



City of New York Health Benefits Program
Frequently Asked Questions
for Active Employees

1. *What are the requirements for eligibility for health benefits?*

To be eligible for participation in the City Health Benefits Program, employees must meet all of the following criteria:

1. You work -- on a regular schedule -- at least 20 hours per

AND

2. Your appointment is expected to last for more than six months.

Dependents are eligible if their relationship to the eligible participant is one of the following:

- i. A legally married spouse, but never an ex-spouse.
- ii. A domestic partner at least 18 years of age, living together with the participant in a current continuous and committed relationship, although not related by blood to the participant in a manner that would bar marriage in New York State. More details concerning eligibility and tax consequences are available from your agency or the Office of Labor Relations Domestic Partnership Liaison Unit at 212-306-7605.
- iii. Children under age 26 (whether married or unmarried), unless the child has been deemed as an eligible disabled child.

2. *What if I choose not to take health benefits at this time?*

If you wish to waive your health coverage, you **MUST** complete a Health Benefits Program application and check "Waive Benefits" at the top of the application. If you are eligible for coverage through a non-City group health coverage, you may be entitled to participate in the Health Benefits Buy-Out Waiver Program. This program entitles all eligible employees to receive a cash incentive payment for waiving their City health benefits.

Please contact the Flexible Spending Program Administrative Office for any questions about the Medical Spending Conversion Program at (212) 306-7760 for additional information.

3. *How do I add dependents to my health coverage?*

To add dependents, employees are required to provide acceptable documentation to support the eligibility status of all persons to be covered on their City health plan coverage.

- a. 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 Return from the last two years, (only send the first page of your 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 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.

4. *When can I transfer Health Plans?*

In order to transfer from one plan to another or to add Optional Rider coverage, and to obtain the effective date of the change, the employee must contact NYCAPS Central at (212) 487-0500 during the Annual Transfer Period. Once your transfer request is submitted your change is irrevocable.

5. *When should I contact my Health Plan?*

- If you have ANY questions regarding covered services
- For claim allowances (How much will my plan pay towards a claim?)
- For information about the status of pending claims or claims disputes
- If your health coverage has been terminated by your health plan
- If a dependent has been terminated by your health plan
- For health plan service areas
- For a list of participating providers

For additional information, visit the Health Benefits Program at NYC.gov/olr.