverage. It is the responsibility of the subscriber (retiree) to submit in the requirements to the Fund.

- **Dependent Children (Full-Time Student)** – can remain on coverage up to age 25 (terminates on 25th birthday). **Must provide the Fund Office with a full-time student verification letter each semester,** dated after the start of each semester. Part-time or half-time students are not eligible. College transcripts, grade reports, or payment schedules do not qualify for proof of verification.

- **Dependent Children Aged 19 – under 26** – can remain on coverage up to age 26 (terminates on 26th birthday). **Must complete a Dependent Children Aged 19-26 Application and submit that to the Fund Office** – only if the dependent meets all the requirements below:

  Unmarried, not working full-time, not enrolled in another dental plan, financially dependent on the subscriber for support, and claimed as a dependent on the member federal taxes. *Please note that the Fund can request proof that your dependent child is claimed on your taxes*.

- **Disabled Dependent Children** - totally disabled, handicapped, and mentally disabled children maybe eligible for coverage regardless of age. If your child is permanently disabled and claimed as a dependent on your federal tax returns – a **Disabled Dependent Application Form must be completed** & submitted to the Fund.

WHAT HAPPENS IF THE RETIREE DOES NOT WANT TO ELECT COBRA, BUT THEIR SPOUSE WANTS TO CONTINUE COVERAGE?

In the event a Retiree does not wish to elect COBRA Continuation Coverage, their spouse is eligible to elect COBRA Continuation Coverage for themselves and eligible active dependent children for up to the maximum of 18 months, then coverage would end, unless:

If their spouse is eligible to receive a survivor's benefit retirement pension through the Cambridge Retirement System or MTRS (Massachusetts Teachers Retirement System) then COBRA could extend beyond the 18 months, until the Annual Retiree Continuation Coverage opens every January 1st.

The spouse would be the primary member if the retiree does not continue the coverage, and will be eligible as if they are the Retire. The dental and vision coverage benefits would remain the same and be a continuation of their previous coverage under the Retiree. **The only change will be that the spouse will now be the primary account holder, and a new Delta Dental Subscriber ID card will be issued with the new primary account holder information**.

HOW LONG CAN I REMAIN ON COBRA RETIREE CONTINUATION COVERAGE?

Retirees can remain on COBRA Retiree Continuation Coverage if elected for potentially 18 months (may extend beyond 18 months if eligible for the Annual Retiree Buy-In Coverage – to be eligible must be receiving a retirement pension from the Cambridge Retirement System or MTRS (Massachusetts Teachers Retirement System). In addition, you must make all your premium payments on time and keep your coverage in good standing.

WHAT HAPPENS WHEN COBRA RETIREE CONTINUATION COVERAGE ENDS?

When COBRA Retiree Continuation Coverage ends – retirees will then be eligible to continue under the Fund's Annual Retiree Buy-In Continuation Coverage that opens each January 1st, at an annual premium rate (retirees are no longer eligible to pay a monthly premium rate under COBRA).

The Fund will notify you once your COBRA Retiree Continuation Coverage ends and will mail you Annual Retiree Buy-In Election Notice and Application. Your coverage will continue once your Election Form and Annual Premium is received.

HOW LONG CAN I REMAIN ON THE ANNUAL BUY-IN RETIREE COVERAGE?

You can remain on the coverage as a retiree as long as you want, regardless of Medicare, as this does not affect your Dental & Vision Retiree Coverage. Must make all premium payments on time, any late payments are subject to termination without the option of reinstatement.

Your surviving spouse in case of your death can continue the coverage – must be collecting on your retirement pension to remain on.

WHAT IS THE COST FOR THE ANNUAL BUY-IN RETIREE COVERAGE?

Annual Buy-In Retiree Coverage: When COBRA Retire Coverage ends the Annual Retiree Buy-In Rates will be outlined in your election notice. The Annual premium cost is subject to change each year – continuation notices with rate change will be sent each year. The current Annual Buy-In Retiree Premium Rates can be found on the Funds website: www.cdvfund.org.

You must have all your COBRA premium payments paid before you can elect and continue coverage under the Annual Buy-In Retiree Coverage. Can either be paid by check, money order, or online through the membership portal. Must be registered under the membership portal to pay online.

WHAT ARE MY BENEFITS – SUMMARY?

Dental Plan - Delta Dental PPO Plus Premier: Delta Dental administrators the dental and is responsible for processing and paying dental claims see attached Delta Summary.

Vision Plan - Vision Service Reimbursement Plan: administered by the Fund and is not an insurance, but a reimbursement plan that allows up to the maximum reimbursement benefit of $450 for vision services –prescription glasses (lenses and frames) and/or contact only, other limitations – see attached Vision Summary.

COBRA RETIREE 2026 RATES

TIER	MONTHLY PREMIUM	ANNUAL WITH 10% DISCOUNT
INDIVIDUAL	**$62.00**	**$669.00**
TWO-PERSON	**$123.00**	**$1,328.00**
FAMILY	**$169.00**	**$1,825.00**

Annual 10% discount is only for COBRA Retiree whose effective date is January 1st of the year or for current COBRA Monthly Retiree continuing their coverage from the previous year - example you were on COBRA Retiree Monthly Coverage for 2025 and you are continuing for 2026 – you have the option to continue monthly or pay an annual premium with 10% discount.

The Annual COBRA Retiree option is only available January 1st of each year; you will be given the option if you are eligible at the time of election or renewal.

Important Information – COBRA Rates are subject to change each year, these rates above are the current year rates for 2026. You will be notified of any rate changes by mail – please make sure your mailing address is current with the Fund Office.