

2024 Open Enrollment FAQs for Active NYSHIP Employees

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 the NYSHIP population is **November 1st through December 31st**.

- 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 **December 31, 2023**.
- To submit changes to your dependent information (add a new dependent, make changes to or remove a current dependent), you **MUST** use the applicable open enrollment form(s) 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 following medical and/or dental enrollment form(s) as applicable:

- **HR-BEN-060K** 2024 NYSHIP Open Enrollment/Change Form
- **HR-BEN-622E** 2024 ConnectiCare Open Enrollment/Change Form (**ONLY** applicable to MNR employees who reside in the state of Connecticut)
- **HR-BEN-810P** 2024 Dental Open Enrollment/Change Form for Active NYCT/MaBSTOA Represented & Non-Represented Employees with NYSHIP Benefits
- **HR-BEN-810N** 2024 Dental Open Enrollment/Change Form for Active NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Employees with NYSHIP Health Plan
- **You will also need to submit copies of supporting documentation (if adding a new dependent), as noted in the “Required Supporting Documentation” section of each of the above open enrollment forms (i.e., birth certificate, marriage certificate, etc.).**

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

Answer: If you are currently enrolled in or will be enrolling in the NYSHIP Health Plan and would like to enroll a domestic partner, you will need to complete and submit the domestic partner application package (***HR-BEN-065***), 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-065** 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 are required to submit supporting documents for the domestic partnership process.**

- 4) **Question:** Can I enroll my spouse if he/she already has their own MTA-sponsored coverage?
Answer: The MTA does **NOT** allow dual coverage.
- As long as your spouse is not an MTA employee with coverage, you may enroll your spouse by submitting the applicable enrollment form(s) listed in the answer to question# 2, along with any required supporting documentation.
 - If your spouse is an MTA employee who currently has their own MTA coverage, your spouse will need to terminate their coverage in order to be enrolled into your MTA-sponsored coverage.
 - **Once your spouse's MTA-sponsored coverage is terminated, they will be eligible to participate in the MTA's Medical Opt-Out program.**
- 5) **Question:** If I change my plan, but then find out that the new plan will not work for me and my family, what should I do?
Answer: You should immediately contact the MTA Business Service Center at 646-376-0123 to create a Service Request. You will be contacted by a Benefits Analyst to discuss your case and you may be asked for proof of hardship.
- 6) **Question:** While I understand that December 31st is the deadline to submit my open enrollment requests, I am not computer-savvy, I'm unable to make changes via the eBenefits tool, and it is already December 31st. If I print out the open enrollment form and mail it today, will the MTA BSC honor my request as long as it is postmarked by December 31st even if it doesn't arrive until after December 31st?
Answer: Yes, as long as your open enrollment request is postmarked by December 31st, the MTA BSC will honor the request.
- 7) **Question:** Are routine examinations (i.e., mammograms, pap smears, immunizations, etc.) covered with the NYSHIP medical plans?
Answer: All of the health plans offered under NYSHIP provide coverage for these services, but you **MUST** refer to the "2024 NYSHIP Choices Guide" available on the open enrollment informational site at www.MyMTA.info/OpenEnrollment or contact NYSHIP directly at 877-769-7447 for more detailed information about these services.
- 8) **Question:** What are the plan restrictions on "pre-existing" conditions?
Answer: You will need to contact NYSHIP directly for their respective guidelines on "pre-existing" conditions.
- NYSHIP Contact Information: 877-769-7447
- 9) **Question:** Are the NYSHIP plans accepted in all states?
Answer: *The Empire Plan (PPO)* is NYSHIP's only plan offering in-network and out-of-network coverage in all states. All other NYSHIP plans are HMO plans governed by the location in which you work and/or live.
- For NYSHIP plan details and in-network and out-of-network coverage information, you **MUST** refer to the "2024 NYSHIP Choices Guide" available on the open enrollment informational site at www.MyMTA.info.
- 10) **Question:** What is the deductible and/or out-of-network cost for the NYSHIP plan?
Answer: You will need to contact NYSHIP directly for a breakdown of the deductible and out-of-network costs based on the services you need.
- NYSHIP Contact Information: 877-769-7447

- 11) **Question:** As an MNR employee who lives in Connecticut, if I choose the ConnectiCare Health Plan, will I need referrals to visit specialists? What about if I enroll in one of the NYSHIP HMO plans, regardless of my working MTA agency, will I need a referral to visit a specialist?
- Answer:** Referrals are not needed for specialist visits if you are enrolled in the ConnectiCare Health Plan, however, this plan uses an in-network provider network which means you will pay less if you use a provider within the plan's network. For the NYSHIP HMO plans, you will need referrals when visiting specialists.
- 12) **Question:** Will ConnectiCare or NYSHIP pay for the testing, diagnosis, and treatment of Monkeypox?
- Answer:** You will need to contact either ConnectiCare **or** NYSHIP directly for their respective guidelines on payments for the testing, diagnosis, and treatment of Monkeypox.
- ConnectiCare Contact Information: 860-674-5757 **or** 800-251-7722
 - NYSHIP Contact Information: 877-769-7447
- 13) **Question:** Does ConnectiCare or NYSHIP offer coverage for infertility/family planning services?
- Answer:** You will need to contact either ConnectiCare **or** NYSHIP directly for their respective guidelines on the coverage of infertility/family planning services.
- ConnectiCare Contact Information: 860-674-5757 **or** 800-251-7722
 - NYSHIP Contact Information: 877-769-7447
- 14) **Question:** If I become ill while on vacation in another country, what should I do? Will ConnectiCare or NYSHIP pay for my medical expenses while I'm abroad?
- Answer:** You will need to contact either ConnectiCare **or** NYSHIP directly for their respective guidelines on emergency international medical services.
- ConnectiCare Contact Information: 860-674-5757 **or** 800-251-7722
 - NYSHIP Contact Information: 877-769-7447
- 15) **Question:** Do I have to pay for my health coverage? I see a deduction on my check for health coverage.
- Answer:** If you are currently enrolled in the NYSHIP Health Plan, there will be a paycheck deduction depending on which NYSHIP plan is selected. Please see the MTA NYCT Rate Sheet applicable to your respective union and/or working MTA agency. The MTA NYCT Rate Sheet is available on the My MTA Portal at www.mymta.info.
- 16) **Question:** I would like to enroll in MTA-sponsored benefits with my family, but I have Medicaid. Can I have both coverage types?
- Answer:** No, you cannot be enrolled in both Medicaid and MTA-sponsored coverage. Once enrolled in MTA-sponsored coverage, you **MUST** notify Medicaid so they can terminate this coverage for you and your covered dependents.
- 17) **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 (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).

18) **Question:** My physician does not participate with the NYSHIP PPO or HMO medical plans, but I still want to still utilize their services. What plan might be the best option for me to enroll in?

Answer: If you would like to utilize a non-participating provider, you should enroll in the Empire Plan under NYSHIP.

- The Empire Plan allows you to go in-network and out-of-network, but remember, if you use a non-participating provider, benefits for covered services will be payable under NYSHIP's Basic Medical Program and will be subject to a deductible and/or coinsurance.
- For additional information, please refer to the "2024 NYSHIP Choices Guide" which is available on the dedicated open enrollment site at www.MyMTA.info/OpenEnrollment.

19) **Question:** Are there any health benefit plan changes for 2024?

Answer: There are **NO** health benefit plan changes for NYSHIP employees for plan year 2024.

- If you have questions or want additional information about the NYSHIP plans, you **MUST** contact NYSHIP directly at 877-769-7447.

20) **Question:** Do the NYSHIP medical plans cover virtual care, urgent care visits, ambulance services, and preventative services?

Answer: All of the offered plans under NYSHIP provide coverage for these services. You **MUST** call NYSHIP directly for more detailed information.

- NYSHIP Contact Information: 877-769-7447

DENTAL PLAN QUESTIONS

1) **Question:** For those employees eligible to enroll in the CIGNA dental plans, does CIGNA cover implants under either the DPPO or the DHMO plan?

Answer: Yes, implants are covered under both the CIGNA DPPO and CIGNA DHMO plans. For additional information, you **MUST** refer to the CIGNA Dental Plan Summary.

2) **Question:** For those employees eligible to enroll in the CIGNA dental plans, will CIGNA cover braces for me or my children under the DPPO or DHMO plan?

Answer: Braces are **ONLY** covered for dependent children up to the age of 23. If the dependent child(ren) is “banded” before the age of 23, orthodontia benefits will be extended up to the age of 26 under the CIGNA DPPO and CIGNA DHMO plans. For additional information, you **MUST** refer to the CIGNA Dental Plan Summary.

3) **Question:** For those employees eligible to enroll in the MetLife dental plan, does MetLife have a large dental network?

Answer: MetLife has a national network that covers the United States as well as out-of-network providers.

4) **Question:** For those employees eligible to enroll in the MetLife dental plan, does MetLife cover implants? If yes, how much is covered?

Answer: Yes, MetLife does cover the cost of implants as detailed below.

- No more than once for the same tooth position in a 60-month period
- For implant support prosthetics, no more than once for the same tooth position in a 60-month period
- For the repair of implants, no more than once in a 12-month period

5) **Question:** As eligible, can I be enrolled in *both* a CIGNA dental plan or a MetLife dental plan, as well as my union’s dental plan?

Answer: No, per Collective Bargaining Agreements, you are eligible for **only one** (1) dental plan coverage at a time. If you are currently enrolled in or will be enrolling in a CIGNA dental plan or a MetLife dental plan, you are **INELIGIBLE** to also be enrolled in you respective union’s dental plan.

MTA MEDICAL OPT-OUT PROGRAM QUESTIONS

- 1) **Question:** I will be opting-out of my medical coverage, but what if I lose my alternate coverage after the open enrollment period and need to return to my MTA-sponsored coverage?
Answer: You will be required to provide proof of your “loss of coverage”. This proof **MUST** be submitted to the MTA BSC with the corresponding enrollment/change form applicable to your employee group and any required supporting documentation, if enrolling in family coverage.

- 2) **Question:** How much money do I receive for opting-out of medical/hospital and prescription drug coverage for the entire year of 2024?
Answer: NYSHIP opt-out enrollees will receive \$1,000 for individual opt-out or \$3,000 for family opt-out. There is a pro-rated payment available.

- 3) **Question:** Am I able to put the opt-out incentive payment into my 401K, 457, or Roth Accounts?
Answer: Yes, you have the option to defer your opt-out incentive payment to your account(s) of choice by completing the “*HR-DEFCOMP-075 Medical Opt-Out Deferred Compensation Lump Sum Deferral Form*”. The **HR-DEFCOMP-075** form **MUST** be submitted **EVERY YEAR** to the MTA BSC if you would like to defer your incentive payment while enrolled in the opt-out program.

- 4) **Question:** If I previously opted out for 2023 and would like to opt out for 2024 as well, do I have to complete a new opt-out form?
Answer: No, if you would like to maintain your current opt-out program status for the upcoming benefit year, you do **NOT** have to do anything.
 - If you would like to defer the incentive payment to your 401K, 457, or Roth accounts, you **MUST** submit the HR-DEFCOMP-075 form **EVERY YEAR** to the MTA BSC.

- 5) **Question:** What is the deadline to submit the opt-out form or what if I am currently enrolled in medical/hospital and prescription drug coverage for 2023 and wish to enroll in the Medical Opt-Out Program for 2024. What should I do?
Answer: To opt out of medical/hospital and prescription drug coverage through the NYSHIP Health Plan, the “*HR-BEN-036 Agreement to Decline (Opt-Out) Medical Coverage Non-Represented and Eligible Represented Employees*” form **or** the open enrollment/change form applicable to your employee group **MUST** be submitted to the MTA BSC by **December 31, 2023**.

- 6) **Question:** Do I have to provide proof of my alternate medical coverage?
Answer: Yes, you **MUST** provide proof of your alternate medical coverage. Additionally, you will be required to provide specific information such as the name of the other insurance carrier. If this information is **NOT** provided, the processing of your request **will** be delayed or denied.

- 7) **Question:** If I remain in the opt-out program for a full year, when should I anticipate receiving my financial incentive payment?
Answer: The payment of the lump-sum incentive will be made in January 2025 **or** pursuant to the represented employee's collective bargaining agreement.
 - Please be advised that the payment will be subject to all applicable federal, state, and local taxes and is **NOT** considered pensionable income.

TAX-FAVORED PROGRAM QUESTIONS

- 1) **Question:** When will I have access to my Flexible Spending Account (FSA) or my Dependent Care Account funds?
Answer: You will have access to the funds in your Flexible Spending Account (FSA) or Dependent Care Account effective January 1, 2024.
- 2) **Question:** What is the Flexible Spending Account (FSA) store?
Answer: The FSA online store is a website where you can view the complete list of FSA-eligible items and make FSA purchases. The site provides free shipping for purchases of \$50 or more.
- 3) **Question:** Am I allowed to contribute to more than one (1) NY 529 College Savings Plan account?
Answer: Yes, NY 529 College Savings Plan account owners and beneficiaries are allowed to have multiple accounts in different states.
- 4) **Question:** I currently have no children, but I would like to open a NY 529 College Savings Plan account for my future offspring. Am I able to do this?
Answer: No, in order to open a NY 529 College Savings Plan account, the beneficiary **MUST** have a Social Security Number (SSN) or Individual Taxpayer Identification Number (I-TIN). Alternatively, you can open an account naming yourself as the beneficiary and then change the beneficiary information to the child when he or she is born.
- 5) **Question:** If I have no beneficiaries at this time, am I still able to enroll in one of the Empower accounts?
Answer: It is beneficial for you to name a beneficiary to your Empower account. A beneficiary is any person or organization designated to inherit assets when someone dies. Trusts, estates, wills, and life insurance policies all have beneficiaries, as do many annuities and pensions; but, you're most likely to encounter beneficiary designations when opening a tax-advantaged retirement account like a [401\(k\)](#) or an [IRA](#). It's important to name beneficiaries — should you die without naming beneficiaries, your account could pass into probate — a lengthy legal process that will slow or even prevent distribution of your savings to your heirs, with possible tax consequences. In most states, a surviving spouse automatically inherits a retirement account that has no designated beneficiary.
- 6) **Question:** What are catch-up contributions?
Answer: If you're age 50 or older, the IRS allows you to save more than the standard limit. Catch-up contributions are considered to be elective deferrals or deposits an employee makes from their pay into their retirement account(s) that surpass the legal limit, a plan-imposed limit, or the actual deferral percentage (ADP) limit for [highly compensated employees \(HCEs\)](#).
- 7) **Question:** Am I able to use my HealthEquity funds to pay for tolls and bridges? How about for gasoline?
Answer: No, you are not able to use HealthEquity funds to purchase gasoline or pay for tolls and bridges as HealthEquity currently does not cover this type of usage.
- 8) **Question:** Am I able to use my HealthEquity funds to pay for UBER or other ride services?
Answer: No, you are unable to use HealthEquity funds for UBER or other similar ride services as HealthEquity currently does not cover this type of usage.