Fall 2015 Annual Transfer Period Announcement

The New York City Health Benefits Program (NYCHBP) 2015 Fall Transfer Period will take place from Thursday, October 1, 2015 through Saturday, October 31, 2015. This is your once a year opportunity to review your current health and prescription drug options to determine which plans best meet your needs and submit changes. The changes requested during the Transfer Period will be effective the first day of the first full payroll period in January 2016.

The following changes to the City Health Benefits are permitted during the Transfer Period:

- Transfer from your current City Health Plan into another City Health Plan for which you are eligible by completing the Health Benefits Application Form.
- Add or drop the optional rider coverage in your current health plan by completing the Health Benefits Application Form.
- Add or drop a dependent(s) by completing the Health Benefits Application Form. Please see below regarding **REQUIRED DOCUMENTATION** for dependent eligibility.
- Transfer in or out of the Buy-Out Waiver Program by completing both the Health Benefits Application and the 2015 Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program Form.
- Change your health premium contribution tax status by completing the 2015 Medical Spending Conversion (MSC) Form.

Please be reminded, as a result of the Dependent Eligibility Verification Audit (DEVA), the Office of Labor Relations (OLR) established some new requirements last year for dependent health benefits coverage. Enrollment requests for eligible dependents must be accompanied by documentation certifying the relationship to the employee. Some examples of acceptable proof of dependency are, but not limited to: Marriage License, Domestic Partnership Certificate, Birth certificate, adoption or Legal Guardianship papers, etc. Copies are acceptable; however, the plan administrator may request the original at a later date. Please visit the following link for a complete list of all the dependent eligibility documentation requirements: [http://www.baruch.cuny.edu/hr/benefits.htm](http://www.baruch.cuny.edu/hr/benefits.htm)

**New Health Plan effective January 2016 – MetroPlus Gold**

As of January 2016, MetroPlus Gold will be available to all employees, their spouses or qualified domestic partners and eligible dependents. Some of the benefits of MetroPlus Gold include:

**No-cost health care**: The basic MetroPlus Gold plan has no employee premium for employees and dependents.

**No deductibles**: There are no deductibles for any covered services, so you can start saving right away.

**No paperwork**: There are no bills or claim forms for in-network services.
**Extensive provider and hospital network:** MetroPlus has providers in over 22,000 sites in Manhattan, Brooklyn, Queens and the Bronx. (Staten Island network is pending.) PCPs are located in private doctor’s offices, neighborhood family care sites and hospitals. MetroPlus has agreements with over twenty hospitals in NYC, including NYC Health + Hospitals’ facilities and Diagnostic and Treatment Centers.

For a benefit summary and further information regarding this plan, please visit the following links:


http://www.baruch.cuny.edu/hr/documents/HealthPlanRates-July2015revised062515.pdf

**PSC-CUNY Welfare Fund Supplemental Benefits**

If you are covered under the PSC-CUNY Welfare Fund, you are permitted to make changes to the following supplemental benefits during this Transfer Period:

- Dental
- Vision Plans – You may change your current service provider every two years from the last service date. You may contact the PSC-CUNY Welfare Fund directly to find out when you may become eligible to submit changes for this plan.

**DC-37 Health and Security Fund Benefits**

You may enroll in the Health and Security Plan Benefits if you are a DC-37 Fund covered member at any time by completing the DC-37 Enrollment Form and submitting it directly to the address indicated on the form. Please contact the Health and Security Fund directly at 212-815-1234 for more information on these plans.

Members of other locals should contact their benefit representatives directly for information on their supplemental benefits.

**Plan Information Links and Forms**

The enrollment forms can be obtained via the links below:

- Baruch College Office of Human Resources (OHR)
  http://www.baruch.cuny.edu/hr/benefits.htm
- Office of Labor Relations (OLR)
  http://www1.nyc.gov/site/olr/health/healthhome.page
- PSC-CUNY Welfare Fund
  http://www.pscunywf.org/full-time-actives/eligibility/PDFAllPages
- DC-37 Health and Security Plan Benefits
  http://www.dc37.net/benefits/health.html
NOTE: If you are currently enrolled and do not wish to make any changes to your current elections, you do NOT need to do anything at this time. You will continue to remain covered under your current health plan, provided that you continue to meet the eligibility criteria.

Late Transfer Period Applications

If you are unable to submit a Health Benefits Application during the Transfer Period due to a prolonged absence, including vacation of more than 30 days, you may do so within 31 days of returning to work. Please note that if an application is submitted after the Transfer Period, the effective date will be the first day of the next payroll period. Once an application is submitted, it cannot be withdrawn or altered.

Mid-Year Changes

If you experience a qualifying change in status (i.e. birth, marriage, divorce, loss of other coverage, etc.) anytime during the 2015/2016 Plan Year, you must notify the Office of Human Resources within 31 days of the event to make changes to your benefits election.

Patient Protection and Affordable Care Act

90 day Wait – Please be reminded that as of July 1st, 2014, for those employees in titles/status subject to a 90 day wait, coverage will begin on the 91st day. Previously, coverage began on the first day of the first pay period following the 90th day.

Age 29 Young Adult Coverage – Please be reminded, as of July 1, 2014, you may enroll your young adult dependent(s) under the age of 26 on your coverage regardless of the Young Adult’s access to other coverage. Previously, this coverage was not available if the Young Adult Dependent had access to coverage from another source. If you are adding a Young Adult Dependent between the ages of 19 and 26, you are no longer required to submit a completed Young Adult Eligibility Certification Form.

Regards,

Sabina Richards
Deputy Director, Office of Human Resources