2027 Open Enrollment

November 1 - November 30, 2026

Health Benefits Summary

New York City Transit

SSSA/TSO Operating and Queens Division/TSO MS II
MTA Bus TSO Local 106
Retirees

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.

CONTENTS

1 INTRODUCTION 4

- Open Enrollment Period

2 HOW TO SUBMIT CHANGES 5

3 REQUIRED SUPPORTING DOCUMENTATION 7

4 HEALTH BENEFIT CHOICES

A. Pre-Medicare Eligible Retirees 8

- Medical Plans
- Prescription Drug Plan
- Disability Benefits for Retirees Not Yet Medicare-Eligible

B. Medicare-Eligible Retirees 11

- Medical Plans
- Medicare Part B Reimbursement
- Prescription Drug Plan

5 LEGAL REQUIREMENTS 16

- Coverage for Dependent Children
- Social Security Number Requirement

6 IMPORTANT TELEPHONE NUMBERS & WEBSITES 17

Attachments:

- Aetna Open Choice PPO Basic (CPPO Basic Option) for Medicare-Eligible Retirees and Dependents Description
- Aetna Medicare Advantage Grid
- SilverScript Employer Prescription Drug Plan (PDP) - Medicare Part D Prescription Drug Plan Description
- Notice of Creditable Coverage (*Does not apply if you or a covered dependent are not yet covered by Medicare/enrolled in SilverScript PDP)*
- **HR-BEN-850M** Health & Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division Retirees
- **HR-BEN-850N** Health & Dental Plan Open Enrollment/Change Form for MTA Bus Transit Supervisors Organization (TSO) Local 106 Retirees
- **HR-BEN-850P** Health & Dental Plan Open Enrollment/Change Form for NYCT Transit Supervisors Organization (TSO) MSII Retirees
- **HR-BEN-411** Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form
- **HR-BEN-440** Transmittal Form for Medicare Beneficiary Identifier (MBI) Card

1 INTRODUCTION

Open Enrollment Period: November 1 - November 30

Plan changes will be effective January 1, 2027

Reminder…to remain in your current medical and/or dental plan, no action is required, unless you are *or* will become Medicare-eligible in 2027 (See Section 4B for additional information).

The MTA Business Service Center (MTA BSC) processes all medical and/or dental 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

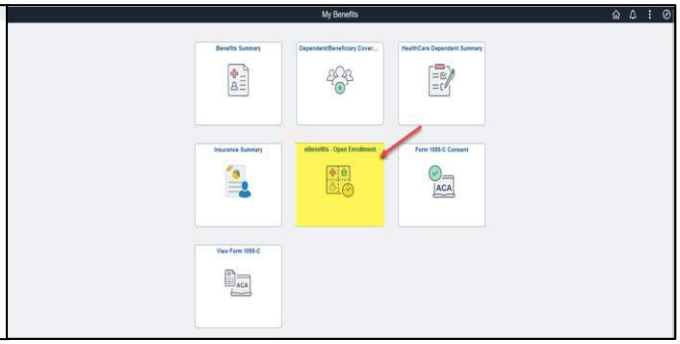
Available online on My MTA Portal (www.mymta.info/openenrollment)…

- eBenefits – Open Enrollment '*how-to*' video and eBenefits - OE job-aides
- Self-service access to change medical and/or dental plan enrollments and/or remove or add new dependents *(Availability to this functionality will vary based on your retirement date)*
- Summary of Health Benefits
- Medical and dental enrollment/change forms

2 HOW TO MAKE CHANGES

- **To make medical and/or dental coverage changes and/or remove or add new dependents online** *(Depending on your retirement date, this option **may not be available** for you to access; alternatively, you **MUST** complete and submit the paper version of the open enrollment/change form instead)*:
  - Sign on to the My MTA Portal (www.mymta.info)
  - On the home page, click the **My Benefits** tile, then click the **eBenefits - Open Enrollment** tile – this will open the eBenefits – Open Enrollment (OE) tool. Then follow the on-screen directions within the eBenefits – OE tool.
  - If the tool is available to you, please note that **NEW** for this year, eBenefits – Open Enrollment can now be accessed on **ALL** electronic devices including laptops, desktops, tablets, and mobile devices

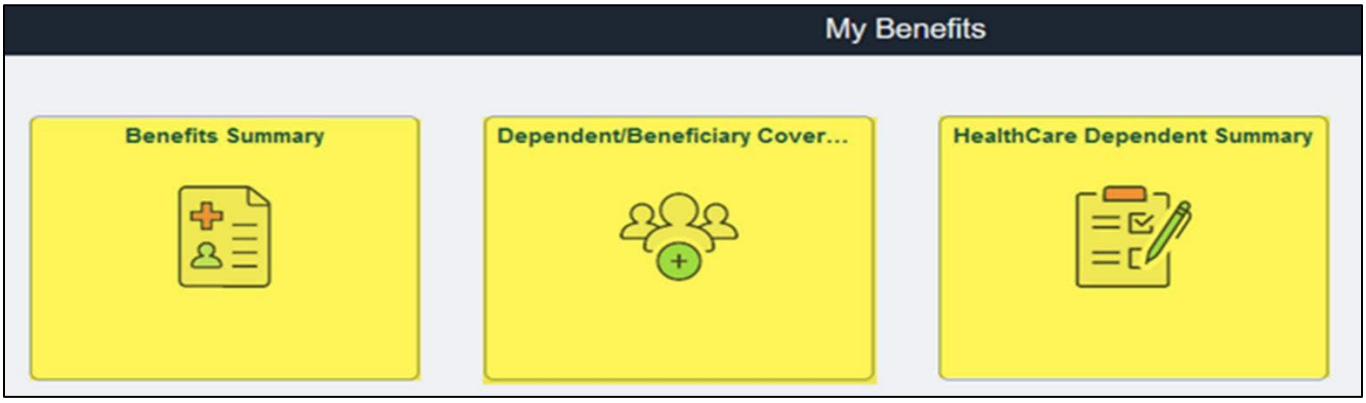




- **To make eligible medical and/or dental coverage changes and/or to add a *new* dependent, make a change to, or remove a current dependent via form,** submit the enrollment form below as applicable:
  - **HR-BEN-850M** Health & Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division Retirees
  - **HR-BEN-850N** Health & Dental Plan Open Enrollment/Change Form for MTA Bus Transit Supervisors Organization (TSO) Local 106 Retirees
  - **HR-BEN-850P** Health & Dental Plan Open Enrollment/Change Form for NYCT Transit Supervisors Organization (TSO) MSII Retirees

  - ***Do NOT submit the above form if you are making your coverage changes online***

- **<u>ALL</u> retirees, regardless of retirement date, can use online services to review their benefits information:**
  - Sign on to the My MTA Portal at www.mymta.info
  - On the home page, click the **My Benefits** tile, then click each applicable tile to view the:
    - Summary of your MTA health and welfare benefits,
    - Overview of your current dependent and beneficiary enrollments, and
    - Healthcare Dependent Summary



- **For additional information on using the eBenefits - Open Enrollment tool, including accessing comprehensive eBenefits job-aides and viewing the 'how to' video for eBenefits - Open Enrollment, please visit the 'Resources' page on the dedicated Open Enrollment Informational site on the My MTA Portal at www.mymta.info/openenrollment**

- **Required Supporting Documentation <u>MUST</u>** be submitted with your enrollment requests. Please refer to the next section (**Section 3, Page 7**) for more information on supporting documents that are required.

- **Please note that even if eBenefits – Open Enrollment is available to you, based on your retirement date, you will <u>NOT</u> be able to submit <u>ALL</u> enrollment requests via the eBenefits – Open Enrollment tool.** The submission of physical forms and supporting documentation is **<u>REQUIRED</u>** for the following:

  1. Enrolling a Domestic Partner;
  2. Correcting the biodata for dependent(s) currently enrolled in your MTA-sponsored benefits;
  3. Enrolling children for whom a legal guardianship or legal custody relationship exists;
  4. Removing your currently enrolled ex-spouse or ex-domestic partner from your MTA-sponsored benefits; or lastly,
  5. Updating your MTA benefits to reflect a status change from marriage to domestic partnership or domestic partnership to marriage.

  - *For questions, and/or to obtain information and/or applicable forms required for the specific enrollment requests above, please contact the BSC at bscservice@mtabsc.org or (646) 376-0123, Monday through Friday, 8:30AM to 5:00PM.*

3 REQUIRED SUPPORTING DOCUMENTATION

To **ADD** *new* eligible dependent(s) to your MTA-sponsored coverage, either via the eBenefits – Open Enrollment tool ***or*** your emailed enrollment form, you **MUST** also submit **REQUIRED** supporting documentation based on your relationship to the dependent.

For a Spouse:

A clear PDF copy of your official governmental (non-religious) **Marriage Certificate** (religious documents will **not** be accepted), spouse's **Birth Certificate**, **and** spouse's **Social Security Card** are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
- Spouse's Valid US Passport **or** Resident Alien Card ; *or*
- Spouse's Valid Driver's License ; *or*
- Spouse's Public Assistance ID Card, *or*
- Spouse's Government Employment ID

AND

If your date of marriage is more than one (1) year old as listed on your official governmental marriage certificate, one (1) proof of joint ownership is also REQUIRED. If your marriage date is less than 1 year old, proof of joint ownership is not required.

The names of both the MTA retiree AND their spouse MUST be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a copy of:

- Most recent federal or state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately".* Your spouse's name **MUST** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page one (1) of the tax return; *or*
- Homeowners/Renters Insurance Policy; *or*
- Credit Card Statement*; *or*
- Loan Obligation or Bank Account Statement*; *or*
- Pension or Life insurance or Will, designating your spouse as a beneficiary; *or*
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document; *or*
- Utility or Phone or Internet/Cable Bill*

***To remove a spouse** from your MTA-sponsored coverage **due to divorce**, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the date of divorce indicated on the divorce decree.*

For Child(ren):

For a natural-born child, a copy of:

- **Child's Birth Certificate*** showing the name of the MTA employee; **AND**
- **Child's Social Security Card**

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

- **Child's Birth Certificate***; **AND Child's Social Security Card**; **AND**
- Official Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to stepchild *or* to domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA retiree

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued *prior* to July 1, 2010, are invalid and will NOT be accepted.**

4 HEALTH BENEFIT CHOICES

A. PRE-MEDICARE ELIGIBLE RETIREES

Medical/Hospital	Prescription Drugs	Vision
Aetna CPOS II Basic Option*	CVS Caremark	EyeMed
Aetna Select Option* (National provider network allows you to see Aetna participating providers within the United States)	CVS Caremark	EyeMed

***Your current Aetna CPOS II Basic and Aetna Select plans will no longer be available to you when you and/or your dependent(s) become Medicare-eligible. The MTA BSC will contact you with information on your options at that time.**

MEDICAL PLAN OPTIONS

January 1, 2027 Aetna Options for MTA NYCT Pre-Medicare SSSA/TSO Operating & Queens Division/TSO Maintenance Supervisor II/MTA Bus Local 106 Retirees and/or Dependents with Hourly Health Plan

This is a summary of major in-network benefits available under each plan

Benefit		Aetna CPOS II Basic Option In-network (Out-of-network coverage available)	Aetna Select Option In-network (National network ONLY coverage)*
Deductible		DME $100 per person per calendar year	DME $100 per person per calendar year
Out-of-pocket maximum		N/A	N/A
Lifetime maximum		Unlimited	Unlimited
Office visits:	- Primary care office visit	$15 copay	100% coverage
	- Specialist office visit	$15 copay	100% coverage
	- Preventive care visit	$0 copay	100% coverage
Inpatient hospital deductible		$50 per person per confinement; $240 per person or family max per calendar year	N/A
Inpatient hospital		100% coverage after deductible	100% coverage
Outpatient hospital		100% coverage	100% coverage
Emergency room		$100 copay	$100 copay
Mental health:	- Office visit	$15 copay	100% coverage
	- Inpatient	100% coverage after deductible	100% coverage
Substance abuse:	- Office visit	$15 copay	100% coverage
	- Inpatient	100% coverage after deductible	100% coverage
Behavioral/Physical/ Occupational & Speech Therapy:		$15 copay	$0 copay

***National provider network allows you to see Aetna participating providers within the United States.**

If you and/or your covered dependent(s) are under age 65 and *not* Medicare-eligible, the medical plan in which you and your dependent(s) are enrolled in will be your primary coverage. Once you and/or your dependent(s) become Medicare-eligible, Medicare will be your primary coverage.

The MTA BSC will send you and/or your dependent(s) a notification about Medicare coverage approximately three (3) months prior to when you and/or your dependent(s) become Medicare-eligible by either attaining age 65 **OR** after receiving Social Security Disability Income (SSDI) for 24 months. For retirees and/or dependents whose birthday falls on the *first of any month*, you **MUST** enroll in Medicare at least four (4) months prior to turning 65.

MEDICAL PLAN COVERAGE

1) Aetna CPOS II Basic Option

Enrollees may choose to receive medical services from a provider participating in the Aetna CPOS II Basic Option network **OR** a non-participating provider:

- For a *participating* provider, a $15 co-payment will be charged for home/office and outpatient hospital visits
- For a *non-participating* provider, the full cost of medical services **must** be paid upfront and then a claim for partial reimbursement must be filed
- If enrolled in the Aetna CPOS II Basic Option, the same three-tiered drug formulary system as your current CVS Caremark Prescription Drug Plan applies

2) Aetna Select Option

The national provider network allows you to only see Aetna participating providers within the United States.

PRESCRIPTION DRUG PLAN COVERAGE

Your prescription drug plan is administered by CVS Caremark. Your coverage is based on a three-tiered formulary according to the following schedule:

Prescription Drug Coverage through CVS Caremark	Retail (Up to 30-Day Supply)	Mail Order (Mandatory)* (Up to 90-Day Supply)
	Copayments for Aetna CPOS II Basic Option and Aetna Select Option	
Generic	$0	$0
Formulary Brand	$20	$40
Non-Formulary Brand	$40	$80

***Mandatory Mail Order:** If you're on maintenance medications, you **MUST** obtain your medications through the CVS Caremark Mail Service Pharmacy.

Any prescription drug that has been filled two times at a participating pharmacy (initial prescription plus one refill) **MUST** be sent to the CVS Caremark Mail Service Pharmacy for all additional fills.

All initial prescriptions 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.

Remember, the 3rd fill presented at a participating retail pharmacy will be rejected.

Disability Benefits for Retirees Not Yet Medicare-Eligible

New York City Transit (NYCT) has contracted with SSDC Services to assist qualified retirees and/or their eligible dependent(s) in applying for Social Security Disability Insurance (SSDI). SSDC is an expert in the field of Social Security and Medicare advocacy. For 35 years, SSDC has helped hundreds of thousands of individuals successfully obtain SSDI. SSDC's compassionate and experienced advocates understand the difficulty people face in going through the disability approval process and they have a successful award rate greater than 98%.

The service provided by SSDC is completely *voluntary* and is at absolutely no cost to you or your dependent(s). If you have worked consistently and paid into the Social Security system, should you qualify, your disability payment will provide you with an additional source of income. The SSDI award amount will be based on how much you have paid into the system as a taxpayer.

SSDC will contact you ***after*** your retirement and will send you a brief survey. Based on the survey information you provide, SSDC will be able to determine whether you and/or your eligible dependent(s) may qualify for SSDI. None of the information that you provide will be shared with any outside entities or individuals. All responses will be kept strictly confidential (See Section 5 for SSDC contact information).



NOTE: If you are retiring from NYCT on **"Disability Retirement"**, it is important that you take steps to obtain SSDI benefits. However, it is equally important that you obtain Medicare Part B (medical) benefits from Social Security.

Under NYCT coverage, your medical plans pay the eligible amounts in excess of what Medicare Parts A and B cover without regard to whether you are enrolled in Medicare Parts A and B. Therefore, it is in your financial interest to be enrolled in both Medicare Parts A and B **immediately** upon becoming eligible.

Additionally, if you do **not** enroll in Medicare Part B as soon as you become eligible, you will be required to pay a higher Medicare Part B premium as well as satisfy a waiting period before Medicare Part B begins. Please note, all this information is also applicable to your Medicare-eligible dependent(s) as well.

B. MEDICARE-ELIGIBLE RETIREES

Medical/Hospital	Prescription Drugs	Vision
Aetna CPPO Basic Option	SilverScript Employer PDP **OR** CVS Caremark Prescription Drug Plan	EyeMed
Aetna Medicare Advantage PPO ESA Option 1	SilverScript Employer PDP **OR** CVS Caremark Prescription Drug Plan	EyeMed
Aetna Medicare Advantage PPO ESA Option 2	SilverScript Employer PDP **OR** CVS Caremark Prescription Drug Plan	EyeMed

MEDICAL PLAN COVERAGE

Upon retirement, if you and/or your dependent(s) are *or* become Medicare-eligible, you **MUST** enroll in Medicare Part A for hospitalization and Medicare Part B for medical. Medicare eligibility occurs on the earlier of:

- the first day of the month of one's 65th birthday, unless your birthday is the first of any month, in which case, your Medicare eligibility will begin the first of the month that *precedes* your birthday (e.g. if your birthday is July 1st, your Medicare eligibility date will actually be June 1st)
  OR
- the first of the month following receipt of 24 months of Social Security Disability Income (SSDI)

Medicare Part A (Hospitalization)

- Medicare Part A (Hospitalization) helps cover your in-patient care in hospitals, except for the deductible and co-insurance
- Medicare Part A also includes coverage at critical access hospitals and skilled nursing facilities (not custodial or long-term care) as well as covers hospice care and home health care

Medicare Part B (Medical)

- Medicare Part B (Medical) helps cover medically necessary doctors' services, out-patient care, home health services, durable medical equipment, and other medical services as well as many preventative services

Medicare Part A and Medicare Part B enrollment for both you and your Medicare-eligible dependent is **required** to participate in the MTA-sponsored medical and prescription drug plans available to your retiree group.

Please be advised that 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.

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.

AETNA MEDICARE ADVANTAGE PPO ESA OPTIONS 1 AND 2

As an Aetna Medicare Advantage PPO ESA Option 1 *or* Option 2 member, all of your medical coverage will be provided by Aetna, which is funded by the federal government based on your enrollment in Medicare Parts A and B. **If you are not enrolled in Medicare Parts A and B, you cannot be enrolled in either of the Aetna Medicare Advantage PPO ESA Plans.**

These plans cover all that traditional Medicare covers plus *several other valuable benefits* that help you make the most of the years ahead. Some of these added benefits include:

- Unlimited coverage for in-patient stays
- Same member cost-share for benefits received from out-of-network providers as in-network providers
- Freedom to use *any* licensed provider who is eligible to receive payment under traditional Medicare and willing to bill and accept payment from Aetna
- Access to Aetna retiree advocates & nurses to help get the most out of your plan
- No referrals required for covered services
- Coverage for medical emergencies when traveling anywhere in the world
- Online tools and a 24-hour toll-free health information line
- Health and wellness programs
- Eyewear reimbursement of $70 every 24 months
- Hearing aid reimbursement of $500 every 36 months
- *SilverSneakers* Fitness Program which allows you to work out when, where, and how you want at no extra cost
- Up to 14 meals following an in-patient hospital or skilled nursing facility stay - an Aetna Nurse will call to coordinate meal delivery directly to your home
- Non-emergency Transportation: Access to 24 one-way trips per year, up to 60 miles per trip (can include a companion) and ability to stop for prescription drug pickup. To reserve a ride, call 1-855-814-1699 (TTY: 711), Monday-Friday, from 8am-8pm in all time zones **or** visit Access2Care.net
- Over-the-Counter (OTC) Benefit: $30/quarter to spend on approved health and wellness products such as vitamins, pain relief, and more - you can choose any item from the OTC catalog. For more information call 1-833-331-1573 (TTY:711)
- Health Rewards: Earn up to $200 in gift cards by completing important health and wellness activities
- *Teladoc* or Telehealth Virtual Visits: Connect with board-certified doctors 24 hours per day for non-emergency medical needs, with no cost visits to help you prevent unnecessary ER visits
- *MDLIVE:* Talk to licensed therapists and board-certified psychiatrists by appointment, including weekends and evenings – it takes 5 to 7 days on average to schedule an appointment. Additionally, providers can write and send prescriptions to your pharmacy with $0 cost-share
- Aetna Discounted Dental coverage for New York State residents **ONLY**

AETNA OPEN CHOICE PPO BASIC OPTION (CPPO BASIC OPTION)

Medicare Parts A and B will be your primary coverage. If there is a charge for any Medicare-allowed services that remain after the Medicare settlement, then the remaining charges will be covered by the Aetna CPPO Basic Plan, which will be your secondary coverage.

Please be advised that your secondary coverage will **not** pay for services that are covered by traditional Medicare Parts A and B. It is in your financial interest to be enrolled in **both** Medicare Parts A and B immediately upon becoming eligible. If you do *not* enroll in Medicare Part B as soon as you become 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.

Aetna CPPO Basic Option Coverage Provides:

- Hospital deductible for the first 60 days
- Coinsurance for hospital stays from days 61 through 90 of each benefit period
- Coinsurance for skilled nursing facilities from days 21 through 100, to the extent that Medicare approves the stay in the skilled nursing facility

Aetna CPPO Basic Option Does NOT Cover:

- Coinsurance per lifetime reserve after day 90 of each benefit period (up to 60 days over your lifetime)
- Charges for residential or custodial nursing homes

If you do not submit an election form, this will be the default coverage for you and/or your Medicare-eligible dependent(s).

MEDICARE PART B REIMBURSEMENT

Medicare-eligible retirees are entitled to reimbursement of their *Standard* Medicare Part B premiums based on the plan in which they are enrolled from the **prior plan year**.

The reimbursable amount is listed in the chart below. The Standard Medicare Part B reimbursement for **plan year 2026** is payable starting in February 2027 for existing recipients, while eligible first-time recipients will receive an application from the MTA BSC during the second quarter of 2027 for their plan year 2026 Medicare Part B reimbursement.

For eligible retirees who enrolled in Medicare Part B in prior years, but have never received a Standard Medicare Part B reimbursement, you **MUST** contact the MTA BSC to initiate the reimbursement process.

Plan Year 2025 Medicare Part B Reimbursement For:			
Health Insurance Plan	**Retiree**	**Spouse**	**Total**
Aetna CPPO Basic Option	$297.60	Not Eligible	$297.60
Aetna Medicare Advantage PPO ESA Option 1	$297.60	Not Eligible	$297.60
Aetna Medicare Advantage PPO ESA Option 2 *(Medicare Part B effective dates between January 1, 2025 - December 31, 2025)*	Standard Medicare Part B Premium Reimbursement	Standard Medicare Part B Premium Reimbursement	Standard Medicare Part B Premium Reimbursement

PRESCRIPTION DRUG PLAN COVERAGE

Upon you and/or your qualified dependent(s) first becoming Medicare-eligible, it is to your advantage to enroll in the SilverScript Employer (PDP) (SilverScript/EGWP), a Medicare Part D prescription drug plan. SilverScript Medicare PDP provides several enhancements above and beyond your current CVS Caremark prescription drug plan. The required enrollment forms and a complete description of the SilverScript Medicare PDP is attached to this package.

- If you and/or your qualified Medicare-eligible dependent(s) wish to enroll in this plan, you **MUST** complete Section 3 of the **HR-BEN-411** Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form **and** the **HR-BEN-440** Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card, and submit **both** forms to the MTA BSC, along with a copy of your Medicare Card(s) which confirms your enrollment in Medicare Parts A and B and provides your Medicare Beneficiary Identifier (MBI) as required

- If you and/or your qualified Medicare-eligible dependent(s) wish to remain enrolled in your *current* CVS Caremark Prescription Drug Plan, you **MUST** complete Section 4 of the **HR-BEN-411** Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form

- If you and/or your qualified Medicare-eligible dependent(s) *previously* opted out of the SilverScript Medicare PDP, but now wish to re-enroll in the plan, you **MUST** complete Section 5 of the **HR-BEN-411** Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form **and** the **HR-BEN-440** Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card, and submit **both** forms to the MTA BSC, along with a copy of your Medicare Card(s) which confirms your enrollment in Medicare Parts A and B and provides your Medicare Beneficiary Identifier (MBI) as required

Note: With the SilverScript Medicare PDP, each dependent will be enrolled in their *own prescription drug plan* and receive their own materials as Medicare is an individual benefit.

Prescription Drug copayments are based on your medical plan election	**Aetna CPPO Basic Option**	**Aetna Medicare Advantage PPO ESA Option 1**	**Aetna Medicare Advantage PPO ESA Option 2**
Retail (Up to 30-Day Supply)			
Generic	$0	$2.50	$5
Formulary Brand	$20	$2.50	$10
Non-Formulary Brand	$40	50% Coinsurance ($95 Maximum)**	$45
Mail Order (Up to 90-Day Supply)*			
Generic	$0	$3.75	$7.50
Formulary Brand	$40	$3.75	$15.00
Non-Formulary Brand	$80	50% Coinsurance ($285 Maximum)**	$67.50

***Mail Order:** Maintenance medications via mail order are **not** mandatory for those enrolled in the SilverScript Medicare PDP.

****Under the SilverScript Medicare PDP, the cost of non-formulary brand drugs is capped at a maximum copayment of $95 for a 30-day supply at a local pharmacy and a copayment of $285 for a 90-day supply via mail order.

For those enrolled in the CVS Caremark Prescription Drug Plan **and** on maintenance medications, you **MUST** obtain your medication(s) through the CVS Caremark Mail Service Pharmacy. Any prescription drug that has been filled two times at a participating pharmacy (initial prescription plus one refill) **MUST** be sent to the CVS Caremark Mail Service Pharmacy for all additional fills.

All initial prescriptions 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.

Remember, the 3rd fill presented at a participating retail pharmacy will be rejected.

5 LEGAL REQUIREMENTS

COVERAGE FOR DEPENDENT CHILDREN

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

- To enroll a new dependent child, aged 19 to 26, if you are eligible for eBenefits, you can submit your request via eBenefits – Open Enrollment, including in your submission **ALL** required supporting documentation, affirming that your child is eligible for coverage.

- Alternatively, you can complete and submit the applicable enrollment form below, including in your submission **ALL** required supporting documentation, and affirm, by signing the form, that your child is eligible for coverage.
    - **HR-BEN-850M** Health & Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division Retirees
    - **HR-BEN-850N** Health & Dental Plan Open Enrollment/Change Form for MTA Bus Transit Supervisors Organization (TSO) Local 106 Retirees
    - **HR-BEN-850P** Health & Dental Plan Open Enrollment/Change Form for NYCT Transit Supervisors Organization (TSO) MSII Retirees

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 MTA benefits record by signing on to the My MTA Portal at www.mymta.info.

Click on the **My Benefits** tile, then click the **Health Care Dependent Summary** tile. Click the dependent's name to view their personal information.

If a dependent's Social Security Number is not shown under SSN (only the last four digits will show), please submit to the MTA BSC, a copy of the dependent's Social Security Card with your name and BSC ID number noted on the copy, along with the applicable enrollment form listed below.

Be sure to include your name and BSC ID number on the copy of the Social Security Card(s).

- **HR-BEN-850M** Health & Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division Retirees
- **HR-BEN-850N** Health & Dental Plan Open Enrollment/Change Form for MTA Bus Transit Supervisors Organization (TSO) Local 106 Retirees
- **HR-BEN-850P** Health & Dental Plan Open Enrollment/Change Form for NYCT Transit Supervisors Organization (TSO) MSII Retirees

6 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical/Hospital		
Aetna CPOS II Basic Option, Aetna CPPO Basic Option, **and** Aetna Select Option	855-824-5349	AetnaNYCT.com
Aetna Medicare Advantage PPO ESA Options 1 & 2	800-307-4830	MTANYCT.AetnaMedicare.com
Aetna 24/7 Health Line	800-556-1555 (TTY:711)	AetnaNYCT.com
Prescription Drugs		
SilverScript Employer Prescription Drug Plan (PDP)	855-212-0921	www.CVSCaremark.com
CVS Caremark Prescription Drug Plan	855-296-7683	www.CVSCaremark.com
Vision		
EyeMed (Eligibility based on union affiliation and/or retirement date)	800-334-7591	www.EyeMedVisionCare.com
Dental		
CIGNA DHMO **and** CIGNA DPPO	800-578-5682	www.Cigna.com
COBRA Administrator		
WEX Health, Inc.	866-451-3399	www.WEXInc.com/login
Other Important Contact Information		
SSSA	718-858-2113	N/A
TSO	718-601-8900	N/A
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.SSA.gov
SSDC	877-768-3019 Ext. 222	www.SSDCServices.com
Business Service Center		
Phone: 646-376-0123, 8:30 a.m. - 5 p.m., Monday – Friday Email: bscservice@mtabsc.org Website: www.mymta.info ***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.***		

AETNA OPEN CHOICE PPO
BASIC (CPPO Basic Option)
For Medicare-Eligible Retirees and Dependents

Once you are retired and you and/or your dependent(s) are Medicare-eligible and enrolled in the Aetna Open Choice PPO Basic (CPPO Basic Option), Medicare Part A (hospitalization) and Medicare Part B (medical), will be your primary insurance coverage and Aetna CPPO Basic Option will be your secondary coverage. Medicare eligibility occurs on the earlier of the first day of the month of one's 65th birthday or the first of the month following receipt of 24 months of Social Security Disability Income (SSDI).

Aetna CPPO Basic Option will not pay for any medical services that are NOT covered by Medicare Parts A and B, so make sure that you are enrolled in both Parts A and B to avoid paying out-of-pocket for these medical services. Be advised that if you do not enroll in Medicare Part B as soon as you become eligible, you will be required to pay a higher Medicare Part B premium and be subject to a waiting period before Part B goes into effect. It is in your financial interest to be enrolled in both Medicare Parts A and B immediately upon becoming eligible.

Aetna CPPO Basic Option provides coverage for Medicare-allowed services up to the charge recognized by Medicare. If there is a charge for these Medicare-allowed services remaining after the Medicare settlement, Aetna CPPO Basic Option will pay the remaining charge up to the amount allowed by Medicare.

Medicare Part A (Hospitalization)

Medicare Part A (hospitalization) helps cover your in-patient care in hospitals. Part A also includes coverage in critical access hospitals and skilled nursing facilities (not custodial or long-term care) as well as hospice care and home health care.

Aetna CPPO Basic Option covers:

- Hospital deductible for each benefit period*
- Co-insurance for hospital days 61 through 90 for each benefit period*
- Co-insurance for skilled nursing facilities (SNF) from day 21 through 100 to the extent that Medicare approves the stay in a skilled nursing facility

Aetna CPPO Basic Option does **not** cover:

- Co-insurance for day 91 and beyond of each benefit period*
- Charges for residential or custodial nursing homes

*A benefit period begins the day you're admitted as a in-patient in a hospital or SNF. The benefit period ends when you haven't received any in-patient hospital care (or skilled care in a SNF) for 60 days in a row.

Medicare Part B (Medical)

Medicare Part B (medical) helps cover medically necessary doctors' services, out-patient care, home health services, durable medical equipment, and other medical services. Part B also covers many preventive services.

For more details about Medicare-covered services:

- Visit Medicare.gov/publications to view the booklet "Your Medicare Benefits" **OR**
- Call 1-800-MEDICARE (1-800-633-4227)
  TTY users should call 1-877-486-2048

Medicare Part B Reimbursement

As an Aetna CPPO Basic Option retiree, you will be entitled to a partial reimbursement of $297.60 per year of your Medicare Part B standard premium.

The eligible reimbursable amount does **not** include the reimbursement of the additional cost of premiums due to late enrollment or due to the Income Related Monthly Adjustment Amount (IRMAA) some enrollees may be assessed as a result of experiencing a higher than average modified adjusted gross income.

In the second quarter of the year ***following*** your Medicare enrollment, the MTA BSC will send notification to first-time eligible retirees regarding the Medicare Part B standard premium reimbursement.

aetna | MTA New York City Transit

Plan at a glance

2027 plans available to SSSA.TSO-OP.MSII.QUEENS DIV.TSO MSII/MTA Bus TSO L106 Medicare-eligible retirees

These Aetna Medicare Advantage PPO ESA plans were designed exclusively for you. You won't lose the benefits you get with Original Medicare Part A and Part B. In fact, you must have Original Medicare to be enrolled in a Medicare Advantage plan. Here's an outline of key benefits.

Benefits	Aetna® CPPO Basic Plan	Aetna® Medicare Advantage Option 1	Aetna Medicare Advantage Option 2
Standard Medicare Part B premium reimbursement	**$297.60 retiree only**	**$297.60 retiree only**	**Full standard Part B reimbursement** (retiree and spouse)
Annual medical deductible	$0	$0	$0
Annual medical out-of-pocket maximum (includes your copays)	$0 is the most you'd pay (the plan pays 100%)	$0 is the most you'd pay (the plan pays 100%)	$1,000 is the most you'd pay (then the plan pays 100%)
Primary care provider visits	$0 copay	$0 copay	$0 copay
Physician specialist visits	$0 copay	$0 copay	$5 copay
Labs, X-rays, complex imaging	$0 copay	$0 copay	$0 copay
Outpatient surgery	$0 copay	$0 copay	$0 copay
Inpatient hospital care	$0 copay	$0 copay	$0 copay
Emergency room, urgent care and ambulance	$100 ER copay $0 UC copay $0 ambulance	$0 copay	$50 copay (ER, UC & ambulance)
Prescription drug coverage through SilverScript®			
Prescription drug cost through SilverScript (30-day supply)	You pay: Tier 1 – Generic: $0 Tier 2 – Formulary brand: $20 Tier 3 – Non-formulary brand: $40	You pay: Tier 1 – Generic: $2.50 copay Tier 2 – Formulary brand: $2.50 copay Tier 3 – Non-formulary brand: 50% coinsurance, $95 maximum cost share*	You pay: Tier 1 – Generic: $5 copay Tier 2 – Formulary brand: $10 copay Tier 3 – Non-formulary brand: $45 copay
True out-of-pocket maximum (TrOOP)	$2,400	$2,400	$2,400

*For Aetna Medicare Advantage Option 1 members under the SilverScript (PDP), the cost of Tier 3 prescription drugs has a maximum copay of $95 for a 30-day supply at a local retail pharmacy, and a maximum copay of $285 for a 90-day supply with mail order. You'll automatically be enrolled in the SilverScript (PDP).

Additional benefits

As an Aetna Medicare Advantage member enrolled in the Option 1 or Option 2 plan, you get additional programs and benefits to help take care of the whole you — body, mind and spirit.

Over the counter (OTC) allowance

You'll receive a benefit amount (allowance) of **$30** per quarter, up to **$120** per year, to get approved health and wellness products. To request a catalog or place an order call **1-833-331-1573 (TTY:711)**, Monday–Friday, 9 AM–8 PM local time.

SilverSneakers® fitness benefit

Aetna Medicare members get a basic fitness membership through SilverSneakers®. With this benefit you get a chance to improve your health, build confidence and connect with your community. And it's included in your plan at no added cost.

To find out more about your fitness benefit, call SilverSneakers at **1-855-627-3795 (TTY: 711)**, Monday–Friday, 8 AM–8 PM ET.

Or visit **AetnaMedicare.com/SSFitness**

Resources For Living® program

Get connected to services in your area that make daily life easier and more manageable. They can help address needs such as in-home services, transportation, community resources and more. You only pay the cost (if any) for any services you use.

To contact our Resources For Living team, call **1-866-370-4842 (TTY: 711)**, Monday–Friday, 8 AM–8 PM ET.

24-Hour Nurse Line*

Sometimes you need a quick answer to a health question. With the 24-Hour Nurse Line, you can speak to a registered nurse about a variety of health topics, whenever you need to. And you can call as many times as you need, at no added cost to you.

Call day or night for help with:

- Deciding whether to visit a doctor or urgent care center
- Understanding your symptoms
- Managing chronic conditions
- Learning about treatment options and medical procedures

Healthy Home Visit

The Healthy Home Visit (HHV) is a yearly visit with a licensed provider through Signify Health® who will come to your home or see you virtually (online). They can discuss any health concerns, complete a fall risk assessment, recommend screenings and create a personalized care plan. The HHV is included with your plan at no added cost.

To schedule your visit, go to **Schedule.SignifyHealth.com/home** or call **1-855-746-8709 (TTY: 711)**, Monday–Friday, 9 AM–8 PM ET.

Additional benefits

Vision and hearing aid reimbursement

You are eligible for a vision reimbursement of **$70** every **24 months** and a hearing aid reimbursement of **$500** every **36 months**. For details call, **1-888-603-2058 (TTY:711)**, Monday–Friday, 8 AM–9 PM ET.

Post-discharge meal delivery

Get delicious and nutritious meals delivered to you after a qualifying inpatient hospital, inpatient psychiatric or skilled nursing facility stay—at no additional cost. Our vendor, NationsMarket, will contact you to coordinate a delivery of up to 14 nutritious meals (2 meals a day for 7 days) directly to you.

Transportation

The Aetna® transportation benefit helps you get to and from plan-approved locations like medical offices and urgent care centers. Your plan includes 24 one-way trips per year with a mileage limit of 60 miles for each one-way trip. To reserve a ride, call **MTM Health** at **1-855-814-1699 (TTY: 711)**, Monday–Friday, 7 AM–8 PM all time zones.

Teladoc Health

Can't make it to the doctor's office? Connect with a Teladoc Health primary care provider by web, phone or mobile app from home, for nonemergency medical needs. To access Teladoc, just call **1-855-TELADOC (1-855-835-2362)**. Or visit **Teladoc.com/Aetna**.

Healthy rewards

Earn up to **$200 in gift cards** by completing healthy activities such as getting your annual exam and more. Here's how it works:

- Complete your recommended health care activities.
- Tell us you've completed the activity either online or by phone.
- Provide a few details, such as the date of the visit and the clinic name.
- Choose a gift card from select merchants.

Redeem your first reward and you'll receive a reloadable Extra Benefits Card. Rewards are loaded to the card and can be used on eligible healthy foods, transportation, utilities, personal care items and OTC products. Keep your card for future rewards.



Flexibility and confidence to choose your doctors

Your Aetna Medicare Advantage plan gives you access to in-network providers, such as doctors, hospitals and labs. You also have access to the out-of-network providers of your choice — at **no additional out-of-pocket costs** — if the provider is:

- Eligible to receive payment under Medicare
- Agrees to bill and accept payment from Aetna®

Also, your coverage follows you wherever you travel, with access to over a million providers* nationwide. And your plan offers benefits for emergency medical care, even when you travel outside of the United States.

*Aetna Medicare Advantage PPO network as of January 2026.

We're here to help

Call us at **1-877-603-2058 (TTY: 711), Monday–Friday, 8 AM–9 PM ET** to find out if your doctor accepts the plan. We'll contact them to confirm. We can also help you find other nearby doctors and hospitals to meet your needs.

Helpful resources

Aetna® Member Services

1-877-603-2058 (TTY:711)
Monday-Friday, 8AM-9PM ET
MTANYCT.AetnaMedicare.com

We're here to provide one-on-one support to help you with:

- Aetna Medicare Advantage plan medical coverage details
- Questions about your doctors and verifying that they accept your new plan

MTA Business Service Center

646-376-0123
Monday-Friday, 8:30 AM-5PM ET
My MTA Portal: MyMTA.info

MTA Business Service Center can help you with:

- Switch to another MTA plan listed on page 1
- General enrollment and eligibility questions
- Information about your Part B premium reimbursement
- Updating your personal information

Visit **MTANYCT.AetnaMedicare.com** to learn more about how Medicare works.

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used on alcohol, tobacco or firearms or be converted to cash.

Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards.

The 2027 Aetna Healthy Rewards program is only applicable to active members with eligible MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. The 2027 Your Healthy Rewards program is available to our members until the last day of the year. You will need to earn and redeem your reward by December 31, 2027 or the date you leave the plan, whichever comes first. Participants should check the terms of their Evidence of Coverage (EOC) prior to participating in any program activities. Except as set forth in the EOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in Aetna Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.

Aetna and Signify Health® are part of the CVS Health® family of companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2025 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

©2026 Aetna Inc.
Y0001_GRP_5619328_2026_M
<APN>

aetna | MTA New York City Transit

SilverScript Employer Prescription Drug Plan (PDP)
Medicare Part D Prescription Drug Plan Description

This Medicare Part D prescription drug plan known as the SilverScript Employer Prescription Drug Plan (PDP), administered by CVS Caremark, provides several enhancements at no additional cost to you and covers *more* FDA approved medications than those required by CMS. You will be automatically enrolled in this plan.

Advantages of SilverScript

SilverScript Employer (PDP) provides several enhancements above and beyond your current CVS Caremark Prescription Drug Plan.

- Mail Order is not mandatory to fill prescriptions for maintenance medications. Under SilverScript you have the choice of filling your maintenance medications through mail order or your local pharmacy. Whether you choose mail order or a local pharmacy, any refills that remain on existing prescriptions will transition with you to SilverScript.

- Co-payments are the same or lower for all medications under SilverScript Employer (PDP). Short-term supplies are available. The cost of prescriptions written for less than a one month's supply will be prorated, and therefore, will be *less expensive.*

- Under SilverScript Employer (PDP), the cost of non-formulary brand drugs is capped at a maximum co-payment of $95 for a 30-day supply and $285 for a 90-day supply.

- Each dependent will be enrolled in their own SilverScript Employer (PDP) plan and receive their own materials.

- You may be able to receive Extra Help. People with limited incomes may qualify for Extra Help to pay for their Medicare prescription drug costs. If you are eligible, Medicare could pay up to seventy-five (75%) or more of your drug costs. To see if you qualify for Extra Help:
    a. Call 1-800-MEDICARE (1-800-633-4227), available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 **or**
    b. Call Social Security at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY users should call 1-800-325-0778 **or**
    c. Go to www.socialsecurity.gov\prescriptionhelp **or**
    d. Call your State Medicare Office

- You may be able to qualify for the Medication Therapy Management (MTM) program which is a voluntary program available at no cost to you. If you take multiple medications, have multiple chronic conditions, and high drug costs, this program can help make sure that you get the most benefit from the prescription drugs you take. A pharmacist or other health-care professional will give you a comprehensive review of all of your medications. You can talk about how best to take your medications, your costs, and any problems or questions you have. You may choose not to participate, but it is recommended that you make use of this free service.

- Catastrophic Coverage protection is available. If you are a high utilizer of the prescription drug plan, you would move through various stages of the benefit. The last stage is the Catastrophic Coverage stage. During this stage, your cost-share could be reduced further from your Initial Coverage stage co-payments/co-insurance. You will receive additional information within your welcome kit.

Please note: If you are already enrolled in another Medicare Part D drug plan, for example, through your spouse, your enrollment in SilverScript Employer (PDP) will automatically replace that coverage.

SilverScript Employer (PDP) Disclaimers

- This information is **not** a complete description of benefits. Call 1-855-212-0921 (TTY:711) for more information.
- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
- The typical number of business days after the mail-order pharmacy receives an order to send your shipment to you can be up to ten (10) days. Enrollees have the option to sign up for automatic mail-order delivery.
- SilverScript Employer (PDP) is a prescription drug plan. This plan is offered by SilverScript insurance company which has a Medicare contract. Enrollment depends on contract renewal.

Benefit Overviews

Enclosed within this package is an Aetna Grid comparing the Aetna Medicare Advantage PPO ESA Option 1 and the Aetna Medicare Advantage PPO ESA Option 2 medical plans. Please refer to the appropriate Aetna option overview.

Automatic Enrollment

You will be automatically enrolled in the SilverScript Employer (PDP). In order to confirm your eligibility for this plan, CMS (Center for Medicare & Medicaid Services) requires your Medicare Beneficiary Identifier (MBI). Therefore, please attach a copy of your Medicare Identification Card to the enclosed HR-BEN-440 form, sign the bottom of the form, and submit to the MTA BSC within 30 days of the date you become Medicare-eligible.

Important Enrollment Considerations:

- CMS allows you to be enrolled in **only one** Medicare prescription drug plan at a time. If you have any other Medicare Part D prescription drug coverage, such as through your spouse, you will be disenrolled from that coverage when you are enrolled in the SilverScript Employer (PDP).
- If you have additional coverage through your spouse's former or current employer, it is important for you to understand the terms of that coverage.
- Part D IRMAA (Income Related Monthly Adjustment Amount): For the *2027* plan year, if your 2025 IRS tax filing indicates earnings over $112,000 (when filing single) or $224,000 (when married and filing jointly), you will receive a letter from the Social Security Administration (SSA) notifying you that you owe a Medicare Part D IRMAA Premium.
    - If you fall into this category and are assessed a Medicare Part D IRMAA premium, you *may* be eligible to receive reimbursement from the MTA for the Part D IRMAA premium charge.
    - During the second quarter of 2027, you will receive a letter from the MTA Business Service Center (MTA BSC) providing instructions on how eligibility for the Medicare Part D IRMAA reimbursement is determined.

Once enrolled in SilverScript Employer (PDP), you will receive A "Welcome Kit" detailing your coverage. The kit will include documents containing language required by CMS which may be confusing. For example, although CMS refers to four prescription drug tiers, the SilverScript Employer (PDP) has three tiers. If you have questions about any of this language, please call SilverScript Customer Care Service at the below number.

You can access the (EOC) Evidence of Coverage and other plan documents online at www.caremark.com. Call SilverScript Customer Care Services to request to have one of these documents mailed to you or if you have additional questions regarding the plan.

SilverScript: Toll-free at 1-855-212-0921, 24/7

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 2027, the open enrollment period will be from October 15 through December 7, 2026.

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)
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).

Health & Dental Plan Open Enrollment/Change Form

For NYCT SSSA/TSO Operating & Queens Division Retirees

HR-BEN-850M

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance and/or dental coverage. This form is only for NYCT SSSA/TSO Operating & Queens Division retirees and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. 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 health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

Check only **ONE**:

☐ **AETNA CPOS II BASIC OPTION**

☐ **AETNA SELECT OPTION** (National **in-network only** providers: Allows you to see Aetna *participating* providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree Election	**Medicare-Eligible Dependent Election**
Check only **ONE**:	Check only **ONE**:
☐ Aetna CPPO Basic Option (Medicare)	☐ Aetna CPPO Basic Option (Medicare)
☐ Aetna Medicare Advantage PPO ESA Option 1	☐ Aetna Medicare Advantage PPO ESA Option 1
☐ Aetna Medicare Advantage PPO ESA Option 2	☐ Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you **OR** your eligible dependent(s) are currently Medicare-eligible or become Medicare-eligible, you have the choice to elect *separate* coverage options. The **maximum** number of plans you **AND** your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dental Coverage Election (ONLY applicable to eligible retirees with retirement dates of October 1, 2020 or after)

DENTAL: Individual ☐ Family ☐

Check only **ONE** of the below dental plans:

☐ **CIGNA DHMO Dental**

☐ **CIGNA DPPO Dental**

NOTE: If you do ***NOT*** elect one of the above CIGNA dental plans, but you reside in New York State ***AND*** elect to enroll in either the Aetna Medicare Advantage PPO ESA Option 1 Plan ***or*** the Aetna Option 2 Plan, you will be ***automatically enrolled*** in the Aetna Dental DMO plan.

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 8 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Health & Dental Plan Open Enrollment/Change Form

For NYCT SSSA/TSO Operating & Queens Division Retirees

HR-BEN-850M

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Section 7 - Signature & 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 all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 8 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
   - Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
   - Utility ***or*** Phone ***or*** Internet/Cable Bill*

   To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA employee**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
   - Child's Social Security Card; **AND**
   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA employee

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Health & Dental Plan Open Enrollment/Change Form

For MTA Bus Transit Supervisors Organization (TSO) Local 106 Retirees

HR-BEN-850N

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance and/or dental coverage. This form is only for MTA Bus Transit Supervisors Organization (TSO) Local 106 retirees and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. 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 health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

Check only **ONE**:

☐ **AETNA CPOS II BASIC OPTION**

☐ **AETNA SELECT OPTION** (National **in-network only** providers: Allows you to see Aetna *participating* providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree Election	**Medicare-Eligible Dependent Election**
Check only **ONE**:	Check only **ONE**:
☐ Aetna CPPO Basic Option (Medicare)	☐ Aetna CPPO Basic Option (Medicare)
☐ Aetna Medicare Advantage PPO ESA Option 1	☐ Aetna Medicare Advantage PPO ESA Option 1
☐ Aetna Medicare Advantage PPO ESA Option 2	☐ Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you **OR** your eligible dependent(s) are currently Medicare-eligible or become Medicare-eligible, you have the choice to elect *separate* coverage options. The **maximum** number of plans you **AND** your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dental Coverage Election (ONLY applicable to eligible retirees with retirement dates of December 29, 2018 or after)

DENTAL: Individual ☐ Family ☐

Check only **ONE** of the below dental plans:

☐ **CIGNA DHMO Dental**

☐ **CIGNA DPPO Dental**

NOTE: If you do ***NOT*** elect one of the above CIGNA dental plans, but you reside in New York State ***AND*** elect to enroll in either the Aetna Medicare Advantage PPO ESA Option 1 Plan ***or*** the Aetna Option 2 Plan, you will be ***automatically enrolled*** in the Aetna Dental DMO plan.

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 8 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Health & Dental Plan Open Enrollment/Change Form

For MTA Bus Transit Supervisors Organization (TSO) Local 106 Retirees

HR-BEN-850N

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Section 7 - Signature & 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 all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 8 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
   - Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
   - Utility ***or*** Phone ***or*** Internet/Cable Bill*

   To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA employee**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
   - Child's Social Security Card; **AND**
   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA employee

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Health & Dental Plan Open Enrollment/Change Form

For NYCT Transit Supervisors Organization (TSO) MSII Retirees

HR-BEN-850P

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance and/or dental coverage. This form is only for NYCT Transit Supervisors Organization (TSO) MSII retirees and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. 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 health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

Check only **ONE**:

☐ **AETNA CPOS II BASIC OPTION**

☐ **AETNA SELECT OPTION** (National **in-network only** providers: Allows you to see Aetna *participating* providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree Election	**Medicare-Eligible Dependent Election**
Check only **ONE**:	Check only **ONE**:
☐ Aetna CPPO Basic Option (Medicare)	☐ Aetna CPPO Basic Option (Medicare)
☐ Aetna Medicare Advantage PPO ESA Option 1	☐ Aetna Medicare Advantage PPO ESA Option 1
☐ Aetna Medicare Advantage PPO ESA Option 2	☐ Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you **OR** your eligible dependent(s) are currently Medicare-eligible or become Medicare-eligible, you have the choice to elect *separate* coverage options. The **maximum** number of plans you **AND** your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dental Coverage Election

DENTAL: Individual ☐ Family ☐

Check only **ONE** of the below dental plans:

☐ **CIGNA DHMO Dental**

☐ **CIGNA DPPO Dental**

NOTE: If you do ***NOT*** elect one of the above CIGNA dental plans, but you reside in New York State ***AND*** elect to enroll in either the Aetna Medicare Advantage PPO ESA Option 1 Plan ***or*** the Aetna Option 2 Plan, you will be ***automatically enrolled*** in the Aetna Dental DMO plan.

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 8 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Health & Dental Plan Open Enrollment/Change Form

For NYCT Transit Supervisors Organization (TSO) MSII Retirees

HR-BEN-850P

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Section 7 - Signature & 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 all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 8 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
   - Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
   - Utility ***or*** Phone ***or*** Internet/Cable Bill*

   To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA employee**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
   - Child's Social Security Card; **AND**
   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA employee

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form
HR-BEN-411

Section 1 - Information and Instructions

The purpose of this form is to make an election to enroll or opt-out of the **SilverScript Medicare Prescription Drug Plan (PDP). It may also be used to rescind a previous election to opt-out of SilverScript PDP.**

Each member must complete a separate election form (e.g., retiree and spouse/domestic partner).

Please return a completed and signed copy of this form to the MTA Business Service Center (BSC) via:

Fax: 212-852-8700

Email: bscservice@mtabsc.org

If you have any questions, please contact the BSC at 646-376-0123 or bscservice@mtabsc.org.

Please notify the BSC if there is a change in your address or other personal information.

Section 2 - Retiree Information

	Last	First	M.I.	Suffix	BSC ID:
Print RETIREE Name					Pass#:

If the election is being made for the dependent of a retiree, please enter dependent information below:

	Last	First	M.I.	Suffix	Relationship:
Print DEPENDENT Name					

Section 3 - Election to Enroll in SilverScript

☐ **I wish to enroll in the SilverScript Medicare Prescription Drug Plan (PDP).**

Section 4 - Election to Opt-Out of SilverScript

☐ **I do not wish to participate in the SilverScript Medicare Prescription Drug Plan (PDP). I will therefore be enrolled in the CVS Prescription Drug Plan. This election will remain in effect until I rescind this election by completing a new HR-BEN-411 form and checking the box in Section 5.**

Section 5 - Election to Rescind Previous Opt-Out of SilverScript

☐ **I wish to re-enroll in the SilverScript Medicare Prescription Drug Plan (PDP).**

Section 6 - 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.

Member Signature	Date

Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card

HR-BEN-440

Section 1 - Instructions

Please attach a photocopy of your MBI card to this form. Sign and date the form and submit to the MTA Business Service Center (BSC) via:

Fax: 212-852-8700

Email: bscservice@mtabsc.org

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

Please notify the Business Service Center if there is a change in your address or other personal information.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	Suffix	BSC ID:	
					Pass#	

Section 3 - Retiree and Dependent Information

Complete the following information for the Medicare-eligible member:

☐ **Retiree:** _____

Last Name **First Name**

☐ **Spouse/Dependent:** _____

Last Name **First Name** **Relationship**

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.

Please be sure to attach a copy of your MBI card.

Member Signature	Date

Business Service Center

Last Revised: 10/15/2022

Creation Date: 12/27/2017