



**New York City  
Health Benefits Program  
Transfer Period Procedures Manual  
Fall 2019**



**2019 Fall Transfer Periods for Calendar Year 2020:**

Active Employees: **November 1, 2019 - November 29, 2019**, effective January 1, 2020.  
The new premiums based on the Transfer Period changes will be reflected in the first full pay period in January 2020.

**Transferring Health Plans:**

Employees may transfer from their current City health plan into another City health plan during the Transfer Period, without a Qualifying Event. In addition, employees can add or drop optional rider (including prescription drugs). Employees who do not wish to make any changes to their current health plan do not need to do anything for open enrollment.

**Please note for #1 and #2 below:** HIP HMO health plan requirements are only for those employees who were hired on or after July 1, 2019 or November 1, 2019. This requirement does not apply to those employees who had previous City employment at a City agency or Participating Employer. Please refer to the Health Benefits Summary Plan Description (SPD) for Participating Employer information.

Please note the following:

**1) Employees Hired between July 1, 2019-October 31, 2019:**

City of New York employees and employees of Participating Employers, hired between July 1, 2019 and October 31, 2019 and their eligible dependents:

- a) The HMO Preferred Plan will change to the **HIP HMO Gold Preferred Plan (Grandfathered)**, effective November 1, 2019.
- b) These employees are only eligible to enroll in the EmblemHealth **HIP HMO Preferred Plan** either:
  - Basic or
  - Rider Other (Private duty nursing & durable medical equipment) or
  - Prescription Drugs (only for those employees belonging to unions/welfare funds that do not offer prescription drug coverage). Please note, this coverage also adds Rider Other.
- c) The employee may transfer from **HIP HMO Gold Preferred Plan (Grandfathered) prescription rider** to the **HIP HMO Gold Preferred Plan (Standard) prescription rider** without waiting for the 365-day requirements as mentioned in #2(c) below.
- d) Any employee who transfers out of the **HIP HMO Gold Preferred Plan (Grandfathered)** and elects another health plan will not be allowed to choose the **HIP HMO Gold Preferred Plan (Grandfathered)** again. However, for as long as the employee remains in the **HIP HMO Gold Preferred Plan**

**(Grandfathered)**, the employee can make changes within the plan such as adding or dropping dependents and/or changing their rider option to either individual or family, if the employee experiences a Qualifying Event (employment and/or family status change).

e) The employee's original hire date will be used as the start date for the 365 day HIP requirement and not the Rx rider coverage effective date.

**2) Health Plan Option for Employees Hired on or After November 1, 2019:**

City of New York employees, and employees of Participating Employers, hired on or after November 1, 2019, and their eligible dependents:

a) These employees are only eligible to enroll in the EmblemHealth **HIP HMO Preferred Plan (Standard)** either:

- Basic or
- Rider Other (Private duty nursing & durable medical equipment) or
- Prescription Drugs (only for those employees belonging to unions/welfare funds that do not offer prescription drug coverage). Please note, this coverage also adds Rider Other.

b) Employee must remain in the **HIP HMO Gold Preferred Plan (Standard)** for the first year (365 days) of employment.

c) After 365 days of employment, employee will have the option of either remaining in the **HIP HMO Gold Preferred Plan (Standard)** or selecting a different health plan, within 30 days prior to the end of the 365-day period. If a new health plan is selected, the new plan will be effective on the 366th day.

d) Only after the 365th day of employment, an employee can participate in the next Annual Fall Transfer Period.

Please note, employee may request an exemption from the required enrollment in the **HIP HMO Gold Preferred Plan (Standard)** by submitting an Opt-Out Request Form to EmblemHealth. An employee, or eligible dependent, must meet certain criteria for this exemption and the request must be approved by EmblemHealth before it is granted. The Opt-Out Request Form is available on the EmblemHealth website.

Please contact our **HR Shared Services Benefits Department** at **646-458-5634** or email us at [HHCBENEFITS@nychc.org](mailto:HHCBENEFITS@nychc.org) for answers to specific questions concerning data entry and processing in the Employee Self Service Website. All City health benefits rules apply, including pay dates, which are included in this Transfer Period package.

For Plan Specific information, please visit <https://www1.nyc.gov/site/olr/health/healthhome.page>

**EMPLOYEE Health Plan Rates as of November 2019 & January 1, 2020 (NOTE: Rates are subject to change)**

These rates are in effect as of your first full payroll period in November 2019 & January 2020

**WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$78.54	\$197.43	\$0.00	\$45.98	\$0.00	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$68.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$27.70	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$1.90	\$1.90	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$443.94</b>	<b>\$256.79</b>	<b>\$0.00</b>	<b>\$138.53</b>	<b>\$257.42</b>	<b>\$18.80</b>	<b>\$130.50</b>	<b>\$62.75</b>	<b>\$29.61</b>	<b>\$310.38</b>	<b>\$52.40</b>	<b>\$108.92</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$289.65	\$510.17	\$0.00	\$230.06	\$502.34	\$0.00	\$134.50	\$0.00	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$1,074.51	\$204.96	\$0.00	\$147.07	\$147.07	\$31.50	\$215.50	\$149.06	\$50.79	\$160.45	\$118.17	\$190.22
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.68	\$0.00	\$4.67	\$4.67	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,364.17</b>	<b>\$715.13</b>	<b>\$0.00</b>	<b>\$377.13</b>	<b>\$649.41</b>	<b>\$34.18</b>	<b>\$350.00</b>	<b>\$153.73</b>	<b>\$55.46</b>	<b>\$760.42</b>	<b>\$118.17</b>	<b>\$316.29</b>

\* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

\*\*As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments**

\*\*\*As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan

**BI-WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.38	\$0.00	\$157.07	\$394.85	\$0.00	\$91.97	\$0.00	\$0.00	\$489.77	\$0.00	\$71.61
Prescription Drugs	\$759.82	\$137.20	\$0.00	\$119.98	\$119.98	\$35.48	\$169.03	\$121.68	\$55.41	\$130.98	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$3.81	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$887.88</b>	<b>\$513.58</b>	<b>\$0.00</b>	<b>\$277.05</b>	<b>\$514.83</b>	<b>\$37.59</b>	<b>\$261.00</b>	<b>\$125.49</b>	<b>\$59.22</b>	<b>\$620.75</b>	<b>\$104.81</b>	<b>\$217.84</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$460.12	\$1,004.68	\$0.00	\$269.00	\$0.00	\$0.00	\$1,199.94	\$0.00	\$252.13
Prescription Drugs	\$2,149.03	\$409.91	\$0.00	\$294.14	\$294.14	\$63.01	\$431.00	\$298.12	\$101.58	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$9.34	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$2,728.33</b>	<b>\$1,430.26</b>	<b>\$0.00</b>	<b>\$754.26</b>	<b>\$1,298.82</b>	<b>\$68.36</b>	<b>\$700.00</b>	<b>\$307.45</b>	<b>\$110.92</b>	<b>\$1,520.85</b>	<b>\$236.34</b>	<b>\$632.58</b>

\* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

\*\*As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments**

\*\*\*As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan

**SEMI-MONTHLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$171.10	\$430.11	\$0.00	\$100.18	\$0.00	\$0.00	\$533.50	\$0.00	\$78.00
Prescription Drugs	\$827.66	\$149.45	\$0.00	\$130.70	\$130.70	\$38.65	\$184.12	\$132.55	\$60.36	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$4.15	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$967.16</b>	<b>\$559.44</b>	<b>\$0.00</b>	<b>\$301.79</b>	<b>\$560.80</b>	<b>\$40.95</b>	<b>\$284.30</b>	<b>\$136.70</b>	<b>\$64.51</b>	<b>\$676.18</b>	<b>\$114.17</b>	<b>\$237.30</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03	\$1,111.45	\$0.00	\$501.21	\$1,094.38	\$0.00	\$293.02	\$0.00	\$0.00	\$1,307.08	\$0.00	\$274.65
Prescription Drugs	\$2,340.91	\$446.51	\$0.00	\$320.41	\$320.41	\$68.64	\$469.48	\$324.74	\$110.65	\$349.56	\$257.44	\$414.42
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.83	\$0.00	\$10.17	\$10.17	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$2,971.94</b>	<b>\$1,557.96</b>	<b>\$0.00</b>	<b>\$821.61</b>	<b>\$1,414.79</b>	<b>\$74.47</b>	<b>\$762.50</b>	<b>\$334.91</b>	<b>\$120.82</b>	<b>\$1,656.64</b>	<b>\$257.44</b>	<b>\$689.06</b>

\* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

\*\*As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments**

\*\*\*As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan