

2024 Open Enrollment FAQs for NYCT SSSA, TSO Operating & Queens Division, TSO MS II, & MTA Bus TSO Local 106 Retirees

GENERAL BENEFIT QUESTIONS

1) **Question:** When is the “last day” that I can submit medical and/or dental plan changes (if eligible) that will be effective for January 1, 2024, to the MTA BSC?

Answer: The open enrollment period for NYCT SSSA, TSO Operating & Queens Division, TSO MS II, & MTA Bus TSO Local 106 retirees is from **November 1st through November 30th**.

- To submit medical and/or dental coverage changes (as applicable) online (*other than to add, change, or remove dependents*):
 - Sign on to the My MTA Portal at www.mymta.info
 - On the home page, click the “My Benefits” tile, followed by clicking the “eBenefits – Open Enrollment” tile to submit your medical and/or dental requests (as applicable)
- To submit medical and/or dental changes (where eligible) via paper enrollment **OR** to add, change, or remove dependents, the applicable open enrollment form and any required supporting documentation **MUST** be sent to the MTA BSC via email to bsc-benefits@mtabsc.org **or** via fax to 212-852-8700 by **November 30, 2023**.
- To submit changes to your dependent information (add a new dependent, make changes to or remove a current dependent), you **MUST** use the open enrollment form listed in the answer to question #2 below. These changes can **NOT** be submitted online.

2) **Question:** How do I enroll my spouse or a dependent child?

Answer: To add a new dependent or make a change to or remove a current dependent, you need to complete, sign, and submit the below enrollment form:

- **HR-BEN-829R** 2024 Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/MTA Bus TSO Local 106 Retirees
- **You will also need to submit copies of supporting documentation (if adding a new dependent), as noted in Section 8 of the HR-BEN-829R form (i.e., birth certificate, marriage certificate, etc.).**

3) **Question:** How do I enroll my domestic partner?

Answer: If you would like to enroll a domestic partner, you will need to complete and submit the domestic partner application package (**HR-BEN-065B**), along with all required supporting documentation, to the MTA BSC via email to bsc-benefits@mtabsc.org **or** via fax to 212-852-8700.

- **HR-BEN-065B** can be obtained on the My MTA Portal, by contacting the MTA BSC via email at bscservice@mtabsc.org, **or** via phone at 646-376-0123.
- **You will be required to submit supporting documents for the domestic partner process.**

4) **Question:** Can I enroll my spouse if he/she already has his/her own coverage?

Answer: The MTA does **NOT** allow dual coverage.

- As long as your spouse is *not* an MTA employee or retiree with coverage, you may enroll your eligible Pre-Medicare spouse by submitting the applicable enrollment form listed in the answer to question #2, along with any required supporting documentation.

- 5) **Question:** I am currently covering my domestic partner under my MTA-sponsored coverage. My domestic partner is now Medicare-eligible. Does my domestic partner have to enroll in Medicare even though I am still working and in “Active” status? Will I still have to pay the imputed income tax if my domestic partner enrolls in Medicare?
Answer: Regardless of if you are in “Active” or “Retiree” status, your domestic partner **MUST** enroll in both Medicare Parts A and B once they become Medicare-eligible. You will continue to be charged imputed income tax despite your domestic partner also being liable for paying Medicare premiums.
- 6) **Question:** I have custody of my grandchildren. Can I enroll them in my MTA-sponsored coverage?
Answer: Yes, you can enroll your grandchildren into your MTA-sponsored coverage. You will be required to submit the regular health insurance enrollment/change form applicable to your respective group and status (available on the My MTA Portal) along with a copy of your grandchild’s birth certificate, social security card, and a copy of your legal guardianship or custody papers from the Court showing you are the named guardian or custodian of your grandchild(ren).
- 7) **Question:** If I already have MTA-sponsored coverage, why do I have to obtain Medicare Parts A and B?
Answer: Once you and/or your covered dependent become Medicare-eligible as a result of reaching at least age 65 *or* being disabled upon retirement, you **must** enroll in Medicare Parts A and B, as Medicare will be you and/or your dependent’s primary medical coverage.
- Upon enrollment in Medicare Part A and B, MTA-sponsored medical coverage will be your supplemental coverage.
 - If you and/or your Medicare-eligible dependent(s) do not enroll in Medicare Part B as soon as eligible, you will be required to pay a higher Medicare Part B premium and will be subject to a waiting period before Medicare Part B goes into effect.
 - **Please ensure that you and/or your Medicare-eligible covered dependent(s) enroll in Medicare immediately upon becoming eligible.**
- 8) **Question:** My friend opts out of his coverage and gets money from the MTA for doing so. Would I be eligible to receive money for opting out of MTA-sponsored medical coverage too?
Answer: The MTA’s Medical Opt-Out Program is only open to active employees. Only active employees are eligible to participate in the Medical Opt-Out Program and receive a financial incentive payment for opting out of MTA-sponsored medical, hospital and prescription drug coverage.
- 9) **Question:** Why don’t all retirees receive the full standard Medicare Part B Reimbursement?
Answer: The amount received for Medicare Part B Reimbursement is based on your respective union’s Collective Bargaining Agreement and will also depend on which medical plan you and/or your Medicare-eligible spouse were enrolled in for the previous plan year.
- 10) **Question:** I tried using the eBenefits feature on the My MTA Portal at www.mymta.info, but I’m not computer-savvy and now I’m unable to process my request online any further. What should I do?
Answer: You should contact the MTA Business Service Center by calling 646-376-0123 so that a Customer Service Representative can assist you.

- 11) **Question:** I recently updated my coverage information via the eBenefits online tool. I now realize that I should not have changed my plan. Can I reverse this change?
Answer: As long as you are still within the time-frame of your annual open enrollment period of November 1st – November 30th, you will be able to easily sign back on to the My MTA Portal at www.mymta.info, click the “My Benefits” tile, followed by clicking the “eBenefits – Open Enrollment” tile, and change your coverage elections as desired.
- 12) **Question:** As a Pre-Medicare retiree, if I choose the Aetna Select plan, will I now be able to obtain medical/hospital services outside of New York?
Answer: Yes, you can now see any “in-network” provider within the United States, however, this plan still does **NOT** allow for “out-of-network” providers.
- 13) **Question:** How can I find out if my physician or nearest lab/hospital are part of Aetna’s participating provider panel?
Answer: You can easily locate the list of participating providers via Aetna’s website at www.AetnaNYCT.com or by calling Aetna at 855-824-5349.
- 14) **Question:** I am not computer savvy, but I need a new Aetna ID card, how can I get one without using the computer?
Answer: To request a new Aetna ID card without using a computer, you can call Aetna at 855-824-5349 to speak directly with an Aetna representative who can assist you with your ID card request.
- 15) **Question:** My wife needs a new wheelchair and crutches. Will Aetna pay for these items?
Answer: Yes, Aetna does cover the cost of these items. You will need to contact Aetna directly for a list of participating Durable Medical Equipment (DME) providers at 855-824-5349.
- 16) **Question:** There is a pharmacy located on my block, but it is not a CVS Pharmacy. Do I have to visit a CVS Pharmacy to fill my prescription?
Answer: To fill your prescriptions, you can either visit a CVS pharmacy or any other licensed pharmacy.
- 17) **Question:** My pharmacy always dispenses the generic version of my medications. Is this safe for me to use?
Answer: BSC Benefits is unable to provide guidance as it relates to your prescription options. You **must** discuss your prescription drug options with your doctor and/or pharmacist.
- 18) **Question:** The medication prescribed by my doctor made me ill or I no longer need the prescribed drug. Can I return my medication to CVS?
Answer: You must discuss any adverse reactions to your prescribed medications with your doctor. You should call the CVS Caremark Prescription Drug Plan at 855-296-7683 for guidance on whether you are able to return your medication to CVS.

19) **Question:** My doctor gave me a prescription for a high blood pressure medication. At the pharmacy, I was only allowed to pick up my prescription two times. Why is this?

Answer: For Pre-Medicare retirees and/or dependents enrolled in the CVS Caremark Prescription Drug Plan and who are on maintenance medications, you **must** obtain these medication(s) through the CVS Caremark Mail Service Pharmacy.

- Any prescription drug that has been filled two (2) times at a participating pharmacy (original prescription plus one refill) **must** be sent to the CVS Caremark Mail Service Pharmacy for all additional fills.
- All initial prescriptions for maintenance medications sent to the CVS Caremark Mail Service Pharmacy **must** be sent with a new prescription from your physician and should be written for up to a 90-day supply.

20) **Question:** Do the Aetna medical plans cover flu shots and vaccinations?

Answer: All of the offered medical plans under Aetna provide coverage for these services. You **must** call Aetna directly if more detailed information is desired.

- Aetna CPOS II Basic Option & Aetna Select Option Contact Information: 855-824-5349
- Aetna Medicare Advantage PPO ESA Plan & CPPO Basic Contact Information: 800-307-4830

21) **Question:** Do the Aetna medical plans cover COVID-19 tests or COVID immunizations/vaccinations?

Answer: All of the offered medical plans under Aetna provide coverage for these services. You **must** call Aetna directly if more detailed information is desired.

- Aetna CPOS II Basic Option & Aetna Select Option Contact Information: 855-824-5349
- Aetna Medicare Advantage PPO ESA Plan & CPPO Basic Contact Information: 800-307-4830

22) **Question:** Do the Aetna medical plans cover Shingles vaccinations? How about the cost for the testing and treatment of Monkeypox?

Answer: All of the offered medical plans under Aetna provide coverage for these services. You **must** call Aetna directly if more detailed information is desired.

- Aetna CPOS II Basic Option & Aetna Select Option Contact Information: 855-824-5349
- Aetna Medicare Advantage PPO ESA Plan & CPPO Basic Contact Information: 800-307-4830

23) **Question:** How can I contact EyeMed for assistance?

Answer: You can contact EyeMed at 866-299-1358.

24) **Question:** Who are some of the EyeMed participating providers?

Answer: EyeMed participating providers include LensCrafters, Pearl Vision, and Target Optical – just to name a few.

- You **must** contact EyeMed directly at 866-299-1358 to confirm whether your local provider participates with EyeMed or to request a complete listing of participating providers near you.

25) **Question:** My vision benefits plan states that only one (1) pair of glasses or contact lenses are covered per calendar year. The boxes of contact lenses I purchase contain six (6) pairs of contact lenses. Will EyeMed cover the whole box or only one (1) pair?

Answer: Per the EyeMed benefits plan description, you are only entitled to be covered for one (1) *pair* of glasses or one (1) *pair* of contacts per calendar year.

26) **Question:** As a retiree, am I eligible for dental coverage?

Answer: Per the Collective Bargaining Agreement, retirees (and their covered dependents) who **retired on or after October 1, 2020** are eligible to elect between two (2) dental plans offered through CIGNA dental – the CIGNA DHMO or the CIGNA DPPO. To make changes to your dental plan, you **must** contact the MTA BSC via email at bscservice@mtabsc.org or via phone at 646-376-0123. For more detailed information about each of the offered CIGNA plans, you **MUST** contact CIGNA directly at 800-578-5682 or at www.CIGNA.com.

- For those retirees and/or dependents who reside in New York State, are Medicare-eligible, and are enrolled in or will be enrolling in either the Aetna Medicare Advantage PPO ESA Option 1 plan **or** the Aetna Medicare Advantage PPO ESA Option 2 plan, Aetna offers discounted dental coverage as a benefit within the available medical plans.
- BSC Benefits will *automatically enroll* those Medicare-eligible retirees and/or dependents enrolled in either the Aetna Medicare Advantage PPO ESA Option 1 plan **or** the Aetna Medicare Advantage PPO ESA Option 2 plan **and** who reside in the state of New York, in the Aetna discounted dental coverage.
- *No action* is required from you to be enrolled in the Aetna discounted dental coverage as long as you and/or your covered dependent(s) meet the above eligibility requirements.
- **IMPORTANT:** Per the Collective Bargaining Agreement, retirees are eligible to be enrolled in *only one* (1) dental plan coverage – retirees who are eligible for and enrolled in one of the CIGNA dental plans, **cannot** also be enrolled in the Aetna discounted dental plan (or vice-versa).

27) **Question:** I would like to become physically fit in the new year. Does Aetna offer any gym discounts or gym memberships?

Answer:

- For those enrolled in either of the two Pre-Medicare plans (Aetna CPOS II Basic Option or Aetna Select Option), Aetna offers discounted gym memberships.
- For those enrolled in either of the Aetna Medicare Advantage PPO ESA plans (Option 1 or 2), Aetna offers the *SilverSneakers* Fitness Program. This program offers gym memberships at several thousand participating gym locations nationwide as well as offers online virtual classes at home, all at no cost to you.