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Welcome to Your PNW HBC Plan -

Support & Resources Portal!

PNW HBC

PUTNAM | NORTHERN WESTCHESTER
HEALTH BENEFITS CONSORTIUM

*Providing Consortium members and their families
with quality and cost-effective health benefits to
help them live happier and healthier lives.*

We will be announcing the 2025 Open Enrollment dates shortly.

If you have any qualifying events, use the Enrollment form provided by your district. Please contact our new Benefits Administration support team, provided by Frank M. Vaccaro & Associates, Inc., to provide any changes.

(The Enrollment Form can be found on the Resources link above, under the Printable Forms Button)

Support Methods:

- Toll-Free Call: 888.709.6414
- Email: HBCSupport@frankm Vaccaro.com
 - We can send you a link to securely transfer any documents.
- Mail forms to:
 - Frank M. Vaccaro & Associates, Inc.
 - 27 Roland Ave. Mount Laurel, NJ 08054

Resource Home

Enrollment Resources

FAQ and Employee Resources

Medical Pricing Information

Actra Doc Finder

Newsletters

Notice of Privacy Policy

Participating Districts

Plan Documentation- NYDFS
approval pending

Putnam Northern Westchester Health Benefits Consortium

The Consortium has become the first Municipal Cooperative Health Plan in the State of New York to become certified by the Department of Insurance. Under insurance law, municipal cooperative health plans must meet certain standards of plan design, financial stability and documentation. PNW HBC is the first to meet or exceed these standards. The Putnam Northern Westchester Health Benefits Consortium provides hospital, medical and prescription drug benefits for the employees and retirees of the Putnam and Northern Westchester public school districts and BOCES.

Here is a list of helpful links:

- ▼ Medicare Advantage Plan Benefit Summaries
- ▼ Carrier Resources
- ▼ Summaries of Benefits and Coverage

Aliza Trupia - Health Benefits
845-279-8000 ext. 6112
atrupia@brewsterschools.org

Help Center: For any questions or assistance,

please contact Frank M. Vaccaro & Associates, Inc.



Annual Open Enrollment Period

Usually happens in May. During this time you can request to enroll yourself, add or remove dependents, terminate your coverage or make any other changes to your plan, which will go into effect July 1st.

No changes can be made to your plan outside of this Open Enrollment Period, unless you have a Qualifying Life Event.

Some examples of Qualifying Events:

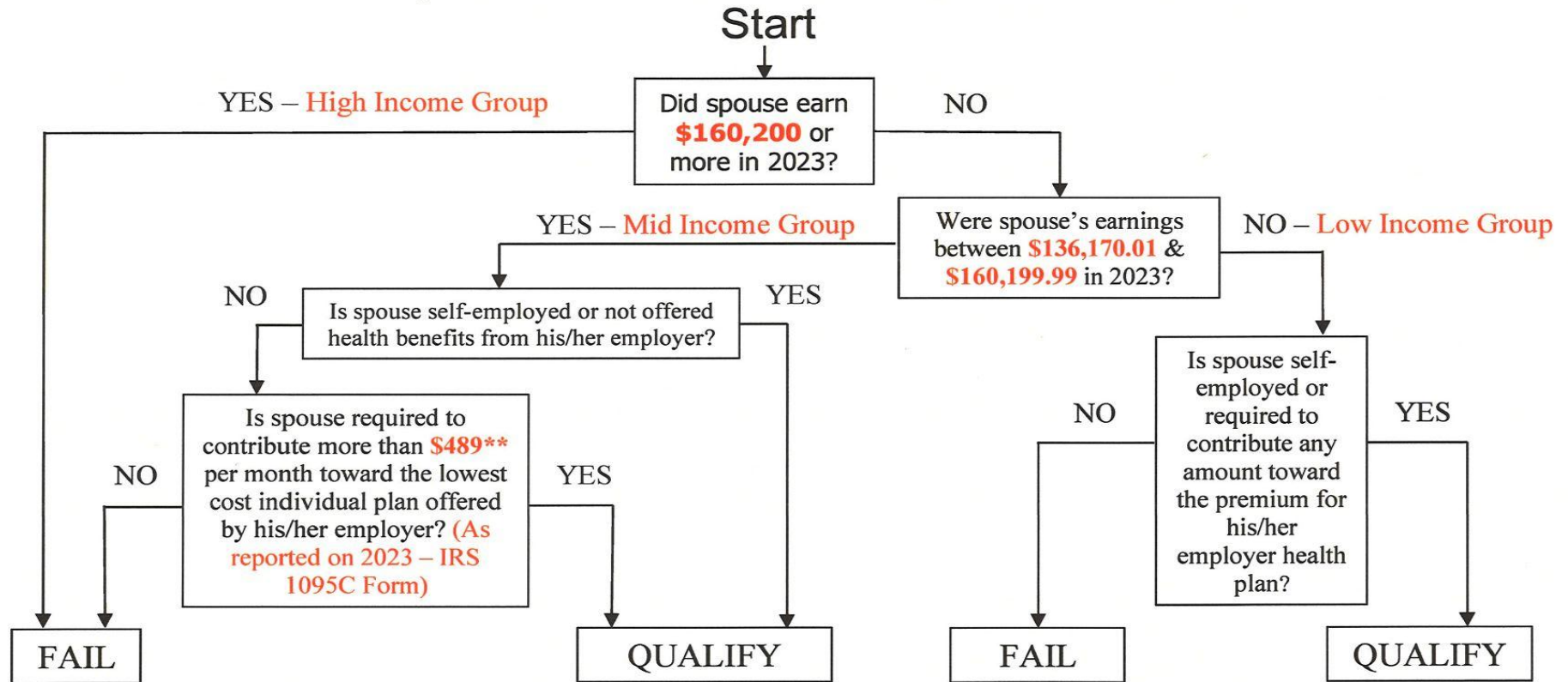
- Marriage or Divorce
- Birth or Adoption of a child
- Loss of other coverage

Changes due to a qualifying event must be made within 31 days.

You will be required to submit documentation of the event.

Spousal and Dependent Eligibility Rule

July 1, 2024 – June 30, 2025, Flow Chart



- **FAIL** – Spouse is required to purchase other primary health insurance or the emp/ret will be charged a buy-in amount of **\$489** (Low-Income and Mid-Income Group)** or **\$733** (High-Income Group)** for covering the spouse primary on the plan. This additional premium buy-in is in addition to any other premium cost sharing that the district requires.
- **QUALIFY** – Spouse is NOT required to purchase other primary health insurance or be charged a buy-in amount for covering the spouse primary on the plan.



Annual Spousal and Dependent Recertification

All dependents must be recertified annually to determine their eligibility for primary coverage.

Occurs each year at the end of May/beginning of June.

Supporting documentation must be sent directly to PNW HBC.

If recertification is not completed by the deadline, dependent's claims will be denied.

You are responsible for notifying the District of any changes in dependent status that could result in their ineligibility for primary coverage.

Annual Coverage and Costs

Our plan year runs from July 1 - June 30.

Employees pay for 12 months of coverage over 10 months.

Deductions begin in September and continue through your last pay period in June.

Costs will be prorated based on your enrollment date.

Employees pay their contribution percentage of the District's annual cost for the tier of coverage they hold, based on the contractual agreement of their bargaining unit.

Current District Annual Cost for Coverage:

\$11,724 - Individual

\$28,152 - Employee + 1

\$30,708 - Family

These costs are subject to change.



Health Insurance Buyout Option

Intended to offset the cost of your outside coverage.

Must provide proof of other coverage. (Ex: Insurance cards, letter from employer/provider or 1095c form)

Amount is based on the terms of your bargaining unit agreement.

Payment is made semi-annually in December and June.

You must reapply for this option each calendar year.

Amount will be prorated based on your eligibility date.