



HUMAN RESOURCES DEPARTMENT

90 Church Street | 5th FL | New York, NY 10007 | (212) 306-8000

TO: All Employees Hired on or after October 1, 2022

FROM: Human Resources Department

SUBJECT: HEALTH PLAN FOR EMPLOYEES NEWLY HIRED ON OR October 1, 2022

Beginning October 1, 2022, all newly hired employees, and their eligible dependents, will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment.

Employees with an original hire date prior to October 1, 2022, including rehires and agency transfers are not subject to this requirement.

I. Employees electing City Health Coverage – must select one of the following

	<u>Individual Bi-weekly Rate</u>	<u>Family Bi-Weekly Rate</u>
HIP HMO Preferred (Standard) Basic Plan	\$0.00	\$0.00
HIP HMO Preferred (Standard) Basic Plan + Optional Rider (<i>without prescription drugs</i>) For employees serving in unions that <u>offer</u> prescription drug coverage to their members.	\$4.46	\$10.93
HIP HMO Preferred (Standard) Basic Plan + Full Optional Rider (<i>including prescription drugs</i>) For employees serving in unions that <u>do not offer</u> prescription drug coverage to their members.	\$54.18	\$102.08

Thirty days before the end of the first year of employment, employees will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan. If a new health plan is selected, the new plan will be effective on the 366th day. (Start of the second year of employment)

Only after completing the first year of employment can employees participate in the Annual Fall Transfer Period.

II. Opt-Out of the HIP HMO Preferred Plan

Employees or eligible dependents may request an exemption from the required enrollment in the HIP HMO Preferred Plan if they meet the following criteria.

- Resides outside of the HIP HMO service area (HIP service area includes the five boroughs of New York City as well as Nassau, Suffolk, Rockland and Westchester counties, New Jersey and Connecticut) and cannot access primary care with one of the HMO providers.

- The employee or eligible dependent is being treated by a non-network provider for a life threatening or disabling disease or condition and is receiving ongoing treatment for a catastrophic or terminal illness or has a condition that requires complex case management (such as ventilator dependence or trauma).
- The employee is moving out of a HIP HMO service area during the 365-day period. In this case, the request must be submitted within 30 days of the move.

To request an exemption from the required enrollment in the HIP HMO plan, employees must complete and submit a HIP HMO Opt-Out Request form along with supporting documentation to cityagencies@emblemhealth.com or by fax to 212-510-5919.

EmblemHealth will notify the employee of the decision. If the Opt-out request is approved, the employee must email a copy of the notification to HR.Benefits@nycha.nyc.gov. Employees must be approved by EmblemHealth before the exemption is granted.

III. Employees not-electing City Health Coverage – must select one of the following

- Health Benefits Buyout Waiver Program. This is an annual incentive payment in exchange for waiving city health benefits when eligible employees are covered under a health insurance plan which is **not** provided through NYCHA or another New York City agency. The annual incentive payments for waiving coverage is \$500 for individual coverage and \$1,000 for family coverage. Employees covered by Medicaid or Medicare are not eligible to participate.
- Electing Waiver – Double City Coverage is Prohibited – no person can be covered as both an employee and/or a dependent of another City employee/retiree at the same time.

For more information, please visit www.nyc.gov/hbp.