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HUMAN RESOURCES

To: Full-time Benefit Eligible Employees and Benefit Eligible College Assistants

From: Donna Katz, SPHR *DK*  
 Associate Director of Human Resources

Date: October 14, 2009

Re: Open Enrollment/Transfer Period for Health Plans, Flexible Spending Accounts and Health Benefits Buy-Out Waiver Program

I write to inform you about the open enrollment/transfer period for the benefit programs listed below. Please pay close attention to the dates.

<u>Benefit Plan</u>	<u>Open Enrollment/Transfer Period</u>
Health Plans	November 1- November 30
Flexible Spending Accounts	September 21- November 13
Health Benefits Buy-Out Waiver Program	September 21- November 13
Delta Dental (PSC/CUNY Covered Employees)	November 1-November 30

**Health Plans**

During the transfer period for health plans, you may:

- transfer to another health plan;
- add or drop an optional rider;
- add or drop dependents, this is the only time that you can make changes in your dependent status without a qualifying event;
- elect to waive your health coverage; and
- change your health premium tax status.

Health benefit information and applications are available in the Office of Human Resources (OHR) at 135 East 22 Street Room 200. Information on health plans can also be found at [http://www.nyc.gov/html/olr/html/health/prog\\_info.shtml](http://www.nyc.gov/html/olr/html/health/prog_info.shtml) and the rate sheet can be found at [www.nyc.gov/html/olr/downloads/pdf/healthb/emp\\_rates.pdf](http://www.nyc.gov/html/olr/downloads/pdf/healthb/emp_rates.pdf) Health benefits applications can be found at <http://www.nyc.gov/html/olr/downloads/pdf/healthb/erbapp.pdf> *The completed application, along with marriage and birth certificates for dependent children (if applicable), must be returned to OHR. Please make sure that you select a primary care physician for each family member for all plans except GHI/CBP, CIGNA and Empire EPO.*

***\* Changes to your health plan will become effective January 14, 2010 (reflected in the following paycheck). Review your pay stub at that time to make certain the changes you elect are reflected.***

*Please keep in mind that rate changes may occur during the year in some health plans.*

## **Flexible Spending Accounts**

Flexible spending accounts give you the opportunity to put aside money on a pre-tax basis for the Dependent Care Assistance Program (DeCAP) and the Health Care Flexible Spending Account (HCFSA). *Forms are sent to the address at the top of the form, not OHR*

DeCAP provides you the opportunity to use tax-free dollars to pay for expenses to care for your dependents, so that you and your spouse may work. HCFSA helps you pay for health-related expenses unreimbursed by your health, dental or vision care insurance. Over the counter drugs are also included.

Information and application forms are available in OHR.

You can also download the brochure at and the enrollment application at

[http://www.nyc.gov/html/olr/downloads/pdf/fsa/2010\\_FSA\\_ProgramBrochure.pdf](http://www.nyc.gov/html/olr/downloads/pdf/fsa/2010_FSA_ProgramBrochure.pdf)

[http://www.nyc.gov/html/olr/downloads/pdf/fsa/2010\\_FSA\\_EC\\_Form.pdf](http://www.nyc.gov/html/olr/downloads/pdf/fsa/2010_FSA_EC_Form.pdf)

Employees currently enrolled in these plans will receive enrollment materials from the City of New York's Pre-Tax Benefits Office. Each year you must re-enroll directly with the City of New York. Enrollment applications must be returned directly to the City Of New York at the address at the top of the form.

Deductions will be reflected in the January 28, 2010 paycheck. ***Review your pay stub at that time to make certain the changes you elect are reflected.***

## **Health Benefits Buy-Out Waiver Program**

The Health Benefits Buy-Out Waiver Program allows employees to waive their health benefits if they have non-City health coverage through another source. A cash incentive of \$500 for individual and \$1000 for family coverage, per calendar year is paid in your regular paycheck. The incentive is paid in two installments. The first installment covers January 1-June 30, and is typically paid in July. The second installment covers July 1-December 31, and is paid typically in January.

Application forms are available in OHR. You can also download the two applications, the health benefits application and the buy out waiver form at <http://www.nyc.gov/html/olr/downloads/pdf/healthb/erbapp.pdf>  
[http://www.nyc.gov/html/olr/downloads/pdf/fsa/2010\\_MSCfrm.pdf](http://www.nyc.gov/html/olr/downloads/pdf/fsa/2010_MSCfrm.pdf)

The two completed applications, along with proof of insurance coverage and marriage and birth certificates for dependent children, if applicable, must be returned to OHR.

**Delta Dental** -PSC/CUNY Covered Employees Only. *Forms are sent to the address at the top of the form, not OHR*

Information booklet, application forms to enroll and opt out are available in OHR. You can also download the booklet and forms at

Information: <http://deltadentalins.com/>

Enroll: [http://www.baruch.cuny.edu/hr/documents/NY2502PSC-Form\\_8-13.pdf](http://www.baruch.cuny.edu/hr/documents/NY2502PSC-Form_8-13.pdf) (You must select a dentist along with a group number which available in the above link)

Opt Out: <http://www.pscunywf.org/PDF/DeltaDisenrollmentForm.pdf>

Full-time, tax-levy employees, based on their employment status, are eligible for the above plans. College Assistants are eligible for the above plans if they have an appointment of at least six months and have worked for the College for at least 90 days, with at least 40 hours per payroll. These criteria must be maintained in order to remain eligible.

If you require additional information please contact OHR at (646) 660-6590 or e-mail [Safia.Mohammed@baruch.cuny.edu](mailto:Safia.Mohammed@baruch.cuny.edu).