

Central at (212) 487-0500 (Department of Education employees should contact HR Connect at (718) 935-4000 and H + H employees should contact Shared Services at (646) 458-5634).

The City does not reimburse employees or their dependents for their Medicare Part B premiums. Medicare Part B premium reimbursement will be available at retirement when Medicare becomes the primary plan.

SPECIAL PROVISIONS OF THE SOCIAL SECURITY ACT FOR THE DISABLED

Dependents of employees who are covered by Medicare through the Special Provisions of the Social Security Act for the Disabled are eligible for the same continuation of primary coverage in the City health plans (unless waived) and Medicare becomes secondary coverage.

The rules differ for persons eligible for Medicare due to end-stage renal disease. Consult your Medicare Handbook or local Social Security Office for further information.

RETIRING EMPLOYEES WHO ARE MEDICARE ELIGIBLE

In order to enroll in Retiree Health Benefits at retirement, employees must complete a Retiree Health Benefits Application and submit it to their agency personnel office for certification and verification of eligibility.

At retirement, employees may choose to cover eligible dependents who were not previously covered on their City health plan. The employee must include their eligible dependent information on the Retiree Health Benefits Application. However, if your spouse/domestic partner is currently enrolled in a private Medicare plan, they may be disenrolled from their plan as a result of enrollment in City health benefits coverage as a dependent.

Retired employees may also waive their City health coverage in retirement.

SECTION II – RETIREE HEALTH BENEFITS

YOUR RESPONSIBILITIES

It is important that you know how your health plan works and what is required of you. Here are some important things that you need to remember:

- Complete an enrollment form to add new dependents (newborn, adoption, marriage) within 30 days after the event;
- Notify the NYC Health Benefits Program and your health plan in writing when your address changes;
- Review your pension check to ensure appropriate premiums are deducted;
- Know your rights and responsibilities under COBRA continuation coverage.

IF YOU NEED ASSISTANCE

Retirees with questions about benefits, services, or claims should write or call their health plan. When writing to the plan, give your certificate number, name and address.

The Health Benefits Program is also available to provide service and information to City retirees who have questions about or problems with their health benefits or pension check deductions.

Retirees contacting the Health Benefits Program should always include the following information (please print clearly):

Name, Address, Telephone Number and Email Address
Complete Social Security Number
Agency from which you retired
Union/Welfare Fund
Pension Number

WHO DO I CONTACT AFTER RETIREMENT?

Retirees can contact the Health Benefits Program:

- For questions concerning eligibility and enrollment
- For questions regarding deductions for health benefits taken from your pension check
- For Transfer Period information
- To obtain applications to make changes to your coverage such as adding/dropping dependents, adding/dropping the optional rider, waiving health coverage and to change plans (excluding Medicare HMOs, which require a special application from the health plan)
- For notification of enrollment in Medicare
- For questions regarding Medicare Part B premium reimbursements
- To obtain information and an application for COBRA benefits
- To change your address
- If health coverage has been terminated for you and/or your dependents

Contact the Health Benefits Program:

In-person - City of New York Health Benefits Program
22 Cortlandt Street – 12th Floor
New York, NY 10007

The Health Benefits Retiree Client Service Center is open for in-person meetings on Wednesdays only, **by appointment only**. It remains closed to walk-in visitors. To make an appointment to meet with a Client Service Representative call (212) 513-0470. Appointments will be available on a first-come, first-served basis.

By phone - Retiree Client Service Call Center Representatives are available 10am to 4pm, Monday through Friday, except holidays by calling (212) 513-0470.

Visit our website at: www.nyc.gov/hbp

WHEN SHOULD I CONTACT MY HEALTH PLAN?

- If you have questions regarding covered services
- To obtain written information about covered services
- For information about the status of pending claims or claim disputes
- For claim allowances (How much will a plan pay towards a claim?)
- For health plan service areas

When writing to a health plan, include your name and address, certificate number, date(s) of service, and claim number(s), if applicable. Some plans also allow inquiries through their Websites. (Refer to your health plan identification card or plan booklet for telephone numbers.)

WHEN SHOULD I CONTACT MY UNION/WELFARE FUND?

For information about:

- Prescription drug coverage (if applicable)
- Vision benefits
- Dental benefits
- Life Insurance (if applicable)

To report all changes in family status, including domestic partnership.

ENROLLMENT ELIGIBILITY FOR CITY HEALTH BENEFITS AS A RETIREE

The following summarizes eligibility policy as of the date of this publication. Your actual eligibility for benefits will be determined by the City policy in place at the time you retire, and the benefits applicable to you should be ascertained at that time. You should speak with your current employer to ascertain your eligibility.

RETIREES ARE ELIGIBLE (IF YOU MEET ALL OF THE CRITERIA):

1. You have at least ten (10) years of credited service as a member of a retirement system maintained by the City or the Department of Education (if you were an employee of the City on or before December 27, 2001, then you must have at least five (5) years of credited service as a member of a retirement system maintained by the City);
OR
2. You have at least fifteen (15) years of credited service as a member of either the Teachers' Retirement System or the Board of Education Retirement System if you were an employee of the City or the Department of Education appointed on or after April 28, 2010, and held a position represented by the recognized teacher organization* on the last day of paid service. Where this paragraph and paragraph (1) both apply, this paragraph controls.

*The current recognized teacher organization is the United Federation of Teachers.

AND

3. During the minimum period of credited service required for eligibility under paragraph (1) or (2) above, or at the time of separation from employment with the City or the Department of Education, you were working regularly for twenty (20) or more hours a week and eligible for City health benefits as an employee of the City or the Department of Education.
AND
4. You receive a pension check from a retirement system maintained by the City or the Department of Education.

EXCEPTIONS:

Accidental disability retirement: If you retire from the City or the Department of Education because of an accidental disability, as a current or former member of a retirement system maintained by the City or the Department of Education, and you receive a pension check from such system, you are eligible for retiree health benefits.

Other Participating Employers in the City's Health Benefits Program

Members of retirement systems not maintained by the City or the Department of Education, such as former employees of some institutions or entities participating in the Cultural Institutions Retirement System and former employees participating in the Optional Retirement Program of the City University of New York, may be eligible for health coverage. In addition, former employees of certain non-City employers that participate in retirement systems maintained by the City or the Department of Education, such as the NYC School Construction Authority, the NYC Transit Authority, New York City Housing Authority and the NYC Health + Hospitals, may be eligible for retiree health insurance coverage. Former employees of the foregoing types of employers should confirm eligibility with the personnel offices of their former employers.

DEPENDENTS ARE ELIGIBLE IF THEIR RELATIONSHIP TO THE ELIGIBLE PARTICIPANT IS ONE OF THE FOLLOWING:

1. A legally married spouse, but never an ex-spouse.
2. A domestic partner. More details concerning eligibility are available from the Office of Labor Relations Domestic Partnership Liaison Unit at 212-306-7605 or online at nyc.gov/hbp.
3. Children under age 26 (whether married or unmarried):
 - a) natural children;
 - b) children for whom a court has accepted a consent to adopt and for the support of whom a retiree has entered into an agreement;
 - c) children required to be covered under a qualified medical child support order until the court order expires, at which time the child may continue to be eligible for coverage under (a) or (b) above;
 - d) children for whom a court of law has named the retiree as legal guardian;
 - e) any other child who lives with a retiree in a regular parent/child relationship and is the retiree's tax dependent. A child is the retiree's tax dependent if the retiree claims the child on his/her income tax return as a dependent.

Coverage will terminate for children (other than eligible disabled children) at the end of the month in which the child reaches age 26.

Exception: Unmarried, disabled children age 26 and older, who cannot support themselves, are eligible for continued coverage if the following criteria are met:

1. the disability occurred before the age at which the dependent coverage would otherwise terminate, and
2. the proof of disability was approved by the health plan at least 30 days before the date the dependent reached age 26.

The eligibility for such dependents only applies to current retirees whose disabled dependent children reach the age limitation while covered by a City health plan. Retirees may not add disabled dependent children to their health plan coverage, if the child is already over age 26.

HOW TO ENROLL FOR HEALTH BENEFITS

You must file a Retiree Health Benefits Application at your personnel office prior to retirement to continue your coverage into retirement. If you are Medicare-eligible and are enrolling in a Medicare Advantage/Medicare HMO you must complete an additional application form, which must be obtained directly from the health plan. If you are retired from a cultural institution, library, or the Fashion Institute of Technology, or if you receive a TIAA pension and are eligible for City health coverage, you must file a Health Benefits Application with your former employer.

- a. If you are including a spouse on your coverage, and you have been married for one year or less, you must submit a Government issued Marriage Certificate. If you are including a spouse on your coverage, and you have been married for more than one year, you must submit a Government issued Marriage Certificate AND Federal Tax Returns from the last two years, (only send the first page of each tax return which shows your spouse) OR Proof of Joint Ownership issued within the last six months (with both names) such as a mortgage statement, lease agreement, utility bills, bank statement, credit card statements and property tax statements.
- B. If you are including a domestic partner on your coverage, and you have been registered for one year or less, you must submit a Government issued Certificate of Domestic Partnership. If you are including a domestic partner on your coverage, and you have been registered for more than one year, you must submit a Government issued Certificate of Domestic Partnership AND Proof of Joint Ownership issued within the last six months (with both names) such as a mortgage statement, lease agreement, utility bills, bank statement, credit card statements and property tax statements.

WAIVER OF HEALTH BENEFITS

Every retiree eligible for City health benefits must either enroll for coverage or waive membership by completing the appropriate sections of the Health Benefits Application.

EFFECTIVE DATES OF COVERAGE

Coverage becomes effective according to the following:

FOR RETIREES

If you file the Health Benefits Application for continuation of coverage into retirement with your agency personnel office prior to retirement (ideally provide 6 to 8 weeks' notice), coverage begins on the day of retirement for most retirees. Employees who had previously waived coverage can enroll in Retiree Health Benefits upon retirement. Retirees who wish to continue to waive City health benefits must complete a new Retiree Health Benefits Application selecting to *Waive Benefits*. The effective date of the reinstatement will be the date of retirement, or the first day of the month following the processing of the health benefits application. An enrollment is considered late if an application is submitted more than 30 days after the event that made the retiree or dependent eligible. In cases of late enrollment, coverage will begin on the first day of the month following the processing of a Health Benefits Application.

Special Enrollment Qualifying Event for Retirees who are victims of domestic violence or gender-based violence: Retirees who are victims of domestic violence or gender-based violence who separate from a household member due to an incident or incidents of domestic or gender-based violence shall be allowed to enroll for City health benefits or make reasonable changes in their current City health benefits at any time during the calendar year. The effective date of enrollment or benefit change will be the first day of the month following the processing of the health benefits application.

FOR ELIGIBLE DEPENDENTS

Coverage for eligible dependents listed on your Health Benefits Application will begin on the day that you become covered. Dependents acquired after you submit your application will be covered from the date of marriage, domestic partnership, birth or adoption; provided that you submit the required notification and documentation within 30 days of the event (see Changes in Family Status Section).

HEALTH PLAN PREMIUMS

There is no cost for basic coverage under some of the health plans offered through the City Health Benefits Program, but others require a premium deduction. Enrollees may purchase additional benefits through Optional Riders.

OPTIONAL RIDERS

All Medicare health plans offered by the New York City Health Benefits Program, except DC 37 Med-Team, have an optional rider. The optional rider is for benefits not included in each of the City Medicare health plans.

GHI/ANTHEM SENIOR CARE

The optional rider for the GHI/Anthem Senior Care Plan offers prescription drugs benefits and additional ancillary benefits. GHI/Anthem Senior Care, in addition to the Enhanced Medicare Part D prescription drug benefit, provides the 365-day hospital coverage. Please see the Summary of Health Plans section for more information about the GHI/Anthem Senior Care optional rider.

Most Medicare retirees get prescription drug benefits through their union welfare funds. If the welfare fund is providing Medicare creditable prescription drug benefits, the Medicare retiree enrolled in the GHI/Anthem Senior Care Plan will not be eligible to purchase the Enhanced Medicare Part D prescription drug portion of the optional rider. Those Medicare retirees enrolled in the GHI/Senior Care Plan who receive prescription drug benefits through their union welfare funds will only be able to purchase the

additional ancillary benefits portion of the optional rider. Pension deductions will be adjusted accordingly to either Optional Rider or Rider Other (ancillary benefits only).

If your welfare fund provides either no or not Medicare-creditable prescription drug coverage to Medicare retirees, then you are only eligible for the Optional Rider comprised of both the prescription drug coverage and additional ancillary benefits, including the 365-day hospital coverage.

New for 2026: If your welfare fund does not provide prescription drug coverage or Medicare-creditable prescription drug coverage to Medicare retirees, then you are eligible to purchase either the prescription drug optional rider (which includes the 365-day hospital coverage) or the 365-day hospital coverage separately. If you only purchase the 365-day hospital coverage option and you do not enroll in a Medicare Part D prescription drug plan, you may be subject to a Medicare Part D late enrollment penalty resulting in an increase in your Part D premiums.

Important: Check with your union or welfare fund or your non-City prescription drug plan to determine if you have Medicare-creditable prescription drug coverage.

Pre-Medicare retirees: Please refer to the optional rider section for Employees.

ALL CITY MEDICARE ADVANTAGE/MEDICARE HMO HEALTH PLANS

The Optional Rider provided through City Medicare Advantage/Medicare HMO health plans consist only of a Medicare Part D prescription drug plan. If the union welfare fund provides Medicare creditable prescription drug benefits, the Medicare retiree may not purchase the Optional Rider. If the union welfare fund does not provide Medicare creditable prescription drug benefits, the Medicare retiree will be automatically enrolled into the Optional Rider for all City Medicare Advantage/Medicare HMO health plans. Retiree pension deductions will be adjusted accordingly.

INCORRECT DEDUCTIONS FROM YOUR PENSION CHECK

Please review your health deduction carefully to be sure the amount is correct. If the deduction is incorrect, you must contact the NYC Health Benefits Program within 30 days. Adjustments will be made accordingly. Otherwise, the deduction will be deemed as accurate.

CHANGES IN ENROLLMENT STATUS

CHANGES IN FAMILY STATUS - ADDING OR DROPPING DEPENDENTS

Retirees should report all changes in family status to the NYC Health Benefits Program within 30 days after the event. Changes include adding a dependent due to marriage, domestic partnership, birth or adoption of a child, and to drop dependents due to death, divorce, termination of domestic partnership, or a child reaching an ineligible age. If a covered dependent loses eligibility, that person may obtain benefits through the COBRA Continuation of Benefits provisions.

Changes should also be reported by the retiree to their union/welfare fund.

HEALTH BENEFIT CHANGES

- ***Fall Transfer Period***

During this period, all retirees may transfer from their current health plan to any other plan for which they are eligible, or they may add or drop an Optional Rider. Exception: When transferring into a Medicare Advantage/Medicare HMO plan other than during a Transfer Period, transfers will become effective on the first day of the month following the processing of the special health plan application provided by the health plan.

- **Once-in-a-lifetime transfers**

Retirees who have been retired for at least one year can take advantage of a once-in-a-lifetime provision to transfer health plans or add or drop an optional rider at any time. Once-in-a-lifetime transfers become effective on the first of the month following the date that the Health Benefits Application is processed.

Once your transfer request is submitted your change is Irrevocable for the remainder of the calendar year.

Required Documentation for Dependent Changes — If you are including a spouse on your coverage, and you have been married for one year or less, you must submit a Government issued Marriage Certificate. If you are including a spouse on your coverage and you have been married for more than one year, you must submit a Government issued Marriage Certificate AND Federal Tax Returns from the last two years, (only send the first page of each tax return which shows your spouse) OR Proof of Joint Ownership issued within the last six months (with both names) such as a mortgage statement, lease agreement, utility bills, bank statement, credit card statements and property tax statements. If you are including a domestic partner on your coverage, and you have been registered for more than one year, you must submit a Government issued Certificate of Domestic Partnership AND Proof of Joint Ownership issued within the last six months (with both names) such as a mortgage statement, lease agreement, utility bills, bank statement, credit card statements and property tax statements.

TERMINATION AND REINSTATEMENT

WHEN COVERAGE TERMINATES

Coverage terminates:

- for a retiree and covered dependents, when the retiree stops receiving a pension check (including pension suspensions).
- for a spouse, when divorced from a retiree.
- for a domestic partner, when partnership terminates.
- for dependent children (other than eligible disabled children) at the end of the month in which the child reaches age 26.
- for all dependents, unless otherwise eligible, the day after the death of the City retiree.

If your spouse, or your domestic partner, is eligible for City health coverage as either an employee or a retiree, and is enrolled as your dependent, the person enrolled as dependent may pick up coverage in his/her own name within 30 days if the retiree's City coverage terminates.

REINSTATEMENT OF COVERAGE

If you have waived or cancelled your City health plan coverage and subsequently wish to enroll or reinstate your benefits, your coverage will be effective the first of the month following a 90-day waiting period after receipt of your Health Benefits Application. This waiting period is waived if the enrollment or reinstatement is the result of a loss of other group coverage.

If your coverage was terminated due to the suspension of your pension check, the reinstatement of coverage will be effective as of the date your pension is restored.

OPTIONS AVAILABLE WHEN CITY COVERAGE TERMINATES

COBRA BENEFITS

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that the City offer employees, retirees and their families the opportunity to continue group health and/or welfare fund coverage in certain instances where the coverage would otherwise terminate. The monthly premium will be 102% of the group rate. All group health benefits, including Optional Riders, are available. The maximum period of coverage is 36 months for certain events. Please refer to the COBRA section for more information.

CONTINUATION OF COVERAGE FOR SURVIVING SPOUSE/DOMESTIC PARTNER OF UNIFORM MEMBER (COVERAGE FOR LIFE)

New York City Administrative Code provides that surviving spouses/domestic partners of active and retired uniformed members of the New York City Police, Fire Departments, and the Departments of Sanitation and Corrections can continue their health benefits coverage for life. Such coverage will be at a premium of 102% of the group rate and must be elected within one (1) year of the date of the death of the member. Contact the Health Benefits Program, in writing, enclose a copy of the members' death certificate and you will receive a Coverage for Life Application. The application needs to be completed and signed by the applicable dependent of the deceased member. Once the application is complete it must be sent to the Health Plan. The Health Plan will send you a bill for the monthly premium.

CITY COVERAGE FOR MEDICARE-ELIGIBLE RETIREES

The City's Health Benefits Program offers both Medicare supplemental health plans and Medicare HMO/Advantage plans. Medicare-eligible members must be enrolled in Medicare Parts A and B in order to be covered by a Medicare HMO/Advantage plan.

To avoid a reduction of your benefits, it is essential that you join Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at your local Social Security Office as soon as you are eligible. If you do not join Medicare, you will lose whatever benefits Medicare would have provided.

To enroll in Medicare upon becoming age 65, contact your Social Security Office during the three-month period before your 65th birthday. There are no penalties for late enrollment in Medicare Part B if employees choose the Health Benefits Program as primary coverage and cancel or delay enrollment in Medicare Part B coverage until retirement or termination of employment (when Medicare enrollment is permitted for a limited period of time). Medicare Hospital Insurance (Part A) should be maintained. For most persons, Part A coverage is free. There is a monthly premium for Medicare Part B.

In addition, be sure to forward, at least 45 days before turning age 65, a copy of your (your spouse's) Medicare card, if applicable, to Health Benefits Program at 22 Cortlandt Street, 12th Floor, New York, NY 10007. When submitting spouse information, please include the name and Social Security number of the NYC retiree on the copy.

In order to be enrolled in a Medicare advantage plan you (or your spouse) must be enrolled in both Medicare Part A (Hospital insurance) and Medicare Part B (Medical insurance).

If you are over 65 or eligible for Medicare due to disability and did not join Medicare, contact your Social Security Office to find out when you may join. If you do not join Medicare Part B when you first become eligible, there is a 10% premium penalty for each year you were eligible but did not enroll. In addition, under certain circumstances there may be up to a 15-month delay before your Medicare Part B coverage can begin.

If you or your spouse are ineligible for Medicare Part A although over age 65 (reasons for ineligibility include non-citizenship or non-eligibility for Social Security benefits for Part A), coverage may be provided under certain health plans. Under this Non-Medicare eligible coverage, you continue to receive the same hospital benefits as persons not yet age 65.

If you are living outside the USA or its territories, Medicare benefits are not available. Under this Non-Medicare eligible coverage, you continue to receive the same hospital and/or medical benefits as persons not yet age 65. If you do not join and/or do not continue to pay for Medicare Part B however, you will be subject to penalties if you return to the USA and attempt to enroll.

If you are eligible for Medicare Part B as a retiree but did not file with Social Security during their enrollment period (January through March) or prior to your 65th birthday, you will receive supplemental medical coverage only, and only through GHI/ANTHEMBCBS Senior Care.