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# New York City Office of Labor Relations Health Benefits Program

nyc.gov/olr

The logo for the Health Benefits Program (HBP), consisting of the letters 'HBP' in a bold, italicized, sans-serif font.

## *Fall 2020 Retiree Transfer Period*

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The Fall 2020 Health Benefits Program Retiree Transfer Period begins  
***November 1, 2020 and ends November 30, 2020.***

Changes requested during the Transfer Period are effective January 1, 2021.  
Refer to the Summary Program Description at [nyc.gov/hbp](http://nyc.gov/hbp) for plan descriptions.  
For benefit coverage information, contact the health plans directly.

Use the attached form if you wish to:

- a) transfer into any plan for which you are eligible, or
- b) add or drop Optional Rider coverage

**Do not use this form** to add or drop dependents

(use the Health Benefits Application, which can be downloaded at [nyc.gov/hbp](http://nyc.gov/hbp))

Please note: If enrolling in a Medicare HMO, you must complete and submit the attached form as well as contact the Medicare HMO directly to request a special enrollment form. The special enrollment form must be returned directly to the health plan before November 30, 2020. If you are presently enrolled in a Medicare HMO and are transferring to a Medicare Supplemental Plan, you must first disenroll from your current plan for January 1, 2021. Please attach a copy of the special enrollment or disenrollment form to this application. You can obtain this form from the Medicare HMO plan directly.

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**Non-Medicare retirees** may transfer to another health plan, or add or drop the Optional Rider, by completing the attached form and submitting it to the NYC Health Benefits Program by November 30, 2020.

**Medicare-eligible retirees** wishing to transfer to another health plan, depending on the health plan selected, will need to complete the attached form and a special enrollment form provided by the health plan, and submit both forms by November 30, 2020.

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**Do not complete the Transfer Application if you do not wish to make a change;  
you do not need to do anything.**

## Health Plan Contact Information

### Health Maintenance Organizations (Non-Medicare Only)

- Use Attached Transfer Application -

Health Plan	Phone Number	Web Address
Cigna Healthcare	(800) 627-7534	www.cigna.com
GHI HMO	(877) 244-4466	www.emblemhealth.com/city
HIP HMO Preferred	(833) 269-4653	www.emblemhealth.com/city
MetroPlus Gold	(800) 303-9626	www.metroplus.org
Vytra Health Plans	(866) 409-0999	www.emblemhealth.com/city

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### Point of Service, Exclusive Provider Organization, and Participating Provider Organization/Indemnity Plans (Non-Medicare Only)

- Use Attached Transfer Application -

Health Plan	Phone Number	Web Address
Aetna EPO	(800) 445-8742	www.aetna.com
DC 37 Med-Team (DC37 members only)	(800) 624-2414	www.emblemhealth.com/city
Empire EPO	(800) 767-8672	www.empireblue.com/nyc
Empire Blue Access Gated EPO	(833) 924-1055	www.empireblue.com/nyc
GHI-CBP/Empire BlueCross BlueShield:		
EmblemHealth	(800) 624-2414	www.emblemhealth.com/city
Empire BlueCross BlueShield	(800) 433-9592	www.empireblue.com/nyc
HIP Prime POS	(800) 447-8255	www.emblemhealth.com/city

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### Medicare Supplemental Plans

- Use Attached Transfer Application -

Medicare supplemental plans allow for the use of any provider and reimburse the enrollee (subject to Medicare or plan deductibles and coinsurance).

Health Plan	Phone Number	Web Address
DC 37 Med-Team (DC37 members only)	(800) 624-2414	www.emblemhealth.com/city
Empire Medicare-Related Coverage	(800) 767-8672	www.empireblue.com/nyc
GHI/EBCBS Senior Care:		
EmblemHealth	(800) 624-2414	www.emblemhealth.com/city
Empire BlueCross BlueShield	(800) 433-9592	www.empireblue.com/nyc

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## Medicare Coordination of Benefits Plans

### - Use Attached Transfer Application -

These plans only provide coverage when using a participating provider. Otherwise you will only have benefits from Medicare.

Health Plan	Phone Number	Web Address
GHI HMO Medicare Senior Supplement	(800) 624-2414	www.emblemhealth.com/city

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## Medicare HMOs and PPOs Advantage Plans

### - Use Attached Transfer Application AND contact the health plan directly for a special enrollment form -

Medicare HMO plans are those in which medical and hospital care is only provided by the HMO network. Any services, other than emergency services, that are received outside the HMO, and have not been authorized by the HMO, will not be covered by either the HMO or Medicare. In such instances, any cost incurred would be the responsibility of the enrollee.

### *Medicare HMOs and PPOs Advantage Plans available in the New York Metropolitan Area:\*\**

Health Plan	Phone Number	Web Address
Aetna Medicare PPO ESA Plan*	(800) 307-4830	cony.AetnaMedicare.com
Elderplan	(866) 360-1934	www.elderplan.org
Empire MediBlue Freedom (PPO)	(833) 848-8729	www.empireblue.com/nyc
HIP VIP Premier Plan	(800) 447-9169	www.emblemhealth.com/city
United HealthCare Group Medicare Advantage Plan	(800) 203-5631	www.uhc.com

### *Medicare HMOs and PPOs Advantage Plans available outside the New York Metropolitan Area:*

Health Plan	Phone Number	Web Address	Location
Aetna Medicare PPO ESA Plan*	(800) 307-4830	cony.AetnaMedicare.com	Varied**
AvMed Medicare	(800) 782-8633	www.avmed.com	Florida (Only)
Cigna Medicare	(800) 592-9231	www.cigna.com	Arizona (Only)
Empire MediBlue Freedom (PPO)***	(833) 848-8729	www.empireblue.com/nyc	Nationwide***
Humana Gold Plus	(800) 833-1289	www.humana.com	Florida (Only)

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\* Extended Service Area

\*\* Please check with the health plan to make sure that the county in which you live is in the health plan's service area. Please identify yourself as a NYC retiree when calling the health plan.

\*\*\* This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, D.C., and all United States territories.

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### **Don't forget to get your flu shot this season!**

Visit [nyc.gov/workwellnyc](http://nyc.gov/workwellnyc) to find out how non-Medicare retirees and non-Medicare eligible dependents can get a free flu shot through the NYC Flu Vaccination Campaign.

### **Discounted WW/Weight Watchers Membership**

Retirees can enjoy discounted pricing to WW/Weight Watchers at a cost of \$30/month for Workshops membership (includes Digital) and \$14/month for Digital (formerly OnlinePlus) membership.

Spouses and dependents of retirees are not eligible for the discount.

Visit [nyc.gov/workwellnyc](http://nyc.gov/workwellnyc) to find out more about the WW/Weight Watchers program.



**New York City Office of Labor Relations  
Health Benefits Program  
Retiree Transfer Application**

Submit form electronically to:

<https://nycemployeebenefits.leapfile.net>

Visit [nyc.gov/hbp](http://nyc.gov/hbp) for detailed instructions.

**TRANSFER  
PERIOD  
FALL 2020**

**\*\*\* Do not complete this application if you do not wish to make a change; you do not need to do anything.\*\*\***

Transfers will be effective **January 1, 2021**. Please note, submission of this application is **irrevocable**.

RETIREE LAST NAME		RETIREE FIRST NAME		MI
HOME ADDRESS			APT NO	SOCIAL SECURITY NUMBER - -
CITY		STATE	ZIP CODE	DATE OF BIRTH / /
NAME OF AGENCY RETIRED FROM				
NAME OF WELFARE FUND				

If you wish to add or drop dependents from your health plan, please complete the Health Benefits Application which can be found on [www.nyc.gov/hbp](http://www.nyc.gov/hbp).

**Medicare HMOs & PPOs Advantage Plans**

(Contact the health plan directly for a Special Medicare HMO Enrollment Form - the form must be returned directly to the health plan.)

Place an "X" in the box next to the plan you choose to join. You must complete and submit this form as well as contact the Medicare HMO directly to request a special enrollment form. The special enrollment form must be returned directly to the health plan before November 30, 2020. (If you are presently enrolled in a Medicare HMO and are transferring to a Medicare Supplemental Plan, you must first disenroll from your current plan.) Please also attach a copy of the special enrollment or disenrollment form to this application.

- AvMed Medicare Plan   
  Aetna Medicare PPO ESA Plan   
  Cigna Medicare   
  Elderplan   
  Empire MediBlue Freedom PPO  
 Humana Gold Plus   
  HIP VIP Premier Medicare Plan   
  United HealthCare Group Medicare Advantage Plan

**Health Plans**

Place an "X" in the box next to the plan you choose to join. Select only one plan, if more than one plan is selected, your transfer request will not be processed.

**Non-Medicare Plans**

- |  |   |
|--|---|
| <input type="checkbox"/> Aetna EPO                           | <input type="checkbox"/> GHI HMO            |
| <input type="checkbox"/> Cigna Healthcare                    | <input type="checkbox"/> HIP HMO Preferred  |
| <input type="checkbox"/> DC 37 Med-Team (DC 37 members only) | <input type="checkbox"/> HIP Prime POS      |
| <input type="checkbox"/> Empire EPO                          | <input type="checkbox"/> MetroPlus Gold     |
| <input type="checkbox"/> Empire Gated EPO                    | <input type="checkbox"/> Vytra Health Plans |
| <input type="checkbox"/> GHI-CBP/Empire BlueCross BlueShield |   |

**Medicare Supplemental Plans**

- DC 37 Med-Team Senior Care  
 Empire Medicare-Related Coverage  
 GHI/EBCBS Senior Care  
 GHI HMO Medicare Senior Supplement

**Optional Rider Benefits**

For all plans above (you must check one):  Yes, I wish to enroll with the rider - **or** -  No, I do not wish to enroll with the rider

**Signature**

If you or any covered dependent is eligible for Medicare you must enroll in Medicare Part B, when you are first eligible, in order to maintain maximum benefits through the New York City Health Benefits Program. You must submit a copy of your Medicare card(s), or attach a copy to this application.

Submit this application electronically (do not mail) to: <https://nycemployeebenefits.leapfile.net>

(Visit [nyc.gov/hbp](http://nyc.gov/hbp) for additional detailed instructions on how to submit your form electronically.)

I certify that the above information is correct, and I authorize the City of New York to deduct from my retirement allowance the amount required, if any, for the cost of health coverage through the New York City Health Benefits Program. I understand that the Program's benefits will be coordinated with those available through Medicare or any other source.

RETIREE SIGNATURE	DATE / /
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