

2025 OPEN ENROLLMENT FAQs for NYCT TWU Local 100 & MTA Bus TWU Local 100 Retirees

GENERAL BENEFIT QUESTIONS

- 1) **Question:** When is the “last day” that I can submit medical plan open enrollment changes to the MTA BSC?

Answer: The open enrollment period for NYCT TWU Local 100 and MTA Bus TWU Local 100 retirees is **November 1st through November 30th**. Please have all open enrollment forms and any required supporting documentation submitted to the MTA BSC via email to bsc-benefits@mtabsc.org or via fax to 212-852-8700 by **November 15, 2024**.

- Alternatively, to submit medical coverage changes 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 and submit your medical enrollment or change request
- To submit changes to your **dependent information** (add a new dependent, make changes to a current dependent’s data, or remove a dependent), you **MUST** use the applicable 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-850A** Health Plan Open Enrollment/Change Form for NYCT TWU Local 100 and MTA Bus TWU Local 100 Retirees
- **You will also need to submit copies of supporting documentation (if adding a new dependent), as noted in Section 7 of the HR-BEN-850A 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**), and 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 ALL 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 or retiree with MTA-sponsored 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 or retiree 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.

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 she is 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 whether your domestic partner is in “Active” or “Retiree” status, your domestic partner **MUST** enroll in both Medicare Parts A and B once your domestic partner becomes Medicare-eligible. As a retiree enrolled in retirement health benefits and covering your domestic partner, you are not assessed imputed income tax for the domestic partner coverage.

6) **Question:** I have an Autistic dependent child. Does Aetna offer any special services or coverage for this type of diagnosis?

Answer: Per the Collective Bargaining Agreement for TWU Local 100 members, Aetna offers enhanced coverage for Autism Spectrum Disorder (ASD), as *behavioral, physical, occupational, and speech therapy as well as Applied Behavioral Analysis (ABA)*, is covered under the offered Pre-Medicare Aetna plans (Aetna CPOS II Basic Option and Aetna Select Option).

- The Aetna plans provide for unlimited sessions for the above services for the treatment of ASD and at a \$0 copay.
- If you have any questions or need additional details about this coverage, please contact Aetna directly at 855-824-5349.

7) **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 retiree 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).

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 my MTA-sponsored medical coverage too?

Answer: The MTA’s Medical Opt-Out Program is **ONLY** open to active MTA 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 (CBA) and will also depend on which specific medical plan you and/or your Medicare-eligible spouse were enrolled in for the previous plan year.

10) **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(s) 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, your MTA-sponsored medical plan will continue to **only** pay the eligible amounts in excess of what Medicare would normally cover, regardless of whether you are actually enrolled in Medicare Parts A and B. **It is in your financial interest for you and your Medicare-eligible dependent(s) to enroll in BOTH Medicare Parts A and B immediately upon becoming eligible.**
 - Additionally, 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 once you do enroll and will also 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.**

11) **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.

- Please be reminded that you **MUST** submit all open enrollment requests to the MTA BSC **no later than November 30, 2024.**

12) **Question:** I recently updated my coverage elections 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.

13) **Question:** As a Pre-Medicare retiree, if I choose the Aetna Select plan, will I now be able to obtain medical and/or 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.

14) **Question:** How can I find out if my physician or the nearest lab/hospital to me 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.

15) **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 PC, you **MUST** call Aetna at 855-824-5349 to speak directly with an Aetna representative who can assist you with your ID card request.

16) **Question:** My wife needs a new wheelchair and crutches. Will Aetna pay for these items?

Answer: Yes, Aetna covers 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.

17) **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 participating pharmacy.

18) **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.

19) **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 a CVS pharmacy.

20) **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.

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

Answer: All of the medical plans offered through 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 Options 1 & 2 Contact Information: 800-307-4830

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

Answer: All of the medical plans offered through 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 Options 1 & 2 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:** Do the Aetna medical plans cover Shingles vaccinations? How about the cost for the testing and treatment of Monkeypox?

Answer: All of the medical plans offered through 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 Options 1 & 2 Contact Information: 800-307-4830

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

Answer: Per the Collective Bargaining Agreement (CBA) for TWU Local 100, retirees and their dependents are **ineligible** for dental benefits, **unless** they are enrolled in either the Aetna Medicare Advantage PPO ESA Option 1 Plan **or** the Aetna Medicare Advantage PPO ESA Option 2 Plan **AND** reside in the New York State.

- 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 New York State, 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.

26) **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 desired provider participates with EyeMed **or** to request a complete listing of participating providers near you.

27) **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.

28) **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.