

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2019-001686
SENT: 03/15/19 2002 HRS

TELETYPE ORDER NO. HQ -00844-0

DATE MARCH 15, 2019
TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS
FROM ANGEL VILLALONA, FIRST DEPUTY COMMISSIONER
SUBJECT SPECIAL 2019 HEALTH BENEFITS TRANSFER PERIOD

1. A **SPECIAL 2019 HEALTH BENEFITS TRANSFER PERIOD** WILL COMMENCE ON MONDAY, APRIL 1, 2019, THROUGH TUESDAY, APRIL 30, 2019.

2. THE EFFECTIVE DATE OF ANY CHANGE IS JULY 1, 2019. CHANGES IN PAYROLL DEDUCTION, IF APPLICABLE, WILL TAKE EFFECT IN THE FIRST PAYCHECK IN JULY 2019.

3. DURING THE TRANSFER PERIOD, YOU MAY TRANSFER INTO ANY HEALTH PLAN FOR WHICH YOU ARE ELIGIBLE, ADD OR DROP OPTIONAL RIDER COVERAGE, OR ADD OR DROP DEPENDENTS IN YOUR PRESENT PLAN. OTHER QUALIFYING EVENTS SUCH AS MARRIAGE, DIVORCE, BIRTH OR ADOPTION OF A CHILD, ETC. CAN BE MADE AT ANY TIME.

4. YOU ARE ALSO ENCOURAGED TO ACCESS EMPLOYEE SELF SERVICE (ESS) TO UPDATE YOUR COVERAGE. YOU MAY DO SO FROM WORK BY LOGGING IN THROUGH CITYSHARE AT [HTTP://CITYSHARE.NYCNET/ESS](http://cityshare.nycnet/ess). CLICK "EMPLOYEE SELF-SERVICE" ON THE LEFT NAVIGATION PANE, OR YOU MAY DO SO FROM HOME BY LOGGING IN THROUGH THE INTERNET AT [WWW.NYC.GOV/ESS](http://www.nyc.gov/ess).

5. IF YOU PREFER, YOU CAN FACILITATE THE CHANGES BY CONTACTING THE NEW YORK CITY AUTOMATED PERSONNEL SYSTEM (NYCAPS) AT (212) 487-0500 AND SPEAK TO A NYCAPS HEALTH BENEFITS REPRESENTATIVE.

6. THE MEDICAL SPENDING CONVERSION (MSC) BUY-OUT WAIVER PROGRAM PAYMENTS ARE \$500 FOR INDIVIDUAL AND \$1,000 FOR FAMILY. IF YOU ARE CURRENTLY PARTICIPATING IN THE BUY-OUT WAIVER PROGRAM, YOU WILL BE AUTOMATICALLY ENROLLED IN PLAN YEAR 2019.

7. IF YOU WOULD LIKE FURTHER INFORMATION ABOUT THE WAIVER BUY-OUT PROGRAM, PLEASE VISIT THE NYC OFFICE OF LABOR RELATIONS HEALTH BENEFITS WEBSITE AT [WWW.NYC.GOV/HBP](http://www.nyc.gov/hbp) OR THEIR FSA WEBSITE AT [WWW.NYC.GOV/FSA](http://www.nyc.gov/fsa).

AUTHORITY: