



**2023 Open Enrollment
November 1 - November 30, 2022
Health Benefits Summary**

**New York City Transit
NYSHIP, Non-NYSHIP, and TWU Local 106
(TSO Career & Salary) Retired 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 retiree. 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 agreements 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.

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- HR-BEN-390R 2023 Open Enrollment/Change Form Retired Transit Supervisory Organization Local 106 Career & Salary Employees
- HR-BEN-023H 2023 Dental Open Enrollment/Change Form (**ONLY** applicable to Retired SSSA, TSO Operating, & SPI with NYSHIP Medical Benefits and Non-Rep Operating Supervisors (MS II)/TWU L106 TSO Operating & Coin Retrievers)
- HR-BEN-367R 2023 Dental Open Enrollment/Change Form Retirees with NYSHIP Benefits (**Except** SSSA, TSO Operating, and MS II)
- HR-BEN-600 Dependent Change Request Form
- Notice of Creditable Coverage
- Employee or Retiree Affidavit

1 INTRODUCTION

Open Enrollment Period: November 1 - November 30

Plan changes will be effective January 1, 2023



Reminder...to remain in your current medical plan, no action is required, unless you are or will become Medicare eligible in 2023 (see section 3B for additional information).

The MTA Business Service Center (MTA 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 Informational Sessions
- Self-service access to change plan enrollments (*availability based on your retirement date*)
- Summary of Health Benefits
- Medical enrollment/change forms

2 HOW TO MAKE CHANGES

- To make medical and/or dental plan changes online (if applicable):
 - Sign on to the **My MTA Portal** (www.mymta.info)
 - On the home page, click **My Benefits**
 - Then click **eBenefits - Open Enrollment**



- To make medical and/or dental plan changes (if applicable) via form and/or to **add a new dependent**:
 - For medical plan enrollment/changes, submit **HR-BEN-366R** 2023 Open Enrollment/Change Form Retired New York City Group Employees **OR** **HR-BEN-390R** 2023 Open Enrollment/Change Form Retired Transit Supervisory Organization Local 106 Career & Salary Employees
 - For dental plan enrollment/changes, submit **HR-BEN-023H** 2023 Dental Open Enrollment/Change Form Retired SSSA, TSO Operating & TSO Queens Supervisory with TWU L100/ATU 726/ATU 1056 Medical Benefits (Retired On/After Oct 1, 2020)/SIRTOA SSSA (Retired On/After Jan 1, 2018)/SSSA, TSO Operating, & SPI with NYSHIP Medical Benefits/Non-Rep Operating Supervisors (MS II)/TWU L106 TSO Operating & Coin Retrievers **OR** **HR-BEN-367R** 2023 Dental Open Enrollment/Change Form Retirees with NYSHIP Benefits (Except SSSA, TSO Operating, and MS II)
 - Do **NOT** use/submit above form(s) if you are making your changes online
- To change information or remove a current dependent:
 - Submit **HR-BEN-600** Dependent Change Form
 - You **cannot** make dependent changes online. You must access the form from the eBenefits - Open Enrollment ribbon or go to the 2023 Open Enrollment website at: www.mymta.info/openenrollment
- **ALL** retirees, regardless of retirement date, can use online services to review benefits information:



3 HEALTH BENEFIT CHOICES

A. Medical Plans

1. New York State Health Insurance Program (NYSHIP) Retirees do not have a specific enrollment period

- You have the option to enroll in or change your medical plan once within any 12-month period
- You can access Open Enrollment online during the NYSHIP Open Enrollment period, November 1 - December 31
- **NYSHIP Retirees after April 1, 1996 who were:**
 - Managers
 - Non-Represented Career & Salary
 - Non-Represented Operating
 - Organization of Staff Analysts (OSA)
 - Doctors Council (Medical only)
 - Special Inspectors
 - DC37 with Non-Represented Benefits
- **NYSHIP Retirees after January 1, 2001 who were:**
 - TWU Local 106 Transit Supervisors Organization (TSO Operating and Queens Division)
 - Subway Surface Supervisors Association (SSSA)

To assist with your decision-making, please see the **2023 NYSHIP Retiree Choices Guide** on the Open Enrollment website at www.mymta.info/openenrollment.

2. Non-NYSHIP Retirees may make medical plan changes during the Open Enrollment period, November 1 - November 30

- **Retirees before April 1, 1996 who were:**
 - Managers
 - Non-Represented Career & Salary
 - Non-Represented Operating
 - Organization of Staff Analysts (OSA)
 - Doctors Council (Medical only)
 - Special Inspectors

3. Other Non-NYSHIP Retirees

- **Retirees before January 1, 2001 who were:**
 - TWU Local 106 Transit Supervisors Organization (TSO Operating and Queens Division)
 - Subway Surface Supervisors Association (SSSA)

If you wish to make changes to your coverage, you can access online **eBenefits - Open Enrollment** as shown on page 5 **OR** via the applicable **2023 Open Enrollment Form**

4. TWU Local 106 Transit Supervisors Organization (Career and Salary) Retirees

- You have the option to enroll in or change your medical/dental plan once within any 18-month period
- Questions on medical, dental, and vision benefits should be directed to the MTA BSC, while all other health benefits questions should be directed to the Union

B. Dental Plans

- **Open Enrollment Period: November 1 - November 30, 2022**
 - Retirees in the benefit groups listed, starting on page 6, have the option to enroll or change their dental plan during the open enrollment period
 - If you wish to make changes to your coverage, you can access the online **eBenefits - Open Enrollment** shown on page 5 **OR** via the applicable **2023 Open Enrollment Form** for your specific group which lists the dental plans available to you if you retired under the listed titles

4 LEGAL REQUIREMENTS

Coverage for Dependent Children Ages 19 to 26

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 either **HR-BEN-366R** 2023 Open Enrollment/Change Form Retired New York City Group Employees **OR** **HR-BEN-390R** 2023 Open Enrollment/Change Form Retired Transit Supervisory Organization Local 106 Career & Salary
- To remove or change a CURRENT dependent child (age 19 to 26) on your health insurance, submit the **HR-BEN-600 Dependent Change Request** form

Submit the applicable form above with the required 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 My MTA Portal at www.mymta.info. Click on **My Benefits**, then click **Health Care Dependent Summary**. 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 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-600 Dependent Change Request** form to the BSC. Be sure to include your name and BSC ID number on the copy of the Social Security Card as well.

5 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical		
NYSHIP		
Health Plans	877-769-7447	www.cs.ny.gov/nyship
Department of Civil Service	800-833-4344	www.cs.ny.gov/nyship
City of NY		
Plan Description	212-513-0470	www.nyc.gov
GHI	212-501-4444	www.ghi.com
HIP	800-447-8255	www.hipusa.com
Dental Plans		
Healthplex/Dentcare	800-468-0600	www.healthplex.com
MetLife	800-942-0854	www.metlife.com
Cigna Dental Care (DHMO) or Cigna DPPO (SSSA and TSO members only)	800-578-5682	www.Cigna.com
Other Important Telephone Numbers		
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.ssa.gov
Business Service Center		
<p>Phone: 646-376-0123, 8:30 a.m. - 5 p.m., Monday – Friday Email: bscservice@mtabsc.org Website: www.mymta.info Fax: 212-852-8700</p> <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>		



2023 Open Enrollment/Change Form

Retired New York City Group Employees

HR-BEN-366R

Section 1 - Information and Instructions

Use this form to enroll/change health insurance **OR** make your plan change online at www.mymta.info > **My Benefits>eBenefits – Open Enrollment**. **DO NOT SUBMIT THIS FORM IF YOU ARE MAKING YOUR PLAN ENROLLMENT CHANGE ONLINE.**

To remove/change current dependent information only, use the **HR-BEN-600 Dependent Change Request Form**.

Please return the completed, signed form by: Email: bsc-benefits@mtabsc.org **OR**

Fax: 212-852-8700

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	Suffix	BSC ID
					Pass #
Phone (H)	Phone (M)				Email

If your address has changed, contact the MTA Business Service Center or log onto www.mymta.info and complete the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 - Coverage Election (Effective January 1, 2023)

Medical: ☐ Individual ☐ Family

Check One:

- ☐ GHI
☐ GHI WITH OPTIONAL RIDER
☐ HIP HMO
☐ HIP HMO WITH OPTIONAL RIDER
☐ AETNA
☐ OTHER _____

Section 4 - Dependent Information Changes

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and NYC Transit will pursue financial restitution for claims and/or premiums for the ineligible dependent.

ADD/REMOVE/CHANGE DEPENDENT(S)

Please fill in all information for dependents you wish to add/remove/change and submit **required** documentation (see Section 5). Documentation **must** be received by the BSC within 90 days from the effective date. Failure to submit documentation will result in the termination of your dependent's coverage.

DOMESTIC PARTNER

Please contact the Business Service Center for a Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless an application is submitted and approved by the Benefits Department.

If you are removing a domestic partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check Only One: (A) Add, (R) Remove, or (C) Change					Check Only One: Dep. Relationship			Gender		Date of Birth		
A	R	C	Name	SSN	Spouse	Domestic Partner	Child	F	M	Mo	Day	Year

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are eligible for coverage.

Retiree Signature	Date
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2023 Open Enrollment/Change Form
Retired New York City Group Employees
HR-BEN-366R

Section 5 - Dependent Required Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are required.

In place of required Birth Certificate, any of the following official government documents can be submitted:

- Valid Drivers' License-New York
- Resident Alien Card
- Valid US Passport
- A letter from Social Security containing your date of birth
- Public Assistance ID Card
- Government Employment ID Card

If your date of marriage is more than one year old, proof of joint ownership is also required.

Both the enrollee's and spouse's names must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Any financial information or account numbers can be removed.

Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately." Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/Life Insurance/Will designating your spouse as beneficiary
- Mortgage Statement/Rental/Lease Agreement or Property Tax Document*
- Utility/Phone/Internet/Cable Bills*

If you are not able to provide the required documentation, please complete the Employee or Retiree Affidavit, have it notarized, and return it with your enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing employee's name
- Social Security Card
- Puerto Rican Birth Certificates issued prior to July 1, 2010 are unacceptable

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate
- Social Security Card
- Legal documentation concerning adoption

3. Dependent Children (between ages 19 and 26):

- To enroll a dependent child from age 19 to 26 in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit required documentation, and affirm by signing this form that your child is not eligible for other employer-sponsored coverage.

Please direct questions about Prescription, Dental, and Vision coverage to your union.

2023 Open Enrollment/Change Form

Retired Transit Supervisory Organization Local 106 Career & Salary Employees

HR-BEN-390R



Section 1 - Information and Instructions

Use this form to enroll/change health insurance **OR** make your plan change online at www.mymta.info > My Benefits>eBenefits – Open Enrollment. **DO NOT SUBMIT THIS FORM IF YOU ARE MAKING YOUR PLAN ENROLLMENT CHANGE ONLINE.**

To remove/change current dependent information only, use the **HR-BEN-600 Dependent Change Request Form**.

Please return the completed, signed form by: Email: bsc-benefits@mtabsc.org **OR**

Fax: 212-852-8700

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123.

Section 2 - Retiree Information

Print Name					BSC ID
Last	First	M.I.	Suffix	Pass #	
Phone (H)	Phone (M)			Email	

If your address has changed, contact the MTA Business Service Center or log onto www.mymta.info and complete the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 - Coverage Election (Effective January 1, 2023)

Medical: ☐ Individual ☐ Family

Check One:

- ☐ GHI
☐ GHI WITH OPTIONAL RIDER HIP
☐ HMO
☐ HIP HMO WITH OPTIONAL RIDER
☐ AETNA
☐ OTHER _____

Check One:

- ☐ METLIFE (Fee Schedule)
☐ DENTCARE/HEALTHPLEX (DMO)

Section 4 - Dependent Information Changes

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and NYC Transit will pursue financial restitution for claims and/or premiums for the ineligible dependent.

ADD/REMOVE/CHANGE DEPENDENT(S)

Please fill in all information for dependents you wish to add/remove/change and submit **required** documentation (see Section 6). Documentation **must** be received by the BSC within 90 days from the effective date. Failure to submit documentation will result in termination of your dependent's coverage.

DOMESTIC PARTNER

Please contact the Business Service Center for a Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless an application is submitted and approved by the Benefits Department. If you are removing a domestic partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check Only One: (A) Add, (R) Remove, or (C) Change				Check Only One: Dep. Relationship			Gender		Date of Birth			
A	R	C	Name	SSN	Spouse	Domestic Partner	Child	F	M	Mo	Day	Year

Section 5 - Authorization

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are not eligible for another employer-sponsored coverage.

Retiree Signature:

Date:



2023 Open Enrollment/Change Form

Retired Transit Supervisory Organization Local 106 Career & Salary Employees

HR-BEN-390R

Section 6 - Dependent Required Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are required.

In place of required Birth Certificate, any of the following official government documents can be submitted:

- Valid Drivers' License-New York
- Resident Alien Card
- Valid US Passport
- A letter from Social Security containing your date of birth
- Public Assistance ID Card
- Government Employment ID Card

If your date of marriage is more than one year old, proof of joint ownership is also required.

Both the enrollee's and spouse's names must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Any financial information or account numbers can be removed.

Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately." Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/Life Insurance/Will designating your spouse as beneficiary
- Mortgage Statement/Rental/Lease Agreement or Property Tax Document*
- Utility/Phone/Internet/Cable Bills*

If you are not able to provide the required documentation, please complete the Employee or Retiree Affidavit, have it notarized, and return it with your enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing employee's name
- Social Security Card
- Puerto Rican Birth Certificates issued prior to July 1, 2010 are unacceptable

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate
- Social Security Card
- Legal documentation concerning adoption

3. Dependent Children (between ages 19 and 26):

- To enroll a dependent child from age 19 to 26 in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit required documentation, and affirm by signing this form that your child is not eligible for other employer-sponsored coverage.
- To continue covering a dependent child from age 19 to 26 on dental, you are required to submit a full-time student verification letter. Students will also be entitled to vision coverage through EyeMed.

Cut



2023 Dental Open Enrollment/Change Form

Retired SSSA, TSO Operating, & TSO Queens Supervisory with TWU L100/ATU 726/ATU 1056 Medical Benefits (Retired On/After Oct 1, 2020)/SIRTOA SSSA (Retired On/After Jan 1, 2018)/SSSA, TSO Operating, & SPI with NYSHIP Medical Benefits/Non-Rep Operating Supervisors (MS II)/TWU L106 TSO Operating, & Coin Retrievers
HR-BEN-023H

Section 1 - Information and Instructions

Use this form to enroll/change dental insurance **OR** make your plan change online at www.mymta.info > **My Benefits>eBenefits – Open Enrollment**. **DO NOT SUBMIT THIS FORM IF YOU ARE MAKING YOUR PLAN ENROLLMENT CHANGE ONLINE.**

To remove/change current dependent information only, use the **HR-BEN-600 Dependent Change Request Form**.

Please return the completed, signed form by: Email: bsc-benefits@mtabsc.org **OR**

Fax: 212-852-8700

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	Suffix	BSC ID
					Pass #
Phone (H)	Phone (W)				Email

If your address has changed, please contact the MTA Business Service Center or log onto www.mymta.info and complete the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new insurance cards.

Section 3 - Coverage Election (Effective January 1, 2023)

Medical ☐ Individual ☐ Family

Check One

- ☐ **Cigna Dental Care (DHMO)**
☐ **Cigna DPPO**

Section 4 - Dependent Information Changes

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and NYC Transit will pursue financial restitution for claims and/or premiums for the ineligible dependent.

ADD/REMOVE/CHANGE DEPENDENT(S)

Please fill in all information for dependents you wish to add/remove/change and submit **required** documentation (see Section 6). Documentation **must** be received by the BSC within 90 days from the effective date. Failure to submit documentation will result in termination of your dependent's coverage.

DOMESTIC PARTNER

Please contact the Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless an application is submitted and approved by the Benefits Department. If you are removing a domestic partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check Only One: (A) Add, (R) Remove, or (C) Change					Check Only One: Dep. Relationship			Gender		Date of Birth		
A	R	C	Name	SSN	Spouse	Domestic Partner	Child	F	M	Mo	Day	Year

Section 5 - Authorization

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are eligible for coverage.

Retiree Signature	Date
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2023 Dental Open Enrollment/Change Form

Retired SSSA, TSO Operating, & TSO Queens Supervisory with TWU L100/ATU 726/ATU 1056 Medical Benefits (Retired On/After Oct 1, 2020)/SIRTOA SSSA (Retired On/After Jan 1, 2018)/SSSA, TSO Operating, & SPI with NYSHIP Medical Benefits/Non-Rep Operating Supervisors (MS II)/TWU L106 TSO Operating, & Coin Retrievers
HR-BEN-023H



Section 6 - Dependent Required Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are required.

In place of required Birth Certificate, any of the following official government documents can be submitted:

- Valid Drivers' License-New York
- Resident Alien Card
- Valid US Passport
- A letter from Social Security containing your date of birth
- Public Assistance ID Card
- Government Employment ID Card

If your date of marriage is more than one year old, proof of joint ownership is also required.

Both the enrollee's and spouse's names must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Any financial information or account numbers can be removed.

Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately." Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/Life Insurance/Will designating your spouse as beneficiary
- Mortgage Statement/Rental/Lease Agreement or Property Tax Document*
- Utility/Phone/Internet/Cable Bills*

If you are not able to provide the required documentation, please complete the Employee or Retiree Affidavit, have it notarized, and return it with your enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing employee's name
- Social Security Card
- Puerto Rican Birth Certificates issued prior to July 1, 2010 are unacceptable

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate
- Social Security Card
- Legal documentation concerning adoption

3. Dependent Children (between ages 19 and 26):

- To enroll a dependent child from age 19 to 26 in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit required documentation, and affirm by signing this form that your child is not eligible for other employer-sponsored coverage.
- To continue covering a dependent child from age 19 to 26 on dental, you are required to submit a full-time student verification letter. Students will also be entitled to vision coverage through EyeMed.

Cut



2023 Dental Open Enrollment/Change Form

Retirees with NYSHIP Benefits (Except SSSA, TSO Operating, and MS II)

HR-BEN-367R

Section 1 - Information and Instructions

Use this form to enroll/change dental insurance **OR** make your plan change online at www.mymta.info > **My Benefits>eBenefits – Open Enrollment**. **DO NOT SUBMIT THIS FORM IF YOU ARE MAKING YOUR PLAN ENROLLMENT CHANGE ONLINE.**

To remove/change current dependent information only, use the **HR-BEN-600 Dependent Change Request Form**.

Please return the completed, signed form by: Email: bsc-benefits@mtabsc.org **OR**

Fax: 212-852-8700

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	Suffix	BSC ID
					Pass #
Phone (H)		Phone (M)			Email

If your address has changed, please contact the MTA Business Service Center or log onto www.mymta.info and complete the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new insurance cards.

Section 3 - Coverage Election (Effective January 1, 2023)

Medical ☐ Individual ☐ Family

Check One

☐ **METLIFE**

☐ **DENTCARE (HEALTHPLEX)**

Section 4 - Dependent Information Changes

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and NYC Transit will pursue financial restitution for claims and/or premiums for the ineligible dependent.

ADD/REMOVE/CHANGE DEPENDENT(S)

Please fill in all information for dependents you wish to add/remove/change and submit **required** documentation (see Section 6). Documentation **must** be received by the BSC within 90 days from the effective date. Failure to submit documentation will result in termination of your dependent's coverage.

DOMESTIC PARTNER

Please contact the Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless an application is submitted and approved by the Benefits Department.

If you are removing a domestic partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check Only One: (A) Add, (R) Remove, or (C) Change					Check Only One: Dependent Relationship			Gender		Date of Birth		
A	R	C	Name	SSN	Spouse	Domestic Partner	Child	F	M	Mo	Day	Year

Section 5 - Authorization

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are eligible for coverage.

Retiree Signature:	Date:
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2023 Dental Open Enrollment/Change Form

Retirees with NYSHIP Benefits (Except SSSA, TSO Operating, and MS II)

HR-BEN-367R

Section 6 - Dependent Required Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are required.

In place of required Birth Certificate, any of the following official government documents can be submitted:

- Valid Drivers' License-New York
- Resident Alien Card
- Valid US Passport
- A letter from Social Security containing your date of birth
- Public Assistance ID Card
- Government Employment ID Card

If your date of marriage is more than one year old, proof of joint ownership is also required.

Both the enrollee's and spouse's names must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Any financial information or account numbers can be removed.

Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately." Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/Life Insurance/Will designating your spouse as beneficiary
- Mortgage Statement/Rental/Lease Agreement or Property Tax Document*
- Utility/Phone/Internet/Cable Bills*

If you are not able to provide the required documentation, please complete the Employee or Retiree Affidavit, have it notarized, and return it with your enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing employee's name
- Social Security Card
- Puerto Rican Birth Certificates issued prior to July 1, 2010 are unacceptable

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate
- Social Security Card
- Legal documentation concerning adoption

3. Dependent Children (between ages 19 and 26):

- To enroll a dependent child from age 19 to 26 in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit required documentation, and affirm by signing this form that your child is not eligible for other employer-sponsored coverage.
- To continue covering a dependent child from age 19 to 26 on dental, you are required to submit a full-time student verification letter. Students will also be entitled to vision coverage under EyeMed.

Dependent Change Request Form

HR-BEN-600



Section 1 - Information and Instructions

The purpose of this form is to remove or change CURRENT dependents ONLY on your health insurance.
If you need to add a NEW dependent, please contact BSC to obtain the correct form.

Please submit a signed copy of this form with required documentation (see page 2, section 6) via:

Fax: 212-852-8700

Email: BSC-benefits@mtabsc.org

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org;

Section 2 - Employee Information

Print Name	Last First M.I.			BSC ID
				Pass #
Street Address				Apt #
City		State		Zip Code
Phone (H)	Phone (W)	Phone (M)	Email	

Your health insurance cards will be mailed to the address on your pay stub. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 - Coverage Election

Please indicate the plan(s) you are updating for your CURRENT dependent(s).

☐ MEDICAL ☐ DENTAL ☐ VISION ☐ LIFE INSURANCE

Section 4 - CURRENT Dependent Information

REMOVE OR CHANGE CURRENT DEPENDENTS ONLY

Please fill in all information for any CURRENT dependent(s) you wish to remove or change and submit Required Documentation (see Section 6-Documentation). Failure to submit required documentation will result in your request **NOT** being processed.

DOMESTIC PARTNER

Please contact the Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will not be enrolled in health coverage unless an application is submitted and approved by the Benefits Department.

If you are disenrolling a Domestic Partner, please complete and submit this form along with the Domestic Partnership Termination form.

Check One: Indicate (R) Remove OR (C) Change				Relationship: Check one			Gender		Date of Birth		
R	C	Name	SSN	Spouse	Domestic Partner	Child	F	M	Month	Day	Year

Section 5 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are not eligible for another employer sponsored coverage.

Employee Signature	Date
--------------------	------

Dependent Change Request Form

HR-BEN-600



Section 6 – Required Documentation

FOR NYCT PLANS:

1. For a Spouse

A copy of Marriage Certificate, Birth Certificate, and Social Security card are required.

In place of a required Birth Certificate, any of the following official government documents can be submitted.

- Any other official Government documents are:
 - A letter from Social Security containing your spouse's date of birth
 - Valid US Passport
 - Valid Driver's License-New York
 - Resident Alien Card
 - Public Assistance ID Card
 - Government Employment ID

2. For Children

- For a Natural-Born Child, a copy of:
 - Birth Certificate showing employee's name
 - Social Security Card
 - Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid and therefore not acceptable.
- For a Stepchild or Legally Adopted Child, a copy of:
 - Birth Certificate
 - Social security card
 - Legal documentation concerning adoption/guardianship

FOR ALL NYSHIP PLANS:

1. For a Spouse

A copy of Marriage Certificate, Birth Certificate, and Social Security card are required. In place of a required Birth Certificate, a passport may be accepted.

2. For Children

- For a Natural-Born Child, a copy of:
 - Birth Certificate showing employee's name
 - Social Security Card
- For a Stepchild or Legally Adopted Child, a copy of:
 - Birth Certificate
 - Social security card
 - Legal documentation concerning adoption/guardianship

AND

FOR ALL PLANS:

If your date of marriage is more than one year old, proof of joint ownership is also required.

Please submit one of the documents below in addition to your required documents. Both the employee and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/life insurance/will, designating your spouse as beneficiary
- Mortgage Statement /Rental/Lease Agreement or Property Tax Document*
- Utility/phone/internet/cable bills*

If you are removing a spouse due to divorce, please submit the first and last page of your divorce decree showing the court filing date.

Notice of Creditable Coverage

If you or your family members are not currently covered by Medicare and will not be covered by Medicare in the next year, this notice does not apply to you.

Important Notice from New York City Transit (NYCT) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with New York City Transit and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. NYCT has determined that the prescription drug coverage we offer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter during the open enrollment period. For 2023, the open enrollment period will be from October 15 through December 7, 2022.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, you will still be eligible to receive retiree medical and prescription coverage. However, NYCT's plan will pay secondary to Medicare.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with NYCT and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact information is provided below if you need further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through NYCT changes. You also may request a copy of this notice at any time.

MTA Business Service Center:

Call: 646-376-0123 (8:30 a.m. – 5:00 p.m., Monday through Friday)

Fax: 212-852-8700

Email: bscservice@mtabsc.org

For More Information about Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



EMPLOYEE OR RETIREE AFFIDAVIT

STATE OF: _____

COUNTY OF: _____

DATE: _____

NAME [_____] BSC ID # [_____]
being duly sworn, deposes and says:

1. I am an employee of or have retired from [circle appropriate agency]
New York City Transit Authority MaBSTOA SIRTOA MTA BUS Co.
2. I make this affidavit based on personal knowledge and under penalties of perjury.
3. My spouse [PRINT NAME], _____,
is currently not covered by my health insurance as a dependent on my plan.
4. I am unable to provide a copy of the top half of the front page of my most recent federal tax return that includes my spouse (with financial information blacked out); and the E-File confirmation page, Tax Preparer's Summary, or the Federal Return Recap; nor can I provide any of the following alternate documentation of joint ownership, dated no earlier than twelve (12) months prior to my application for coverage for my spouse:
 - Homeowners/Renters Insurance Policy
 - Credit Card Statement
 - Loan Obligation or Bank Account Statement
 - Pension/Life Insurance/a Will designating your spouse as beneficiary
 - Mortgage Statement/Rental/Lease Agreement or Property Tax Document
 - Utility/phone/internet/cable bills

Despite my inability to produce any of the necessary documentation, I hereby affirm, under penalties of perjury, that my spouse and I are currently married and that we are not legally separated or divorced.

PRINT EMPLOYEE OR RETIREE NAME

Sworn to before me this

_____ day of _____ 20____
Date Month Year

SIGNATURE OF EMPLOYEE OR RETIREE

NOTARY PUBLIC
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