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# Summary of Health Benefits for Retirees

Revised July 12, 2019



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## **DISCLAIMER**

This Summary contains information concerning some of the benefits you are entitled to as a 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 at the sole discretion of New York City Transit, except to the extent that they have been established by collective bargaining agreement 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.



## I. HEALTH BENEFITS BEFORE/AFTER RETIREMENT

ACTIVE EMPLOYEE COVERAGE	RETIREE COVERAGE	COBRA COVERAGE
<b>Medical, hospital &amp; prescription drug coverage</b> for you, your spouse/domestic partner and dependent child(ren) up to their 26 <sup>th</sup> birthday (month end).	Upon retirement, your coverage options are those explained in Section II (if not Medicare eligible), Section III (if Medicare eligible).	Aetna CPOS II High Option and dependent children who age-out.
<b>Dental coverage through NYCT</b> is only available to you if you are enrolled in the Aetna CPOS II High Option.  <b>Note:</b> See your union about dental coverage they may offer.	Upon retirement, High Option (including dental coverage) is no longer available. Dental coverage is available to those enrolled in Aetna Medicare Advantage Options 1 or 2 if residing in NY.	High Option dental coverage for you, your spouse/domestic partner and dependent child(ren).
<b>Vision coverage through NYCT: N/A</b>  <b>Note:</b> See your union about vision coverage they may offer.	Vision coverage administered by NYCT for retirees is provided by United Healthcare for TWU Local 100 and ATU Local 726, and by CPS for ATU Local 1056.	Vision coverage for dependent child(ren) after their 19 <sup>th</sup> birthday (month end).
<b>Flexible Spending Account (FSA) Health Care &amp; Dependent Care</b>	After-tax contributions after retirement will preserve your access to unused pre-tax contributions.	N/A
<b>Basic life insurance</b> death benefit of \$25,000 for employee and \$2,000 for spouse (NYCT & MaBSTOA).	Basic life insurance retiree death benefit of \$2,000 up to age 65 and \$500 thereafter (MaBSTOA only). Life insurance conversion is available through Aetna.	N/A
<p><b>Notes:</b></p> <p><b>Changes to your health coverage can be made during your open enrollment period or if you move out of your plan's service area or become Medicare eligible after your retirement.</b></p> <p><b>Options change upon becoming Medicare eligible.</b></p>		



## **COBRA Temporary Continuation Healthcare Coverage**

**The Consolidated Omnibus Budget Reconciliation Act (COBRA)** is a federal law passed by Congress in 1986 that provides continuing coverage of group health benefits to members and their families upon the occurrence of certain qualifying events where such coverage would otherwise be terminated.

**Continuation of Coverage** under COBRA is based on a “qualifying event”. COBRA must be offered to each person who is a “qualified beneficiary” and will be required to pay the full cost of COBRA coverage if elected. Qualified beneficiaries include members, spouses/domestic partners, and dependent children.

**Continuation of Coverage for Surviving Spouses/Dependents is based on your union affiliation and date of retirement.**

### **If retired before:**

- May 21, 2014 for TWU
- June 15, 2014 for ATU 1056
- September 24, 2014 for ATU 726

In the event of your death, your eligible spouse/dependent(s) will be eligible to continue health coverage through COBRA for 36-months. The first 12 months of COBRA will be provided at no cost to your surviving eligible spouse/dependent(s). The remaining 24 months of COBRA coverage is contingent upon the payment of the COBRA premiums.

### **If retired on or after:**

- May 21, 2014 for TWU
- June 15, 2014 for ATU 1056
- September 24, 2014 for ATU 726

In the event of your death, your pre-Medicare surviving spouse/domestic partner will continue health coverage at no cost until Medicare eligible. Your surviving spouse/domestic partner will be *ineligible* for continuation of NYCT benefits if they are otherwise entitled to non-NYCT benefits.



## II. HEALTH BENEFITS FOR PRE-MEDICARE RETIREES

### A. OPTIONS FOR PRE-MEDICARE RETIREES AT A GLANCE

<b>Options for Pre-Medicare Retirees at a Glance</b>			
<b>MEDICAL BENEFIT DESCRIPTIONS</b>	<b>AETNA CPOS II BASIC OPTION</b>		<b>SELECT OPTION</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>
<b>Medical/Hospital Deductible Per Calendar Year</b>	\$50 per confinement per person up to a maximum of \$240 per family	\$100 per person	None
<b>Member Coinsurance</b>	None	Allowance Schedule	None
<b>Referral to Specialist</b>	Not Required	Not Required	Not Required
<b>PREVENTIVE CARE</b>			
<b>Physical exams/Immunizations, Well Woman, Mammography, Colorectal Cancer screenings, Prostate Cancer Screenings, Eye Exams</b>	\$15 copayment	Allowance Schedule	No copayment
<b>PHYSICIAN SERVICES</b>			
<b>Primary Care Physician Visits</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Specialist Office Visits</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Allergy visits</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Allergy testing &amp; Treatment</b>	No copayment	Allowance Schedule	No copayment
<b>DIAGNOSTIC PROCEDURES</b>			
<b>Laboratory tests and X-Rays</b>	\$15 copayment	Allowance Schedule	No copayment
<b>EMERGENCY MEDICAL CARE</b>			
<b>Urgent Care</b>	\$15 copayment	\$15 copayment	No copayment
<b>Emergency Room (waived if admitted) Worldwide</b>	No copayment	No copayment	No copayment
<b>Emergency Use of Land/Air Ambulance</b>	No copayment	No copayment	No copayment
<b>HOSPITAL CARE</b>			
<b>Inpatient Coverage (Semi-private room and board)</b>	\$50 per confinement per person up to a calendar year maximum of \$240 per family	Allowance Schedule	No copayment
<b>Inpatient OB/GYN Care (includes delivery, postpartum care and routine newborn nursery care)</b>	No copayment	Allowance Schedule	No copayment
<b>Surgical Assistant, Anesthesia, Oxygen</b>	No copayment	Allowance Schedule	No copayment
<b>Pre-Admission Testing</b>	\$15 copayment	Allowance Schedule	No copayment
<b>OUTPATIENT HOSPITAL</b>			
<b>Outpatient Ambulatory Surgery</b>	No copayment	Allowance Schedule	No Copayment



<b>MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE SERVICES</b>			
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>
<b>Inpatient (Semi-private room and board)</b>	\$50 per confinement per person up to a calendar year maximum of \$240 per family	Allowance Schedule	No copayment
<b>Outpatient</b>	\$15 copayment	Allowance Schedule	No copayment
<b>ADDITIONAL BENEFITS</b>			
<b>Skilled Nursing Facility up to 100 days Per benefit period</b>	Covered 100%	Allowance Schedule %	Covered 100%
<b>Home Health Care Deductible</b>	No copayment	\$50 deductible	No copayment
<b>Home Health Care Visit (One visit equals up to 4 hours of care)</b>	200 visits per calendar year	25% Coinsurance 40 visits per calendar year	No copayment 200 visits per calendar year
<b>Speech/Language therapy, physical, occupational therapy (90 visits per calendar year)</b>	No copayment	Allowance Schedule	No copayment
<b>Cardiac Rehabilitation</b>	No copayment	Allowance Schedule	No copayment
<b>Kidney Dialysis</b>	No copayment	Allowance Schedule	No copayment
<b>Ear Coverage Treatment for disease and injury</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Chemotherapy/Radiation Therapy</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Chiropractic Care Unlimited visits (Pre-certification required after 20<sup>th</sup> visit)</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Podiatric Services (Routine services such as removal of corns are not covered)</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Family Planning Services Tubal Ligation and Vasectomy</b>	\$15 copayment	Allowance Schedule	No copayment
<b>Infertility Care, Advanced Reproductive Technologies In-vitro fertilization ZIFT/GIFT/ICIS (3 cycles per life time)</b>	No copayment	Allowance Schedule	No copayment
<b>Durable Medical Equipment/Prosthetic Devices, PAP devices &amp; supplies catheters, pumps &amp; supplies</b>	No Copayment after \$100 deductible per person per calendar year	50% of allowed amount after \$100 deductible per person per calendar year	No copayment after \$100 deductible per person per calendar year



<b>PRESCRIPTION DRUG PLAN</b>		
<b>CVS CAREMARK PRESCRIPTION DRUG PLAN</b>	<b>Retail (up to 30 -day supply) Copayment</b>	<b>Mail Order (Mandatory*)</b>
<b>Tier 1 - Generic</b>	\$0	\$0
<b>Tier 2 - Formulary Brand</b>	\$10	\$20
<b>Tier 3 - Non-Formulary Brand</b>	\$15	\$30
<p><b>*Mandatory</b> means, if you are on a maintenance medication you MUST obtain your medication(s) through CVS Caremark Mail Order. Any prescription drug that has been filled two times at a participating pharmacy (original prescription plus one refill) MUST be sent to CVS Caremark Mail Order for all additional fills. All initial prescriptions sent to CVS Caremark Mail Order must be sent with a new prescription from your physician and should be written for up to a 90-day supply. <b>Remember, third fills presented at a participating retail pharmacy will be rejected.</b></p>		
<b>UHC VISION – (TWU L 100-MTA BUS-SIRTOA)</b>		
Benefits are available every 12 months based on last date of service		
<b>Service</b>	<b>In-Network Coverage</b>	<b>Out-Of-Network Reimbursement</b>
<b>Exam</b>	\$0 copay	\$15
<b>Frames</b>	\$80 Frame Allowance	\$31.50
<b>UHC VISION – ATU L 726</b>		
Benefits are available every 12 months based on the last day of service		
<b>Service</b>	<b>In-Network Coverage</b>	<b>Out-Of-Network Reimbursement</b>
<b>Exam</b>	\$0 copay	\$40.00
<b>Frames</b>	\$100 Frame Allowance	\$17.28
<b>CPS OPTICAL* – ATU L 1056</b>		
Benefits are available every 12 months based on the last day of service		
<b>Service</b>	<b>In-Network Coverage</b>	<b>Out-Of-Network Reimbursement</b>
<b>Exam</b>	\$0 copay	Fill out claim form and submit with paid receipt for reimbursement
<b>Frames</b>	\$0 copay	
<b>Note: *When glasses are not needed, there is a co-pay of \$3.50 for NJ and \$7.50 for FL</b>		

## **B. MEDICAL PLAN CHOICES**

### **Aetna CPOS II Basic Option**

Enrollees may choose to receive medical services from either a provider participating in the Aetna CPOS II Basic Option network or a non-participating (out-of-network) provider:

- For a participating provider, you will be charged a \$15 copayment for home/office visits and for outpatient hospital visits.
- For a non-participating provider, you pay the full cost of medical services and then file for a partial reimbursement.

### **Aetna Select Option\***

Enrollees must choose to receive medical services only from providers participating in the Aetna network. And must live in the New York or Florida counties of Broward, Miami-Dade, and Palm Beach.





### **Aetna Choice POS II Plus Option\***

Enrollees may choose to receive medical services from either a provider participating in the Aetna Choice POS II Plus network or a non-participating (out-of-network) provider. Enrollees must be enrolled while an active employee and live in the Aetna Choice POS II Plus services area of New Jersey and Pennsylvania.

- For a participating provider, you will be charged a \$5 copayment for home/office visits and for outpatient hospital visits.
- For a non-participating provider, you pay the full cost of medical services and then file for a partial reimbursement.

*\*Your current Aetna Select and Aetna Choice POS II Plus Option coverage will no longer be available to you when you and/or your covered dependent(s) become Medicare eligible (see Medicare Enrollment section). As you approach Medicare eligibility, the BSC will contact you with information about your options.*

### **C. PRESCRIPTION DRUG PLAN COVERAGE**

CVS Caremark Prescription Drug Plan covers the medications your doctor prescribes. Coverage is continued in the same prescription drug plan you had as an active employee.

### **D. VISION PLAN**

Once you retire, your vision coverage will be administered by NYCT through United Healthcare for TWU Local 100 and ATU Local 726, and by CPS for ATU Local 1056.

### **E. YOU MAY BE ENTITLED TO ADDITIONAL INCOME THROUGH SOCIAL SECURITY**

The service provided by SSDC is completely voluntary and at absolutely no cost to you or your dependent(s). If you have worked consistently and paid into the Social Security System most of your adult life, 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. SSDC will be able to determine whether you/your dependent(s) may qualify for SSDI. None of the information that you provide will be shared with any outside entities or individuals. All responses are kept strictly confidential.

**Special Notation:** If you are retiring from NYCT on a “**Disability Retirement**” you should take steps to determine if you are eligible for SSDI benefits and obtain “Part B” Medical benefits from Social Security.



### III. HEALTH BENEFITS FOR MEDICARE ELIGIBLE RETIREES

#### A. OPTIONS FOR MEDICARE ELIGIBLE RETIREES AT A GLANCE

<b>Options for Medicare Eligible Retirees at a Glance</b>			
<b>MEDICAL BENEFIT DESCRIPTIONS</b>	<b>AETNA CPPO BASIC PLAN</b>	<b>AETNA MEDICARE ADVANTAGE</b>	
		<b>OPTION 1</b>	<b>OPTION 2</b>
<b>Medical/Hospital Deductible (per calendar year)</b>	None	None	None
<b>Member Coinsurance</b>	None	None	None
<b>Referral to Specialist</b>	Not Required	Not Required	Not Required
<b>PREVENTIVE CARE</b>			
<b>Physical Exams/Immunizations, Well Woman, Mammography, Colorectal Cancer screenings, Prostate Cancer Screenings, Routine Eye and Hearing Exams</b>	Covered 100% One annual exam	Covered 100% One annual exam	Covered 100% One annual exam
<b>PHYSICIAN SERVICES</b>			
<b>Primary Care Physician Visits</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Specialist Office Visits</b>	Covered 100% - after Medicare	Covered 100%	\$5 Copay
<b>Allergy Testing, Treatment and Visits</b>	Covered 100% - after Medicare	Covered 100%	\$5 Copay
<b>DIAGNOSTIC PROCEDURES</b>			
<b>Laboratory tests and X-Rays</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>EMERGENCY MEDICAL CARE</b>			
<b>Urgent Care</b>	Covered 100% - after Medicare	Covered 100%	\$50 Copay
<b>Emergency Room Worldwide</b>	Covered 100% - after Medicare	Covered 100%	\$50 Copay
<b>Emergency Use of Land /Air Ambulance (must meet Medicare guidelines)</b>	Covered 100% - after Medicare	Covered 100%	\$50 Copay
<b>HOSPITAL CARE</b>			
<b>Inpatient Coverage (Semi-private room and board)</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Surgical Assistant, Anesthesia, Oxygen</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>OUTPATIENT HOSPITAL CARE</b>			
<b>Outpatient Ambulatory Surgery</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%



MEDICAL BENEFIT DESCRIPTIONS	AETNA CPPO BASIC PLAN	AETNA MEDICARE ADVANTAGE	
		OPTION 1	OPTION 2
<b>MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE SERVICES</b>			
<b>Inpatient Coverage (Semi private/room/board)</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Outpatient</b>	Covered 100% - after Medicare	Covered 100%	\$5 Copay
<b>ADDITIONAL BENEFITS</b>			
<b>Skilled Nursing Facility up to 100 days per benefit period</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Home Health Care (unlimited must meet Medicare guidelines)</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Outpatient Short-Term Therapy (speech, physical, occupational)</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Cardiac Rehabilitation</b>	Covered 100% - after Medicare	Covered 100%	\$5 Copay
<b>Kidney Dialysis</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Chemotherapy/Radiation Therapy</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Chiropractic Care (Manual manipulation of the spine to the extent covered by Original Medicare)</b>	Covered 100% - after Medicare	Covered 100%	\$5 Copay
<b>Podiatric Services (to the extent covered by Original Medicare)</b>	Covered 100%-after Medicare	Covered 100%	\$5 Copay
<b>Durable Medical Equipment Prosthetic Devices</b>	Covered 100% - after Medicare	Covered 100%	Covered 100%
<b>Vision</b>	No Eyewear allowance from Basic Plan	Eyewear allowance from Aetna Option 1: \$70 every 24 months	Eyewear allowance from Aetna Option 2: \$70 every 24 months
<b>Hearing Aid</b>	Not included	\$500 every 36 months	\$500 every 36 months
<b>SilverSneakers</b>	Not included	Included	Included



MEDICAL BENEFIT DESCRIPTIONS	AETNA CPPO BASIC PLAN	AETNA MEDICARE ADVANTAGE	
		OPTION 1	OPTION 2
Aetna DENTAL DMO Plan	Not Included	\$5 Copay for Office Visits and Cleanings. Schedule plan for other in-network services, (N.Y. residents only).	\$5 Copay for Office Visits and Cleanings. Schedule plan for other in-network services (N.Y. residents only).

**SILVERSCRIPT EMPLOYER PRESCRIPTION DRUG PLAN (SILVERSCRIPT)**

You will be automatically enrolled in SilverScript unless you elect to opt out.

**Retail (up to 30 - day supply)**

PRESCRIPTION DRUG PLAN DESCRIPTION	FOR MEMBERS OF AETNA CPPO BASIC PLAN	FOR MEMBERS OF AETNA MEDICARE ADVANTAGE	
		OPTION 1	OPTION 2
Tier 1 - Generic	\$0	\$2.50	\$5.00
Tier 2 - Formulary Brand	\$10	\$2.50	\$10.00
Tier 3 - Non-Formulary Brand	\$15	50% Coinsurance*	\$45.00

**Mail Order (up to 90 - day supply)**

Tier 1 - Generic	\$0	\$3.75	\$7.50
Tier 2 - Formulary Brand	\$20	\$3.75	\$15.00
Tier 3 - Non-Formulary Brand	\$30	50% Coinsurance*	\$67.50

\*AETNA OPTION 1 members who are not enrolled in SilverScript must pay 50% of the cost of Tier 3 prescription drugs. Under SilverScript, the cost of Tier 3 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.

**UHC VISION - (TWU-MTA BUS-SIRTOA)**

Benefits are available every 12 months based on last day of service

Service	In-Network Coverage	Out-Of-Network Reimbursement
Exams	\$0 copay	\$15.00
Frames	\$80 frame allowance	\$31.50

**UHC VISION – ATU L 726**

Benefits are available every 12 months based on last day of service

Service	In-Network	Out-Of-Network Reimbursement
Exams	\$0 copay	\$40.00
Frames	\$100.00 frame allowance	\$17.28

**CPS OPTICAL\*\* – ATU L 1056**

Benefits are available every 12 months based on last day of service

Service	In-Network	Out-Of-Network Reimbursement
Exams	\$0 copay	Fill out claim form and submit with paid receipt for reimbursement
Frames	\$0 copay	





## VI. PROVIDER CONTACT INFORMATION

Carrier	Telephone #	Web Site
<b>Healthcare Information</b>		
Aetna Informed Health	800-556-1555	
Aetna CPOS II Basic Option and Aetna Select Option (pre-Medicare members) CPPO Basic Option (Medicare members)	855-824-5349	<a href="http://www.AetnaNYCT.com">www.AetnaNYCT.com</a>
Aetna Medicare Advantage 1& 2 (Medicare members)	877-603-2058	<a href="http://www.AetnaNYCT.com">www.AetnaNYCT.com</a>
Aetna Dental DMO (applicable to Medicare Advantage members residing in NY))	877-238- 6200	<a href="http://www.mtanyct.aetna">www.mtanyct.aetna</a>
Aetna Eyewear (applicable to Medicare Advantage members)	877-603-2058	<a href="http://www.mtanyct.aetnamedicare.com">www.mtanyct.aetnamedicare.com</a>
Medicare	800-633-4227	<a href="http://www.MyMedicare.gov">www.MyMedicare.gov</a>
SilverScript Employer Prescription Drug Plan (PDP)	855-212-0921, 24 hours a day, 7 days a week. TTY:711	<a href="http://www.caremark.com">www.caremark.com</a>
CVS Caremark Prescription Drug Plan	855-296-7683	<a href="http://www.caremark.com">www.caremark.com</a>
United Healthcare Vision	877-370-2895, 800-524-3157 (TDD)	<a href="http://www.myuhevision.com/nycta">www.myuhevision.com/nycta</a>
CPS Optical	212-675-5745	<a href="http://www.cpsoptical.com">www.cpsoptical.com</a>
<b>COBRA</b>		
P&A Group	800-688-2611	<a href="http://www.padmin.com">www.padmin.com</a>
<b>Retirement Information</b>		
NYCERS	877-669-2377	<a href="http://www.nycers.org">www.nycers.org</a>
MaBSTOA / MTA BUS	646-376-0123	<a href="http://www.mymta.info">www.mymta.info</a>
Social Security Administration	800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
SSDC	877-768-3019 ext. 222	



Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,00 and less than or equal to \$214,000	\$54.00	\$ 189.60
Greater than \$107,00 and less than or equal to \$133,500	Greater than \$214,00 and less than or equal to \$267,000	\$135.40	\$270.90
Greater than \$133,000 and less than or equal to \$160,000	Greater than \$267,000 and less than or equal to 320,000	\$216.70	\$352.20
Greater than \$160,000 and less than \$500,000	Greater than \$320,000 and less than \$750,000	\$297.90	\$433.40
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$325.00	\$460.50

**Premiums for high-income beneficiaries who are married and lived with their spouse at any time during the taxable year, but file a separate return, are as follows:**

<b>Beneficiaries who are married and lived with their spouses; at any time during the year, but who file separate tax return from their spouse adjustments</b>	<b>Income-related monthly adjustments amount Medicare D Prescription RX</b>	<b>Total monthly Tax returns from their spouses Medicare Part B Medical</b>
Less than or equal to \$85,000	\$ 0.00	\$135.50
Greater than \$85,000 and less than \$415,000	\$297.90	\$433.40
Greater than or equal to \$415,000	\$325.00	\$460.50

## **REIMBURSEMENT OF IRMAA PREMIUM INSTRUCTIONS**

In November of each year, you and/or your Medicare-eligible spouse/domestic partner or dependent will receive a letter from the SSA notifying you of the amount of the monthly Part D IRMAA premium. To receive an annual reimbursement of your Part D IRMAA premium you should:

1. Save these instructions and the SSA letter stating your Part D IRMAA amount for the year.
2. In January following your receipt of notification from the Social Security Administration (SSA), contact the MTA Business Service Center (BSC) by telephone or email to request a reimbursement form (HR-BEN412 Medicare Part D Prescription Drug Premium Reimbursement form) **OR** Sign on to the BSC website using your BSC ID number and download the form **or** you could pick up the form at the BSC Walk-in Center located at 180 Livingston Street, 6<sup>th</sup> floor. Detailed instructions are provided on the form.
3. Return the completed form along with proof of premium payment (a copy of the bill from Medicare) to the BSC by email, fax mail or drop-off at the Walk-in Center **not later** than March 1.



## V. ADMINISTRATION OF RETIREE BENEFITS

**Contact the MTA Business Service Center (BSC) for information and questions about your benefits.**

Hours: 8:30a.m. - 5 p.m., Monday – Friday (except holidays)

Phone: 646-376-0123

Email: [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org)

Fax: 212-852-8700

Website: [www.mymta.info](http://www.mymta.info) The BSC Self-Service website is available from any computer with an internet connection, and provides access to forms. You can view your personal benefits information online by using the website.

Mail: MTA Business Service Center  
333 W. 34<sup>th</sup> Street, 9<sup>th</sup> Floor  
New York, NY 10001-2402

MTA Business Service Walk-in Center:

180 Livingston Street, 6<sup>th</sup> Floor

Hours: 8:30a.m. to 5 p.m., Monday – Friday (except holidays)

**Please have your BSC ID ready when you contact us and be sure to include your full name and BSC ID on all emails and documents you submit.**





### C. VISION PLAN COVERAGE

Once you retire, your vision coverage will be administered by NYCT through United Healthcare for TWU Local 100 and ATU Local 726, and by CPS for ATU Local 1056.

### D. MEDICARE PART B REIMBURSEMENT

Medicare eligible retirees are entitled to a full or partial reimbursement of their Medicare Part B premiums based on the plan in which they were enrolled the prior year. The reimbursable amount is listed on Options for Medicare Retirees at a Glance. Newly eligible Medicare retirees will receive a letter from the BSC accompanied by a form that must be completed so that entitlement can be established.

- This reimbursement is generally mailed during the second quarter of the following year. This applies to newly eligible Medicare retirees after entitlement is established.
- Surviving dependent(s) are not eligible for Medicare Part B reimbursement.

## IV. MEDICARE PART D REIMBURSEMENT

### **REIMBURSEMENT OF MEDICARE PART D PRESCRIPTION DRUG PREMIUM INCOME-RELATED MONTHLY ADJUSTMENT AMOUNT (IRMAA)**

In accordance with federal requirements, some SilverScript participants will be assessed a Medicare Part D premium known as the Income-Related Month Adjustment Amount (IRMAA). If you are assessed this premium, the Social Security Administration will notify you and the MTA Business Service Center (BSC) will reimburse the full amount of the premium on an annual basis as described below under REIMBURSEMENT OF IRMAA PREMIUM INSTRUCTIONS.

This Part D IRMAA premium is determined by your Modified Adjusted Gross Income (MAGI) as reported on your federal tax return from (2) two years ago (the most recent tax return information provided to the Social Security Administration (SSA) by the IRS). **IMPORTANT:** Incomes can be driven up as a result of some Medicare eligible retirees who may have worked a second job after retiring from NYCT/MaBSTOA, or sold stocks, bonds, hit lotto or sold a home. The Standard Medicare Part B reimbursements are based on the health plan you chose and the Collective Bargaining Agreements. Please note the IRMAA premiums may adjust up or down depending on the look back year.

#### IRMAA Part D Premiums by Income

The chart below shows your estimated IRMAA monthly premium based on your income as reported on your IRS tax return. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your standard premium.

#### **2019**

**Eligible Retired Medicare Enrollees- should review the chart below to check your MAGI tax chart filing status and yearly income in 2017.**

<b>Beneficiaries who file Individual tax returns with income:</b>	<b>Beneficiaries who file joint tax returns with income:</b>	<b>Income related monthly adjustment amount Medicare D Prescription RX</b>	<b>Total monthly premium amount Medicare Part B Medical/Hospital</b>
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00	\$135.50



choose mail order or a local pharmacy, any refills that remain on existing prescriptions will transition with you to SilverScript.

- Copayments are the same or lower for all medications under SilverScript.
- Short-term supplies are available. The cost of prescriptions written for less than a one month's supply will be prorated and, therefore, be *less expensive*.
- Aetna Medicare Advantage Option 1 members who are not enrolled in SilverScript, must pay 50% of the cost of Tier 3 prescription drugs. Under SilverScript, the cost of Tier 3 drugs is capped at a maximum copayment of \$95 for a 30-day supply and a copayment of \$285 for a 90-day supply.
- Please note that each dependent will be enrolled in their own SilverScript plan and receive their own material.
- 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) percent 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](http://www.socialsecurity.gov/prescriptionhelp),
  - d. Or call your State Medicaid Office.
- You may be able to qualify for the Medication Therapy Management (“MTM”) program which is a voluntary program 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 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's recommended that you make use of this free service.
- Protection for Catastrophic Coverage. If you are a high utilizer of the prescription drug plan, you 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 copayments/coinsurance. 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 will automatically replace that coverage. If you wish to retain your current coverage, you will need to complete the enclosed opt-out form. If you opt out of SilverScript coverage, you will remain enrolled in your current CVS Caremark prescription drug plan. However, before deciding to opt out, please consider the advantages offered by SilverScript, as noted above.

#### **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 can be up to 10 days. Enrollees have the option to sign up for automated 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.



your secondary coverage will not pay for services that are covered by 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 Part B as soon as you become eligible, you will be required to pay a higher Medicare Part B premium after you satisfy a waiting period before Part B coverage begins. If you do not submit an election form, this will be your default medical coverage.

(i) **Medicare Part A (hospitalization)**

Medicare Part A (hospitalization) helps cover your inpatient care in hospitals, except for deductible and coinsurance. Part A also includes coverage in critical access hospitals and skilled nursing facilities (not custodial or long-term care). It also covers hospice care and home health care.

Aetna CPPO Basic Option covers:

- Hospital deductible for the first 60 days
- Coinsurance for hospital days 61 through 90 of each benefit period
- Coinsurance for skilled nursing facilities from day 21 through 1100 to the extent that Medicare approves stays in skilled nursing facilities.

Aetna CPPO Basic Options does not cover:

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

(ii) **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.

## **B. PRESCRIPTION DRUG PLAN COVERAGE**

Upon first becoming Medicare eligible, you (your dependent) will be automatically enrolled in SilverScript Employer (PDP) (SilverScript), a Medicare Part D prescription drug plan. The enhancements offered by SilverScript are explained below. If you do not wish to be enrolled in this plan, complete the enclosed opt-out form HR-BEN-401 and you will remain in your current CVS Caremark Prescription Drug Plan and not enjoy the advantages of the SilverScript. You can also use this form to rescind a previous election to opt out. SilverScript is also a plan that is available for Medicare eligible dependents; please note each dependent will be enrolled in their own plan and receive their own materials as Medicare is an individual benefit.

### **Advantages of SilverScript:**

SilverScript provides several enhancements above and beyond your current CVS Caremark Prescription Drug Plan.

- Mail Order is not mandatory. Under SilverScript you have the choice of filling your maintenance medications through mail order or your local pharmacy. You will no longer be required to fill prescriptions for maintenance medications through mail order. Whether you



<b>**When glasses are not needed, there is a co-pay of \$3.50 for NJ and \$7.50 for FL</b>			
<b>MEDICARE PART B REIMBURSEMENT</b>	<b>AETNA CPPO BASIC PLAN</b>	<b>AETNA MEDICARE ADVANTAGE</b>	
		<b>Option 1</b>	<b>Option 2</b>
	\$297.60 Retiree only	\$297.60 Retiree only	Full reimbursement***
<b>***Full reimbursement for retiree and spouse excluding penalties due to late enrollment, if applicable.</b>			

**MEDICAL PLAN CHOICES**

Once you are retired and you and/or your dependent(s) are Medicare eligible you must be enrolled in Medicare Part A (hospitalization) and Medicare Part B (medical). Medicare eligibility occurs on the earlier of the first day of the month of one’s 65<sup>th</sup> birthday or the first of the month following receipt of 24 months of Social Security Disability Income (SSDI). Also, be advised that if you do not enroll in 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 Part B goes into effect. So, it is in your financial interest to be enrolled in both Medicare Parts A and B immediately upon becoming eligible.

**(a) Aetna Medicare Advantage Options 1 and 2**

As an Aetna Medicare Advantage Option 1 or Option 2 member, all 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 enroll in an Aetna Medicare Advantage Option. This plan covers all that Original Medicare covers **plus several other valuable benefits**. These additional benefits help you make the most of the years ahead.

**Additional Benefits of the Aetna Medicare Advantage Options:**

- Unlimited coverage for inpatient stays
- Same member cost share for benefits received from out-of-network providers as in-network services
- Freedom to use any licensed provider who is eligible to receive payment from Original Medicare and willing to accept the plan
- Access to Aetna retiree advocates and nurses to help you get the most out of your Aetna Medicare Advantage plan
- No referrals for covered services
- Coverage for medical emergencies when traveling anywhere in the world
- Online tools and 24-hour toll-free health information line
- Health and wellness programs
- Eyewear reimbursement: \$70 every 24 months
- Hearing Aid reimbursement: \$500 every 36 months
- SilverSneakers Fitness programs, work out when, where and how you want-at no extra cost
- Dental included for New York City residents only.

**(b) Aetna Open Choice PPO Basic Option (CPPO Basic Plan)**

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