HEALTH BENEFITS
FREQUENTLY ASKED QUESTIONS

If you still have questions after reading all of the Frequently Asked Questions, call HR Connect at (718) 935-4000.

1. AM I ELIGIBLE FOR HEALTH BENEFITS WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION (DOE)?

DOE employees are eligible for health benefits if they:

- Work on a regular schedule, at least 20 hours per week, AND
- Work on an appointment that is expected to last for more than six months

Additionally, F-status employees are eligible for health benefits. Non-F-status substitute teachers are not eligible for health benefits.

2. WHAT IS COVERED UNDER MY CITY HEALTH BENEFITS?

Health care (for example: hospital stays, doctor appointments, diagnostic tests, and medical procedures that are deemed eligible by your provider) are covered under your City health plan. Depending on your provider, you may also select an optional rider that will cover prescriptions. Vision, dental, and some prescriptions are covered by your union or welfare fund.

3. WHAT IS A WELFARE FUND?

All DOE employees that are not members of a union are eligible for a welfare fund (such as the Management Benefits Fund). Union and welfare funds will address areas of health coverage not included under your City health plan (such as vision and dental).

4. WHEN ARE MY HEALTH BENEFITS ACTIVATED?

The start date for your health insurance is based on your title.

Appointed teachers and specified school-based personnel are covered retroactively to their first day of employment. In order to receive coverage retroactive to your first day, you must submit your health benefits application (ERB form) to the HR Connect Health Benefits Administration Office within 31 days of hire.

Provisional, temporary, and non-competitive employees, who have no experience or education requirement for employment, are entitled to coverage that begins on the first day of the pay period following the completion of a 90-day period of continuous DOE employment. In order to receive coverage on this effective date, you must submit your customized health benefits application to the HR Connect Health Benefits Administration Office within that 90-day period.

5. HOW LONG DOES IT TAKE TO GET MY HEALTH INSURANCE CARD?

Your health insurance card should be mailed to you by your provider within four to six weeks after your Health Benefits Application (ERB form) has been processed.

6. WHO CAN BE COVERED UNDER MY HEALTH PLAN?

You may cover your spouse, domestic partner, and/or dependent children under your City health plan. A dependent child is defined as your natural or adopted child, or any child of whom you have legal custody and/or have been ordered by the court to cover under your health insurance.

7. HOW LONG CAN MY DEPENDENT CHILD/CHILDREN REMAIN ON MY COVERAGE?

Dependent children are covered from birth until the age of 26. Disabled children are covered for the duration of your own City health coverage. It's important to note that supporting documentation is always required when adding a child to your health plan.

8. WHEN CAN I CHANGE MY BENEFITS PROVIDER?

You may change your benefits provider during the annual Open Enrollment transfer period. You may also change your provider if you move out of the service area covered by your selected provider.

9. WHEN IS THE ANNUAL OPEN ENROLLMENT TRANSFER PERIOD?

The annual Open Enrollment transfer period is determined by the Office of Labor Relations each year. It typically occurs from mid-October through mid-November.

10. WHEN CAN I ADD OR DROP A DEPENDENT?

You may add or drop a dependent within 31 days of a qualifying event (such as marriage, domestic partner registration, divorce, death, birth, adoption, or court order). The effective date of your dependent's coverage will be retroactive to the date of the qualifying event, provided the Health Benefit Application (ERB) and appropriate supporting documentation was provided within the 31-day enrollment period.

11. WHEN CAN I ADD OR DROP AN OPTIONAL RIDER?

You may add or drop optional riders during the annual Open Enrollment transfer period. You may also change your optional rider if you are moving into or out of a union title and your prescription benefits are affected by the title change.

12. WHAT IS THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM?

The New York City Heath Benefits Buy-out Waiver Program allows eligible City employees to receive an incentive payment for waiving their City health coverage. Employees who are eligible to enroll in the City's health benefit program, and are covered under their spouse's or domestic partner's non-City group health insurance, or through other employment, or under Medicare Part A and Part B, may enroll in the Health Benefits Buy-out Waiver Program.

13. WHEN CAN I ENROLL IN THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM?

You may only enroll in the program at specified times and under specific conditions.

- Within 31 days of becoming eligible for health benefits coverage
- During the annual Open Enrollment transfer period
- As a result of a qualifying event

14. WHEN WILL I RECEIVE MY HEALTH BENEFITS BUY-OUT WAIVER PAYMENT?

The incentive payment is distributed in two equal, semiannual payments, as part of the first June paycheck and the first December paycheck.

A prorated payment is given if you enroll in the Health Benefits Buy-out Waiver Program less than six months prior to a scheduled incentive payment.

15. WHEN DOES MY HEALTH COVERAGE END?

Benefits will be terminated for employees who are no longer payrolled by DOE, who are on an unpaid leave for which benefits are not provided, or who have exhausted their leave. There is no grace period for benefits termination. Your benefits will terminate on the date that you are no longer payrolled or otherwise eligible for benefits.

16. WHEN CAN I PICK UP COBRA?

You can apply for COBRA insurance once your City health coverage has been terminated. COBRA applications can be found on the DOE website, or may be obtained at your work location. Three copies of the completed application must be mailed directly to your provider; do not submit the forms to DOE.

Note: If you are an administrative employee (H/ZBank), your COBRA application will be mailed directly to you and to your dependents upon termination of coverage.

17. AM I STILL COVERED WHEN I GO ON A LEAVE OF ABSENCE?

If you are going on a Family and Medical Leave Act (FMLA) or Special Leave of Absence Coverage (SLOAC) leave of absence, you are still eligible for City health coverage. All other unpaid leaves of absence are considered benefits-terminating leaves and will require you to reinstate coverage upon your return from leave.

18. HOW DO I REINSTATE MY COVERAGE AFTER RETURING FROM A LEAVE OF ABSENCE?

The process for reinstatement varies slightly for different populations.

Non-administrative employees (such as appointed teachers and most school-based personnel) must submit a Health Benefits Application (ERB form) to HR Connect's Health Benefits Administration upon return from leave. Additionally, you must work with your HR Representative or payroll secretary, who will submit a 1054 form on your behalf. Both forms must be submitted in order to reinstate coverage upon return from leave.

Administrative employees (H/ZBank) will be sent a customized health benefits application form at the time your return from leave is processed by HR Connect's Leaves Administration. You must complete and submit this form to HR Connect's Health Benefits Administration as soon as possible. You do not need to complete a 1054 form.