

Eligibility

Initial Eligibility

Coverage is available to an adjunct employed by CUNY* who meets the following criteria:

- 1) Is not covered by or eligible to be covered by other basic health insurance by virtue of employment of self or spouse or through government entitlement.
- 2) Has fulfilled the *continuity requirement*, as either a:
 - a) *Teaching Adjunct*: Two consecutive semesters of adjunct instruction at CUNY immediately prior to the current semester **, or
 - b) *Non-Teaching Adjunct*: Two consecutive semesters of at least 10 hours per week at CUNY immediately prior to the current semester**.
- 3) Fulfills the *current hours requirement*, of either;
 - c) *Teaching Adjunct*: Carries a current teaching load of six or more hours per week at one or more than one CUNY institution (combined), or
 - d) *Non-Teaching Adjunct*: Is currently working at least 10 hours per week at CUNY.

* Excludes the Research Foundation or work through grant-support.

** Summer or winter “semesters” do not meet the requirement.

Spring (1) or spring (2) semesters may qualify if enough hours are taught, but the two combined shall not be construed to meet the two-consecutive-semester criterion.

Continued Coverage

After attaining initial eligibility—by meeting the continuity requirement and the current hour requirement—coverage continues until a semester where either a) insufficient hours are worked or b) other coverage becomes available. Coverage may be continued through summer months for persons who received adjunct health insurance during the spring semester and who represent—with college verification—that sufficient hours are anticipated in the fall semester.

Persons who lose eligibility when their hours decrease must resubmit the application forms to their campus benefits office for authorization, if and when their hours increase to the level of eligibility again.

Break in Continuous Eligibility

Even though coverage may be lost for a semester because current hours are too low, the continuity requirement will be met until there is a semester in each of two out of three consecutive academic years wherein a previously eligible individual is not employed as an adjunct by CUNY. Then a break occurs and the initial eligibility (the continuity requirement) must be re-established in order to be covered for benefits.

Persons who lose coverage or eligibility (for this and certain other reasons) may qualify for COBRA coverage and should contact the Fund office or the COBRA section of this book for further information.

An eligible individual who waives coverage for self and or dependents because of other health insurance or group health plan coverage may be able to enroll at a later time if that other coverage is subsequently terminated or significantly altered. The individual must complete an updated Enrollment Form indicating the events requiring amended status. Coverage will not be effective until the Welfare Fund Office receives the necessary Enrollment Form/Data Sheet and any applicable proof of dependent status. If the Welfare Fund Office receives the request for enrollment in these circumstances within 30 days of the event, coverage will be retroactive to the date of the event. If it is received after 30 days, coverage is effective the first of the month following receipt of the completed enrollment material.

The same provisions apply if an individual or dependent loses coverage through Medicaid or a State Children's Health Insurance Program (CHIP). If the Welfare Fund Office receives the request for enrollment due to loss of coverage in Medicaid or a CHIP or because of eligibility for a premium assistance program within 60 days of the event, coverage will be retroactive to the date of the event. If it is received after 60 days, coverage is effective the first of the month following receipt of the completed enrollment material.

Please note that the above does not apply to the Voluntary Benefits. There are special eligibility and enrollment rules for the Voluntary Benefits made available to Plan participants.

Dependents Eligibility Note

Dependent coverage is available through premium payment only. (See Coverage Options, p. 6, of the Adjunct's Summary Plan Description) As of July 1, 2011, the Fund defines eligible dependent children as natural or adopted children who are a) under age 26 or b) totally and permanently disabled and who became so prior to their 19th birthday. Coverage for dependent children (not disabled) ends on the last day of the month that children turn 26.