

Eligibility

For CUNY Adjunct Health Insurance Information and Enrollment Procedures, go to the [University Benefits Office](#) web page. Click on "Benefits at a Glance," then "Adjunct Teaching & Non-teaching."

Enrollment questions should be directed to your **College Benefits Officer** ([see the directory](#)). You must submit **two** enrollment forms: the NYC Health Benefits Application *and* the Welfare Fund Supplemental Benefits application (for the benefits described on this website).

Please be aware that Welfare Fund Supplemental Benefits coverage under the adjunct plan is individual-only. You may elect to purchase family coverage at the rate of \$190.75 per month, payable quarterly. Enrollment in NYC-CBP basic health insurance, family coverage, is requisite. Welfare Fund Family Enrollment Supplement form is [here](#).

Welfare Fund Supplemental Benefits are only available to Adjuncts enrolled in the CUNY Adjunct Health Insurance plan.

Adjunct health insurance is available to you if you are an adjunct employed by CUNY (excluding the Research Foundation or work through grant-support) and you meet the following criteria:

- You are 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.
- You have fulfilled the **continuity requirement** either as a:
 - **Teaching Adjunct:** Two consecutive, complete semesters of adjunct instruction at CUNY immediately prior to the current semester, or
 - **Non-Teaching Adjunct:** Two consecutive, complete semesters of at least 15 hours per week at CUNY immediately prior to the current semester.
- You fulfill the **current hours requirement** either as a:
 - **Teaching Adjunct:** Carries a current teaching load of six or more hours per week for the full semester at one or more than one CUNY institution (combined), or
 - **Non-Teaching Adjunct:** Is currently working at least 15 hours per week for the full semester at CUNY.
- **Welfare Fund Benefits** are only available to Adjuncts enrolled in the CUNY basic medical insurance plan.

Enrolling as a New Member

First-time enrollees must contact their college Human Resource Department to enroll. The college will need to verify that requirements have been met. If continuity and current hours necessarily involve more than one college, verification will be required from each. Applicants

will be notified by the PSC-CUNY Welfare Fund, and/or the carrier, of acceptance. If the family premium option is selected, a check covering the first 3 months is required.

Continued Coverage

After attaining initial eligibility-by meeting the continuity requirement and the current hour requirement-coverage continues until a semester where either insufficient hours are worked or other coverage becomes available. Coverage is continued through summer months for persons who received adjunct health insurance in the spring semester, *unless the spring semester was the first semester of coverage. For those whose spring semester was their first semester in the program, coverage terminates the last day of July.* Continued coverage is available through purchase provisions under COBRA.

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 website 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 Fund Office receives the necessary Enrollment Form/Data Sheet and any applicable proof of dependent status. If the 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 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.

Dependent Eligibility

Dependent coverage is available through premium payment only. Eligible dependent children are natural or adopted children who are under age 26 or are totally and permanently disabled and who became so prior to their 19 birthday. Coverage for a dependent child (not disabled) ends on the last day of the month he or she turns 26.