



**2024 Open Enrollment
October 15 - November 15, 2023**

Health Benefits Summary

**New York City Transit
City Groups/TWU Local 106 (TSO) Career
& Salary/TWU Local 100 Career & Salary
Active Employees**

MTA Business Service Center
www.mymta.info

Disclaimer

This Summary contains information concerning some of the benefits you are entitled to as an MTA New York City Transit employee. This Summary is for informational purposes only and may be modified at any time. If a conflict exists between this Summary and an official written document setting forth the benefit, policy, procedure, or rule, the official written document controls.

It is important to note that all benefits summarized herein are the benefits that are currently in effect at New York City Transit. These benefits are all subject to change, including termination, at any time in the sole discretion of New York City Transit, except to the extent that they have been established by collective bargaining agreement or are required by law. Some benefit programs, such as public retirement plans, are administered and interpreted outside of New York City Transit. If the information contained in this Summary conflicts with the provisions of any benefit program, the program's policies control.

CONTENTS

1	INTRODUCTION	4
	• Open Enrollment Period	
2	HOW TO MAKE CHANGES	5
3	HEALTH BENEFIT CHOICES	6
4	MEDICAL OPT-OUT PROGRAM	8
5	LEGAL REQUIREMENTS	10
	• Grand-fathered Status	
	• Coverage for Dependent Children Ages 19 to 26	
	• Social Security Number Requirement	
6	IMPORTANT TELEPHONE NUMBERS & WEBSITES	11

Attachments:

- [Notice of Creditable Coverage](#)
- [Employee Affidavit](#)
- [HR-BEN-811A 2024 Open Enrollment/Change Form for Active New York City Group Employees](#)
- [HR-BEN-811B 2024 Open Enrollment/Change Form for Active NYCT TWU Local 106 \(TSO\) Career & Salary Employees](#)
- [HR-BEN-810M 2024 Open Enrollment/Change Form for Active NYCT TWU Local 100 Career & Salary Employees](#)
- [HR-DEFCOMP-075 2024 Medical Opt-Out Lump Sum Deferral Form](#)

1 INTRODUCTION

Open Enrollment Period: October 15 - November 15

Plan changes will be effective January 1, 2024

Reminder...to remain in your current medical plan, no action is required.

The Business Service Center (BSC) processes all medical benefit enrollments and changes. For assistance, contact us at 646-376-0123 or bscservice@mtabsc.org.

During the Open Enrollment period, you may...

- Change plans
- Add, change, and/or remove dependents

Available online on My MTA Portal (www.mymta.info/openenrollment)...

- Open Enrollment Recorded Informational Webinars
- Self-service access to changing plan enrollments
- Summary of Health Benefits
- Medical enrollment/change forms
- Flexible Spending Account enrollment information
- Opt-Out Program brochure and form

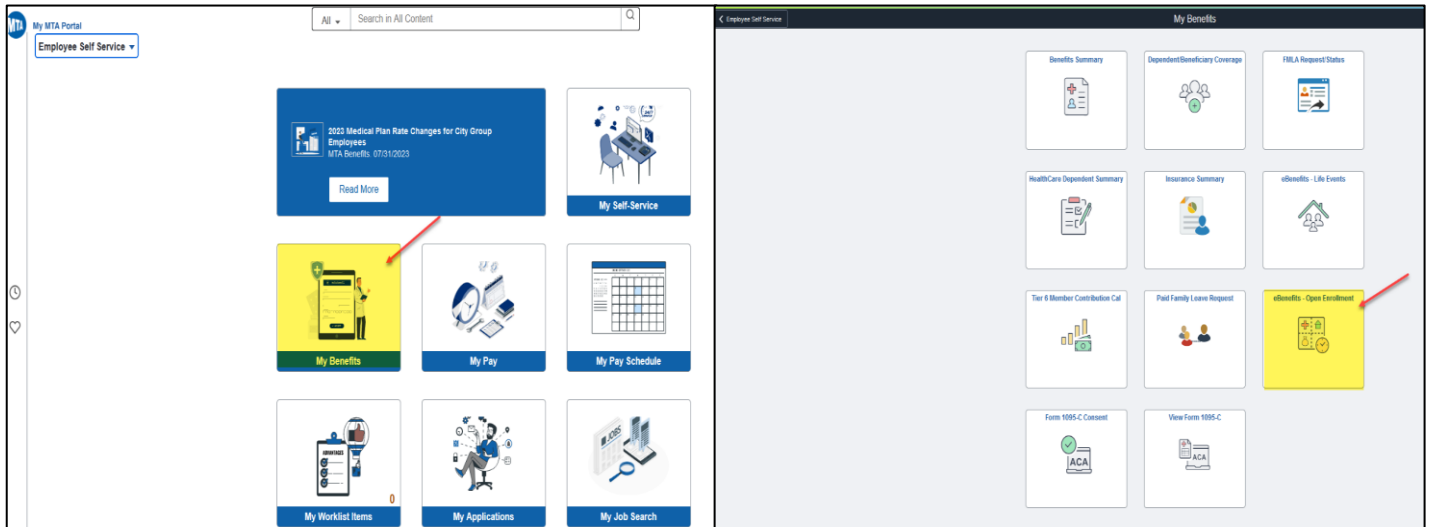
Dates to remember...

You can access information on the MTA Opt-Out and Tax-Favored programs via the BSC website and the provider websites. Go to www.mymta.info/openenrollment.

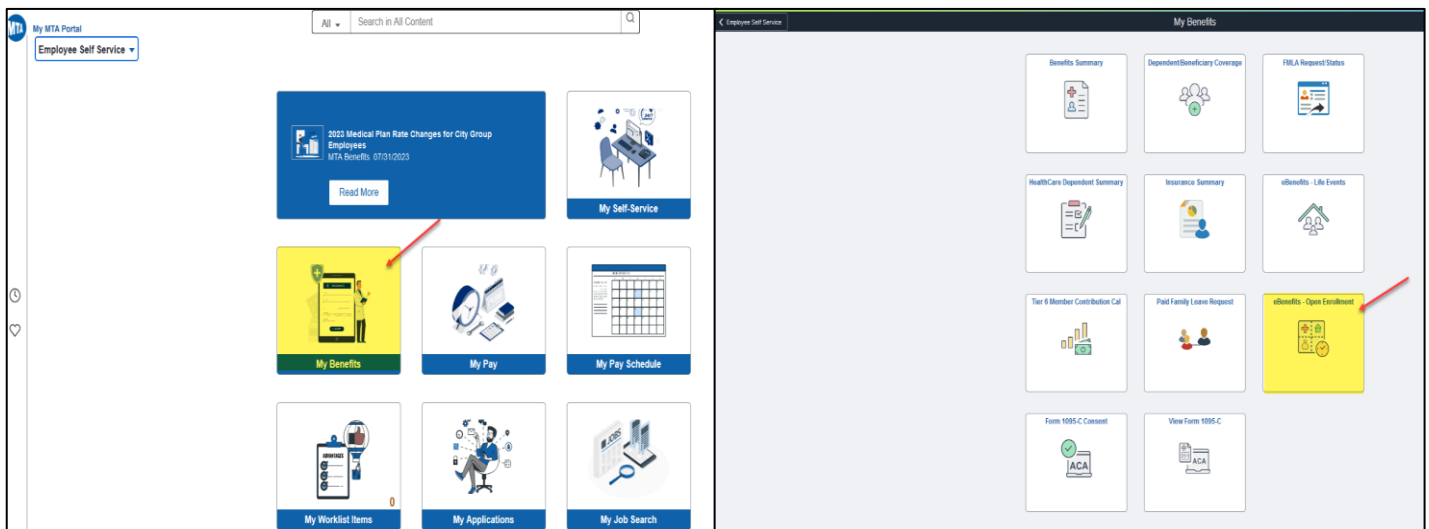
- **Medical Opt-Out Program: October 15 - November 15**
- Flexible Spending Account (FSA): November 1 - December 15

2 HOW TO MAKE CHANGES

- **To make medical plan changes online:**
 - Sign on to the My MTA Portal (www.mymta.info)
 - On the home page, click the **My Benefits** tile, then the **eBenefits - Open Enrollment** tile



- **To make medical and/or dental plan changes via form and/or to add a new dependent**, submit one (1) of the below enrollment forms as applicable:
 - **HR-BEN-811A** for Active New York City Group Employees
 - **HR-BEN-811B** for Active NYCT TWU Local 106 (TSO) Career & Salary Employees
 - **HR-BEN-810M** for Active NYCT TWU Local 100 Career & Salary Employees
 - **Do NOT use/submit the above form(s) if you are making your changes online**
- **Use online services to review all your benefits information:**



3 HEALTH BENEFIT CHOICES

Electing or Changing Medical/Dental Coverage

Members of the following City of New York (City Group) Health Benefit Programs may request changes during the open enrollment period:

City of New York (City Group) Members	
1. DC-37 (All Locals)	5. Civil Service Technical Guild (CSTG) - Local 375
2. Communication Workers of America (CWA) – Local 1180	6. International Brotherhood of Teamsters (IBTS) – Local 237
3. Civil Service Bar Association (CSBA)	7. HPPTs
4. International Union of Operating Engineering (IUOE) – Local 30	

Active City Group Employees: Make enrollment changes online or use the attached [HR-BEN-811A 2024 Open Enrollment/Change Form](#). Questions on dental, vision, and all other benefits should be directed to your respective union (DC-37, CWA, etc.).

January 1, 2024 Options for NYCT/MaBSTOA Active Members Represented by DC-37 (All Locals)	
Health Plans	Plan Type
GHI - CBP/Empire BlueCross BlueShield	PPO
GHI - CBP/Empire BlueCross BlueShield with Optional Rider (Not available for IUOE Local 30) (Optional Rider - Mental Health/Chemical Dependency & Reimbursement Enhancement Option)	PPO
Med-Team (DC-37 Members <u>Only</u>)	PPO
HIP POS	HMO
HIP HMO Optional Standard	HMO
HIP HMO Optional Standard with Rider (Not available for IUOE Local 30) (Rider - Durable Medical Equipment & Private Duty Nursing)	HMO
MetroPlus Standard	HMO
MetroPlus Standard with Rider (Not available for IUOE Local 30)	HMO
Aetna	HMO
Empire (New York <u>Only</u>)	HMO
GHI	HMO
CIGNA Healthcare	HMO
VYTRA Healthcare	HMO
Empire EPO (Exclusive Provider Organization)	EPO

January 1, 2024 Options for NYCT/MaBSTOA Active Members Represented by DC-37 (For Local 30 Only)	
Health Plans	Plan Type
GHI - CBP/Empire BlueCross BlueShield with Optional Rider (Optional Rider - Prescription Drugs, Mental Health/Chemical Dependency, & Reimbursement Enhancement Option)	PPO
HIP HMO Optional Standard Rx Rider (Rider - Prescription Drugs, Durable Medical Equipment, & Private Duty Nursing)	HMO
MetroPlus Standard Rx Rider (Rider - Prescription Drugs, Durable Medical Equipment, & Private Duty Nursing)	HMO

Active Members of TWU Local 106 Transit Supervisors Organization (TSO) Career & Salary may change elections after being enrolled in the plan for eighteen (18) months.

Active TWU Local 106 (TSO) Career & Salary Employees: Make enrollment changes online or use the attached [HR-BEN-811B 2024 Open Enrollment/Change Form](#). Questions on medical, dental, and vision benefits should be directed to the MTA BSC.

January 1, 2024 Options for NYCT Career & Salary Active Members Represented by TWU Local 106 - Transit Supervisors Organization (TSO)	
Health Plans	Plan Type
GHI - CBP/Empire BlueCross BlueShield	PPO
HIP/HMO Standard	HMO
HIP POS	HMO
Aetna HMO	HMO
CIGNA Healthcare HMO	HMO
GHI HMO	HMO
Empire EPO (Exclusive Provider Organization)	EPO
Empire HMO (New York <u>Only</u>)	HMO
MetroPlus Standard	HMO
VYTRA Healthcare HMO	HMO

Active TWU Local 100 Career & Salary Employees: Make enrollment changes online or use the attached [HR-BEN-810M 2024 Open Enrollment/Change Form](#). Questions on medical, dental, and vision benefits should be directed to the MTA BSC.

January 1, 2024 Options for NYCT Career & Salary Active Members Represented by TWU Local 100	
Health Plans	Plan Type
GHI - CBP/Empire BlueCross BlueShield	PPO
HIP/HMO Standard	HMO
HIP POS	HMO
Aetna HMO	HMO
CIGNA Healthcare HMO	HMO
GHI HMO	HMO
Empire EPO (Exclusive Provider Organization)	EPO
Empire HMO (New York <u>Only</u>)	HMO
MetroPlus Standard	HMO
VYTRA Healthcare HMO	HMO

Note to All Employees Planning to Retire in 2024

If you and/or your covered dependent become Medicare eligible as a result of reaching at least age 65 or being disabled when you retire, Medicare will be you and/or your dependent’s primary medical coverage. **Please ensure that you and/or your covered dependent(s) enroll in Medicare.**

Enrollment in Medicare generally takes about three (3) months, so please contact the Social Security Administration in advance so that as a retiree, you and/or your dependent will be enrolled in Medicare Part A (hospitalization) and Medicare Part B (medical).

4 MEDICAL OPT-OUT PROGRAM

Opt-Out Program for Medical/Hospital and Prescription Drugs...

If you have or will have alternate medical coverage as of the upcoming plan year, you can take advantage of the MTA's Medical Opt-Out Program. **Your dental and vision coverage will remain in effect even if you elect to enroll in the Opt-Out Program.**

General Overview of the Opt-Out Process:

1. If you previously enrolled in the Opt-Out Program in 2023 and wish to continue in the Opt-Out Program for 2024:
 - **NO ACTION REQUIRED:** Your opt-out status will remain in place for 2024
2. If you previously enrolled in the Opt-Out Program in 2023 and now wish to **re-enroll** in Medical/Hospital and Prescription Drug Coverage for 2024, you **MUST:**
 - Complete the **HR-BEN-811A** 2024 Open Enrollment/Change Form for Active New York City Group Employees **OR** the **HR-BEN-811B** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Employees **OR** the **HR-BEN-810M** 2024 Open Enrollment/Change Form for Active NYCT TWU Local 100 Career & Salary Employees, and submit to the BSC, **by November 15, 2023**
3. If you were previously enrolled in Medical/Hospital and Prescription Drug Coverage for 2023 and now wish to **enroll** in the Medical Opt-Out Program for 2024, you **MUST:**
 - Complete the **Opt-Out Program section** on the **HR-BEN-811A** 2024 Open Enrollment/Change Form for Active New York City Group Employees **OR** on the **HR-BEN-811B** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Employees **OR** on the **HR-BEN-810M** 2024 Open Enrollment/Change Form for Active NYCT TWU Local 100 Career & Salary Employees, and submit to the BSC, **by November 15, 2023**

Additional Information about the Medical Opt-Out Program:

1. To opt-out of medical/hospital and prescription drug coverage, you **must** provide proof you have coverage under an alternate medical plan or will have coverage by January 1, 2024
2. **For the active City Group, TWU Local 106 (TSO) Career & Salary, & TWU Local 100 Career & Salary employees** listed below, if you participate in the Medical Opt-Out Program and separate from MTA service *before* the end of the opt-out year, you will **not** be eligible to receive any part of the incentive payment
 - **For 2024, the individual opt-out incentive payment is \$550**
 - **For 2024, the family opt-out incentive payment is \$1,100**

NYCT - TWU LOCAL 100 C&S	NYCT - DC37 ACCNTS AFSCME LOCAL 1407
NYCT - CIVIL SERVC BAR ASSC LOCAL 237	NYCT - DC37 CLAIM EXMR AFSCM LOCAL 154
NYCT - CIVIL SRVC TCH GUILD ADMN	NYCT - DC37 LOCAL 983 PRVLING WG HPPT
NYCT - CIVIL SRVC TCH GUILD LOCAL 375	NYCT - DC37 MN EMP ASC AFSCM LOCAL 1655
NYCT - COMM. WORKR OF AMRCA LOCAL 1180	NYCT - DC37 MVO AFSCME LOCAL 983
NYCT - CONFIDENTIAL (CSTG)	NYCT - DC37 PART-TIME LOCAL 1655
NYCT - CONFIDENTIAL (CWA)	NYCT - DC37 ST FIRM AFSCME LOCAL 1795
NYCT - CONFIDENTIAL (DC37 LOCAL 1407)	NYCT - IBT PHOTOGRAPHERS LOCAL 237
NYCT - CONFIDENTIAL (DC37 LOCAL 1655)	NYCT - INTERNATNL OPER ENGINEERS
NYCT - CONFIDENTIAL (DC37 LOCAL 2627)	NYCT - DC37 COMPUTR AFSCME LOCAL 2627

3. The incentive payments for individual or family plan opt-out will be paid in December 2024 **OR** pursuant to the represented employee's collective bargaining agreement
4. You have the option to defer your opt-out incentive payment to your 401(k) or 457 plans
 - To do so, you **MUST** submit the **HR-DEFCOMP-075** Medical Opt-Out Deferred Compensation Lump Sum Deferral form **every year**
5. The incentive payment is subject to all applicable federal, state, and local taxes and is not considered pensionable income (it will not be included in any pension calculations)
6. As a ***represented*** employee, contributions during the opt-out period will be subject to the terms of the applicable collective bargaining agreement
7. If you *waived* health plan coverage as a new hire in 2023 and wish to enroll in the Opt-Out Program for 2024, you **MUST** submit a request to opt-out during your respective Open Enrollment period
8. The election to opt-out remains in effect until you change your election during a future Open Enrollment period **OR** experience a Qualified Family Status/Life Event Change

5 LEGAL REQUIREMENTS

Grandfathered Status

NYC Transit's health plans are "grandfathered" under the Affordable Care Act (ACA). As permitted by the ACA, grandfathered health plans can preserve certain basic benefits that were already in effect when the law was enacted. Grandfathered status also means that our plans may not include certain consumer protections of the ACA that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the BSC via email to bscservice@mtabsc.org or calling the BSC Customer Management Center at 646-376-0123.

Coverage for Dependent Children Ages 19 to 26

City Group Employees:

A dependent child aged 19 to 26 is eligible for medical, hospital, and/or prescription drug coverage, regardless of their student or marital status.

- To **enroll** a dependent child, age 19 to 26, submit the **HR-BEN-811A** 2024 Open Enrollment/Change Form

TWU Local 106 (TSO) Career & Salary and TWU Local 100 Career & Salary Employees:

A dependent child aged 19 to 26 is eligible for medical, hospital, and prescription drug coverage, regardless of their student or marital status.

- To **enroll** a dependent child, age 19 to 26, submit the **HR-BEN-811B** 2024 Open Enrollment/Change Form **OR** the **HR-BEN-810M** 2024 Open Enrollment/Change Form

Submit the applicable form above with the required supporting documentation listed on the back of the form, and affirm, by signing the form, that your child is eligible for coverage.

Social Security Number Requirement

The Medicare, Medicaid, and State Children's Health Insurance Extension Act of 2007 (MMSEA) requires MTA New York City Transit to report Social Security Numbers to the Federal Centers for Medicare and Medicaid Services (CMS) for all dependents who are at least age 45.

You can check to see if a covered dependent's Social Security Number is missing from your benefits record by signing on to the My MTA Portal at www.mymta.info. Click on the **My Benefits** tile, then click on the **Health Care Dependent Summary** tile. Click the dependent's name to view their personal information.

If a dependent's Social Security Number is not shown under SSN (only the last four digits will show), please submit to the MTA BSC, a copy of the dependent's Social Security Card with your name and BSC ID number noted on the copy, along with the **HR-BEN-811A** 2024 Open Enrollment/Change Form **OR** the **HR-BEN-811B** 2024 Open Enrollment/Change Form **OR** the **HR-BEN-810M** 2024 Open Enrollment/Change Form. Be sure to include your name and BSC ID number on the copy of the Social Security Card(s).

6 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical/Hospital		
City of New York Plan Description	646-376-0123 (MTA BSC)	www.nyc.gov
Dental		
DentCare/HealthPlex	800-468-0600	www.healthplex.com
MetLife Dental	800-942-0854	www.metlife.com
Vision		
EyeMed	800-334-7591	www.eyemedvisioncare.com
Federal Programs		
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.ssa.gov
Business Service Center		
Phone:	646-376-0123, 8:30a.m. - 5p.m., Monday - Friday	
Email:	bscservice@mtabsc.org	
Website:	www.mymta.info	
<p><i>Please have your BSC ID ready when you call us and be sure to include your full name and BSC ID on all emails and documents.</i></p>		