



# **EMPLOYEE BENEFITS SUMMARY FOR**

**DISTRICT COUNCIL 37- LOCAL 375 (CSTG)**

## TABLE OF CONTENTS

<b>I.</b>	<b>INTRODUCTION.....</b>	<b>II</b>
<b>II.</b>	<b>HEALTH PLANS .....</b>	<b>1</b>
	MEDICAL/HOSPITAL COVERAGE.....	1
	DEPENDENT AGE COVERAGE .....	1
	GHI CBP .....	1
	HMO PLANS .....	1
	DENTAL COVERAGE.....	3
	VISION COVERAGE.....	3
	PRESCRIPTION COVERAGE.....	3
	OPT-OUT PROGRAM .....	4
	FLEXIBLE SPENDING ACCOUNT ( <i>FSA</i> ) .....	5
	HEALTH FLEXIBLE SPENDING ACCOUNT .....	5
	DEPENDENT CARE SPENDING ACCOUNT.....	5
	CONTINUATION OF COVERAGE - COBRA .....	6
	LIFE INSURANCE .....	6
	SHORT-TERM DISABILITY .....	6
	LONG-TERM DISABILITY.....	6
<b>III.</b>	<b>ADDITIONAL BENEFITS.....</b>	<b>7</b>
	NEW YORK’S 529 COLLEGE SAVINGS PROGRAM .....	7
	TRANSITCHEK PREMIUM PROGRAM .....	7
<b>IV.</b>	<b>RETIREMENT PLANS .....</b>	<b>8</b>
	401(K)/457 PLANS & ROTH IRA .....	8
	PENSION PLAN .....	11
	TIER VI (63/10 BASIC PLAN).....	11
<b>V.</b>	<b>RETIREE BENEFITS.....</b>	<b>14</b>
	HEALTH INSURANCE CONTINUATION .....	14
<b>VI.</b>	<b>SURVIVOR BENEFITS.....</b>	<b>15</b>
<b>VII.</b>	<b>LEAVE POLICIES.....</b>	<b>16</b>
	HOLIDAYS.....	16
	VACATION/ PERSONAL.....	16
	Accrual.....	16
	Carryover .....	17
	Terminal Vacation .....	17
	SICK LEAVE .....	17
	Accrual.....	17
	Carryover .....	18
	Cashout .....	18
	BEREAVEMENT LEAVE.....	18
	JURY DUTY .....	18
<b>VIII.</b>	<b>DETAILED INFORMATION .....</b>	<b>19</b>

## ***INTRODUCTION***

---

This Employee Benefits Summary contains information concerning some of the benefits you will receive as a New York City Transit employee. This Employee Benefits Summary is for informational purposes only and may be modified at any time. If a conflict exists between this Employee Benefits 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 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 Employee Benefits Summary conflicts with the provisions of any benefit program, the program's policies control.

## ***HEALTH PLANS***

### ***MEDICAL/HOSPITAL COVERAGE***

#### **ELIGIBILITY**

#### ***EMPLOYEE AND ELIGIBLE DEPENDENTS***

Coverage for you and your eligible dependents is generally (with the exception of Provisional new hires who are subject to a 90-day waiting period.) the first day of the month following the date of hire or transfer to a new title.

#### ***DEPENDENT AGE COVERAGE***

Dependent children from age 19 to 26 are eligible for medical, hospital and prescription drug coverage effective January 1, 2011 regardless of student or marital status.

<b>AGE WHEN DEPENDENT COVERAGE ENDS</b>	Age 26
	End of month
<b>GHI CBP or HMO Plans</b>	√
<b>Prescription Drugs</b>	Thru the Union
<b>Dental</b>	Thru the Union
<b>Vision</b>	Thru the Union

You are offered a choice of health plans under the New York City Health Benefit Program:

- GHI Comprehensive Benefits Plan (GHI-CBP)/ Empire BlueCross BlueShield, a preferred provider (PPO) offers for a full range of health care coverage by in-network providers. You do not need to choose a primary care physician nor need referrals for specialist visits. If you seek care with an in-network provider, you will only be responsible for the copayment. If you seek care with an out-of-network provider, you will be responsible for paying the provider. (See chart indicated below.)  
or
- Health Maintenance Organizations (HMOs) provide a full range of health care services through a network of health care providers. You must choose a primary care physician (PCP) from the HMO's network for routine care. Specialist visits for medically necessary care are covered when authorized by your PCP. If you seek care outside the HMO network, you will be responsible for the cost of the service except in the event of an emergency as defined by the HMO. You may elect from the following HMOs:
  - Aetna HMO
  - CIGNA HealthCare
  - Empire HMO
  - GHI HMO
  - HIP Prime HMO
  - Vytra Health Plans

**HEALTH PLANS CONT'D**

You also have the opportunity to enroll in the following non-HMO plans:

- Aetna QPOS
- DC 37 Med-Team (DC37 members only)
- Empire EPO
- HIP Prime POS

- If you elect GHI-CBP or HIP HMO as your medical provider, you may purchase the optional rider (through medical plan contributions) to enhance your coverage. The GHI CBP optional rider offers additional Mental Health/Chemical Dependency & Reimbursement Enhancement Option coverage. While the HIP HMO optional rider offers Durable Medical Equipment & Private Duty Nursing.

The medical plan contribution rate for the optional rider coverages, and for most HMO and non-HMO plans are included in 2015 Medical Plan Contribution Rate Changes for NYCT City Groups supplement page. You can also contact the **(BSC) Customer Management Center (CMC)** directly.

**The following summaries GHI-CBP, a PPO, Preferred Provider Organization, offered through the New York City Health Benefit Program:**

<b>GHI-CBP BASIC MEDICAL (GHI)</b>	
<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
ANNUAL DEDUCTIBLE – NONE	ANNUAL DEDUCTIBLE: INDIVIDUAL – \$200 FAMILY – \$500
COPAYMENT: \$15 - HOME AND OFFICE VISIT \$20-SPECIALISTS, SURGICAL PROVIDERS & DERMATOLOGISTS (SEPARATE COPAYMENTS APPLY FOR OUT-OF-HOSPITAL X-RAYS AND LABORATORY EXAMINATIONS)	COINSURANCE: AFTER DEDUCTIBLE, PER SCHEDULE OF ALLOWANCES
MAXIMUM OUT-OF-POCKET EXPENSE–	
N/A	\$1,500 PER PERSON
MAXIMUM BENEFITS –	
UNLIMITED	\$2,000,000 / LIFETIME

**HEALTH PLANS CONT'D**

<b>GHI-CBP HOSPITALIZATION (EMPIRE BLUE CROSS BLUE SHIELD)</b>	
<b>INPATIENT CARE</b>	<b>OUTPATIENT CARE</b>
COPAY – \$300 DEDUCTIBLE PER ADMISSION TO AN ANNUAL MAXIMUM OF \$750 PER PERSON	COPAY - \$500 DEDUCTIBLE PER PERSON PER ADMISSION ON/VISIT UP TO A MAXIMUM OF \$1,250 IN A CALENDAR YEAR
MAXIMUM VISITS – VARIES BY SERVICE	
EMERGENCY ROOM COPAY – \$50, WAIVED IF ADMITTED TO THE SAME HOSPITAL	
*PRE-CERTIFICATION IS REQUIRED CALL NYC HEALTHLINE AT 800-521-9574 PRIOR TO ANY SCHEDULED HOSPITAL ADMISSION OR WITHIN 48 HOURS OF AN EMERGENCY ADMISSION, OTHERWISE, SUBJECT TO PENALTY OF UP TO \$500 PER OCCURRENCE.	

Other health plan coverages are included in New York City Summary Description Booklet – Health Plan Program

**DENTAL COVERAGE**

Please contact your union regarding eligibility and plan details.

**VISION COVERAGE**

Please contact your union regarding eligibility and plan details.

**PRESCRIPTION COVERAGE**

Please contact your union regarding eligibility and plan details.

## ***HEALTH PLANS CONT'D***

### **MANDATORY MEDICARE SECONDARY PAYER (MSP) REPORTING**

**Social Security Number Requirements.** The Medicare, Medicaid and State Children's Health Insurance Extension Act of 2007 (MMSEA) requires that we report social security numbers to the Centers for Medicare and Medicaid Services (CMS) for all dependents who are at least age 45. You can check if your covered dependent's Social Security Number is missing from your benefits record by signing on to the My MTA Portal at [www.mymta.info](http://www.mymta.info). Log in and then click the "My Benefits" tab to view your benefits information. If your dependent's Social Security Number is not shown under SSN (only the last four digits will show), please submit a copy of your dependent's Social Security Card with your name and pass number noted on the copy.

### **OPT-OUT PROGRAM**

You may Opt-Out of medical and hospital coverage, provided you have alternate coverage. The financial incentive for opting out is \$550/individual coverage or \$1,100/family coverage payable at the end of the Opt-Out year.

You should advise us of your decision to enroll in the Opt-Out program when you are eligible to enroll in one of the health plans. You must complete an Agreement to Decline (Opt-Out) Medical Coverage Form (HR\_BEN-036) adhering to the deadline for submitting it to the BSC.

If not enrolled at that time, you could enroll during the Annual Enrollment Period usually from October 15 to November 15 with an effective date of the change in coverage the following January 1<sup>st</sup>.

If you waive medical/hospital coverage at any time other than during the annual enrollment period, you will not be entitled to receive a financial incentive.

Opting out of medical and hospital coverage usually does not affect your dental and vision coverage. You should contact your union representative to verify that these coverages remain in effect unless you decline dental and/or vision coverage by completing your union's document.

You should also check on the impact of this program on your prescription drugs plan.

## ***HEALTH PLANS CONT'D***

### **FLEXIBLE SPENDING ACCOUNT (FSA)**

A Flexible Spending Account (FSA) allows you to set aside money on a pre-tax basis for certain health care and dependent care expenses. Keep in mind that Represented Employees' FSA contributions are subject to New York State Tax. Refer to your W2 statement notes.

New employees hired on or before September 2 are eligible to enroll during their first 90 days of employment. If you do enroll, coverage is effective on the 91<sup>st</sup> day. New employees hired after September 2 and all other employees may enroll during the annual enrollment period generally held in November. Your coverage would then become effective January 1<sup>st</sup> of the following plan year.

If enrolled prior to your Transfer/Promotion discuss the impact of the change with our FSA Administrator.

You **must** re-enroll from one year to the next to continue FSA coverage; re-enrollment is **not** automatic. Look for Annual re-enrollment Enrollment period notifications.

There are two types of FSA Accounts:

- **Health Care Flexible Spending Account**
- **Dependent Care/Daycare Assistance Account**

### **HEALTH FLEXIBLE SPENDING ACCOUNT**

The Health Flexible Spending Account pays eligible health care expenses not covered by insurance for yourself and anyone you claim as a qualifying dependent. You can set aside a minimum of **\$100** and up to **\$2,650** each year. Examples of eligible expenses are medical, vision, dental and prescription drug plan copayments and deductibles, if applicable, and health care products approved by the physician. Contact the FSA administrator, the P&A Group, for a complete listing of covered items.

You have until March 15<sup>th</sup> of the year following the plan year to incur expenses; you then have until June 30<sup>th</sup> to claim reimbursement for the previous plan year. **Any unused funds will be forfeited.**

### **DEPENDENT CARE SPENDING ACCOUNT**

The Dependent Care/Daycare Assistance Spending Account pays eligible dependent care expenses for eligible dependents. Eligible dependents include children under age 13, or a person of any age whom you claim as a dependent on your federal income tax return who is mentally or physically unable to take care of himself/herself. You can set aside a minimum of **\$100** and up to **\$5,000** each year. Examples of eligible expenses include daycare and nursery school, regular babysitting or au pair, adult daycare centers, before and after school programs. Contact the FSA administrator for a complete listing of criteria for qualified dependent care services.



## **HEALTH PLANS CONT'D**

You have until March 15<sup>th</sup> of the year following the plan year to incur expenses; you then have until June 30<sup>th</sup> to claim reimbursement for the previous plan year. **Any unused funds will be forfeited.**

### **CONTINUATION OF COVERAGE - COBRA**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and/or your covered dependents to continue coverage in the event that health care coverage is lost as a result of one of the following qualifying events to continue coverage. You are responsible to pay the full cost of the coverage plus a 2% administrative fee.

<b><u>Qualifying Events</u></b>	<b><u>Maximum Coverage Period</u></b>
Reduced Work Hours	18 months
Termination of Employment	18 months
Death of Employee	36 months
Divorce/Legal Separation	36 months
Termination of Benefits for Over-Age Child	36 months

Upon termination of your employment, the BSC will automatically have a COBRA notice sent to your home address on file.

You or your dependent(s) are responsible for notifying the BSC of a qualifying event such as divorce/legal separation or a child's loss of dependent status within 60 days of the qualifying event. Once Employee Benefits is notified, you or your dependent(s) will receive information regarding continuation of coverage. Failure to notify Employee Benefits within the required time frame may result in your losing the right to elect COBRA continuation.

You have 60 days from the date you receive the COBRA notice to elect coverage continuation. If elected, you will have 45 days from the date of your election to pay the first premium. Coverage will be retroactively reinstated to the date coverage terminated.

You and/or your dependent(s) who continues coverage under COBRA will stay in the same plan in which you were enrolled. A COBRA enrollee may change health options during the annual enrollment period.

### **LIFE INSURANCE**

Please contact your union regarding eligibility and plan options.

### **SHORT-TERM DISABILITY**

Please contact your union regarding eligibility and plan options.

### **LONG-TERM DISABILITY**

Please contact your union regarding eligibility and plan options.

## ***ADDITIONAL BENEFITS***

### ***NEW YORK'S 529 COLLEGE SAVINGS PROGRAM***

The New York's 529 College Savings Program (NYCSP) is an opportunity to help make college more affordable. It was designed to help employees of all income levels save for college in the most convenient, flexible and affordable way. You can set up an account for a child, grandchild, relative or friend. Employees can also enroll themselves in the program. New York taxpayers are allowed an annual New York State income tax deduction for contributions of up to **\$5,000** for individuals and up to **\$10,000** for married couples filing jointly. Earnings from qualified withdrawals are exempt from federal and New York State income taxes.

You can contribute a minimum of \$15 per paycheck through payroll deductions.

### ***TRANSITCHEK PREMIUM PROGRAM***

The TransitChek Premium Program enables you to pay for your work-related transportation expenses on a pre-tax and for additional transportation expenses, post-tax basis. TransitChek benefits are used to purchase public transportation, such as train or bus fares.

- You may set aside up to \$130 pre-tax per month (\$1,600 per year) for transit expenses.
- You may set aside up to \$250 pre-tax per month (\$2,880 per year) for commuting parking expenses.

TransitChek QuickPay Card (similar to a credit/debit card) allows you to purchase your transit tickets/passes and/or pay for commuter parking at participating transit and parking locations that accept credit and/or debit cards.

## ***RETIREMENT PLANS***

### ***MTA DEFERRED COMPENSATION 401(K)/457 PLANS & ROTH IRA –PRUDENTIAL***

You may choose to participate in either or both the 401(k) and 457 Plans. These tax-deferred retirement savings plans offer you the opportunity to achieve your retirement goals through the convenience of pre-tax payroll deductions. Saving on a pre-tax basis helps reduce your current tax liability. Effective June 2011, in addition to the traditional pre-tax contributions, both the 401(k) Plan and 457 Plan now allow you to make after-tax Roth contributions. The new Roth contribution option combines the savings and investment features of a traditional retirement plan with tax-free distribution features of the Roth IRA.

Income taxes on pre-tax contribution amounts are deferred until your account is distributed (for example, at retirement). Roth contributions, on the other hand, are made on an after-tax basis - so the amount contributed is included in your W-2, just like regular income, in the year you make the contribution. However, earnings on Roth contributions may be distributed tax-free in retirement if you meet certain requirements.

You may contribute a dollar amount or percentage of your includible compensation to either or both of the plans. IRS regulations state that you may contribute up to 100%. However, there are mandatory deductions that must come out of your paycheck. Therefore, Payroll estimates that you should contribute no more than 85% to allow for these deductions. The minimum contribution is \$260 per year and the maximum contribution is \$18,500 per year. You can contribute up to \$24,500 if you are age 50 or older, to each Plan. It is important to note that the IRS maximum contribution limit applies to a combination of the pre-tax and Roth Contributions in the plan year. You may change or stop your contributions at any time.

You have a choice of funds available for investment. You may make unrestricted changes among the investment options or redirect your investments as often as you wish.

### ***BENEFICIARIES***

You may designate one or more persons as the beneficiary/(ies) and change the beneficiary designation at any time. In the event of death before disbursement has commenced, monies will be paid to your designated beneficiary who will be responsible for all taxes.

### ***“AGE 50 CATCH-UP” PROVISION***

Starting in the year you will be age 50, you will be eligible to contribute additional amounts to both the 401(k) and 457 Plans. You can elect to have the catch-up deduction start as early as January 1 of the year you attain age 50. This enables you to increase your retirement savings in later years. At age 50+, you can elect to contribute an extra \$6,000 for a total of \$24,500 for that year. Catch-up limits, set by the federal government, are available on TENS.

### ***“LAST THREE-YEAR CATCH-UP” PROVISION***

During the last three years prior to retirement, you may contribute up to two (2) times the IRS limit in effect for those years (e.g., for 2018, a participant may contribute a maximum of \$37,000; \$18,500 in regular contributions plus \$18,500 in catch-up contributions) in the 457 Plan, provided deferrals in previous years were underutilized. Underutilized deferrals are the amounts you were

## **RETIREMENT PLANS CONT'D**

eligible to contribute to a deferred compensation plan minus the amounts you actually contributed, during a particular year.

**PLEASE NOTE:** If you are taking advantage of the “Last Three-Year Catch-Up”, you are not eligible for the “Age 50 Catch-Up” in the 457 plan.

### **Disbursement Options (Pre-Retirement)**

The following options are available

#### ***For both the 401(k) and 457 Traditional and Roth Plans:***

**Loans:** You may borrow the lesser of \$50,000 or 50% of your total account balance. Roth contributions and any applicable earnings are included in calculating how much is available for a loan. However, loans can only be taken from Pre-Tax contributions. The minimum loan amount is \$1,000. You have up to 5 years to repay your loan – up to 20 years if the money is used to purchase your primary residence. You are only permitted to have a total of two outstanding loans at any point in time. There is a 14-day waiting period between the time you pay off a loan and when you can initiate a new loan.

#### ***For the 401(k) Plan***

**Hardships:** If you are in need of money for major medical expenses, tuition and related higher educational expenses, the purchase of a primary residence or to prevent eviction, you may request a hardship withdrawal. Hardship withdrawals are subject to voluntary 10 percent federal income tax withholding. Taxes, early withdrawal penalties, and other consequences may apply.

#### ***For the 457 Plan:***

**Emergency Withdrawal:** The 457 Plan allows you to withdraw monies from your account, subject to Plan Administrator approval, should you encounter an unforeseeable emergency as defined by the IRS. Ordinary income taxes will apply to any withdrawal you make.

### **Disbursement Options(Retirement/Separation of Service)**

The following options are available

#### ***For both the 401(k) and 457 Plans:***

**Distribution:** Lump-sum payment or periodic payments in the form of systematic disbursements. *Disbursements are taxable.*

**Rollover:** Roll over to one or a combination of 401(k), 457, 403(b), IRA, or other eligible retirement plan.

**Deferral:** Defer receipt of monies to the later of age 70 ½ or retirement.

## **RETIREMENT PLANS CONT'D**

### **Disbursement Options (Retirement/Separation of Service)**

The following options are available

***For both the 401(k) and 457 Plans Roth Distributions::***

**Distribution:** Each withdrawal is a pro-rata combination of contributions and earnings.

No federal taxes are due upon taking a “qualified” distribution from the Plan. A distribution is “qualified” if:

- Your Roth money has fulfilled the 5-taxable-year period of participation; and
- You are over age 59½, disabled, or deceased at the time of withdrawal.

If your distribution is not qualified, the earnings portion is taxable. However, the contribution portion is never taxable.

Roth contributions can be rolled into a Roth IRA; however, a Roth IRA cannot be rolled into the MTA Deferred Compensation Program.

**Rollover:** Roth contributions can be rolled into a Roth IRA but a Roth IRA cannot be rolled into the 401K/457 Roth Plans.

To learn more about the 401K/457 Roth Plans, you can make an appointment with a Prudential Education Consultant at [www.prudential.com/mta](http://www.prudential.com/mta) or call the Participant Service Center at 877-756-4682, Monday – Friday between 8:00am – 9:00pm to speak to a Prudential Representative. Prudential’s Interactive Voice Response Unit (IVR) is also available at 877-756-4682

## PENSION PLANS

### PENSION PLAN

#### ***NYC TRANSIT/MABSTOA NEW HIRE EMPLOYEES PENSION PARTICIPATION:***

- New York City Employees' Retirement System (NYCERS)
- MaBSTOA PENSION PLAN

#### TIER VI (63/10 BASIC PLAN)

The following summary is applicable to New Hire NYC Transit (NYCERS members) and MABSTOA (MABSTOA Pension Plan member) employees in the following title:

#### **DISTRICT COUNCIL 37 (LOCAL 375 (CSTG))**

Employees hired on or after April 1, 2012 are eligible to participate in the Tier VI Basic (Age 63/10) Pension Plan [NYC Transit/ MABSTOA employees who joined the pension system before April 1, 2012 should contact MTA Pensions at 646-376-0123 for information regarding their pension plan].

The following are Tier VI pension plan highlights:

**Age/Service  
Payability  
Requirement:**

Age 63 with at least ten (10) years of *Credited Service*

**Contribution to  
Plan:**

Pre-tax deduction ranging from 3% to 6% depending on your wages. These percentages are subject to review and will be adjusted accordingly beginning each "Plan Year" which will begin on April 1<sup>st</sup> each year.

<b>Annual Wages Earned During Plan Year</b>	<b>Contribution Rate</b>
Up to \$45,000	3%
\$45,001 to \$55,000	3.5%
\$55,001 to \$75,000	4.5%
\$75,001 to \$100,000	5.75%
Greater than \$100,000	6%

## PENSION PLANS

- Pension Benefits** 1) For participants with less than 20 years of *Credited Service*-- 1.67% *times* Final Average Salary (FAS) <sup>1</sup>*times* years of *Credited Service*
- 2) For participants with twenty (20) or more years of *Credited Service*--35% of FAS for the first 20 years of *Credited Service*; **plus** 2% *times* each year of *Credited Service* in excess of 20 years.
- Pension Loans:** Participants on active pay status with at least one year of pension membership may borrow up to 75% of the amount last posted to their pension account. The minimum amount for a loan is \$1,000. You may repay the loan from 1 – 5 years.
- Disability Retirement:** Qualified members with ten or more years of *Credited Service* are eligible to file for an *Ordinary Disability Retirement* benefits at any age. There is no minimum service requirement for a service connected *Accidental Disability Retirement*. Both the *Ordinary and Accidental Disability Retirements* are subject to approval from NYCERS.
- Death Benefit:** If eligible, the pension plan will issue a one-time lump sum to your designated beneficiary if you die before retirement and you are still a member of the retirement system. The benefit amount will be based on years of credited service and current salary.
- Please Note:**
- Permanent employees are required to join the pension plan.
  - Provisional employees are **not** required to join the pension plan.
  - MaBSTOA employees hired after January 1, 1999 may opt-out of the pension by completing the Pension Opt-Out Form.

---

<sup>1</sup> Final Average Salary (FAS) is defined as the average of wages earned by a member during any continuous period of employment for which member was credited with five years of service. However, wages earned during any year used in an FAS calculation cannot exceed the average of the previous four years by more than 10 percent. Some wages are excluded from the FAS calculation. The Tier 6 definition of wages includes an “overtime ceiling”, which limits overtime compensation for pension purposes to no more than \$15,000; this amount is indexed annually according to the Consumer Price Index. Any overtime compensation earned in excess of the overtime ceiling is excluded from the FAS calculation. Overtime compensation is compensation paid at a range greater than the standard rate. The definition of wages also excludes: 1. Wages in excess of the annual salary paid to the Governor of the State of New York; 2. Lump-sum payments for deferred compensation, sick, leave, accumulated vacation or other credits for time not worked; 3. Any form of termination pay; 4. Any additional compensation paid in anticipation of retirement; and 5. In the case of employees who receive wages from three or more employers in a twelve-month period, the wages paid by the third and each successive employer.

## PENSION PLANS

---

- Employees who leave NYC Transit or MaBSTOA with less than ten (10) years of *Credited Service* are not vested and therefore will not qualify for a monthly pension benefit. They will receive their employee contributions plus interest upon application. Vested employees leaving with more than ten (10) years of *Credited Service* will receive a monthly pension benefit at age 63.
- **To receive health insurance at retirement, employees must have at least 10 years of *Credited Service* in the pension plan plus meet other eligibility requirements.** Please refer to the Health Insurance Continuation section of the summary for further details.



## ***RETIREE BENEFITS***

---

### **HEALTH INSURANCE CONTINUATION**

Upon separation from service, if you have at least ten (10) years of credited service in the New York City Employees' Retirement System (NYCERS), *or MaBSTOA pension system* and you are immediately collecting pension payments, medical coverage will continue. Contact your union regarding prescription, dental and vision coverage.

If you do not meet the above criteria, you will not be eligible for health insurance continuation at retirement. However, you may be eligible to continue coverage under COBRA.

When you become Medicare eligible due to age or due to disability, you must apply for both Medicare Parts A & B. Medicare will be primary and your medical coverage with the New York City Employee Benefits Program will be secondary. You will receive a reimbursement for the cost of Medicare Part B through the MTA New York City Transit.

Be sure to complete forms pertaining to retirement required by the MTA New York City Transit, NYC Employee Benefits Program and your union affiliation.

## ***SURVIVOR BENEFITS***

---

Upon death of the retiree, benefits for his/her covered spouse and eligible dependents will end. The dependents may be eligible to continue coverage under COBRA.

Please refer to the Continuation of Coverage – COBRA section for more information about continuing Medical coverage. Contact your union regarding prescription, dental and vision coverage.

There is no health benefits continuation for the spouse and/or dependents if they were not enrolled in the plan(s) at the time of retirement.

## **LEAVE POLICIES**

### **HOLIDAYS**

NYC Transit recognizes and celebrates major national and local holidays. The following is a schedule of holidays for which you will be paid:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Election Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

### **VACATION/PERSONAL**

NYC Transit provides vacation time to its employees. Vacation time accrues on a monthly basis and will be credited on the first day of the vacation year. During the first year of employment, vacation is prorated. The Timekeeping Unit will advise employees of their leave balances at the beginning of the vacation year.

### **ACCRUAL**

Your vacation year begins on May 1 and ends on April 30 of the following year. Vacation accruals are based on length of service according to the following schedule:

<b><u>YEARS OF SERVICE</u></b>	<b><u>NUMBER OF DAYS VACATION</u></b>
Less than 5	15
5-7	20
8-14	25
15 or more	27

If hired before 7/1/2004, you are also entitled to one (1) personal leave day per vacation year. Your personal leave day must be used by the end of the vacation year or will be forfeited.

## ***LEAVE POLICIES CONT'D***

Employees hired on or after July 1, 2004 will not be eligible for the personal leave day.

<b><u>YEARS OF SERVICE</u></b>	<b><u>DAYS OF ANNUAL LEAVE ACCRUAL</u></b>
1-4	14
Beginning with 5 <sup>th</sup> year	15
6	17
7	18
8	19
9	20
10	21
11	22
12	23
13	24
14-16	25
17+	27

### ***CARRYOVER***

You may carry over up to a maximum of 25 unused vacation days from one vacation year to the next, provided you receive approval from the department head. Vacation time in excess of 25 days will be transferred to your sick leave bank

### ***TERMINAL VACATION***

Upon voluntary separation from service, you may be entitled to a terminal vacation with pay which consists of your accrued but not *credited vacation time* from your final year of service. You will have the option to either receive a non-pensionable cash-out payment or to run-out your terminal vacation balances.

No additional vacation time shall accrue to you during a terminal vacation.

### **MATERNITY LEAVE**

**Effective March 3, 2017**, in addition to any leave and all other leave entitlements, including without limitation, FMLA and or sick/vacation leave, employees shall, upon the birth of a child (natural or adopted), be entitled to two (2) weeks fully paid Maternity/Paternity Leave, which must be utilized prior to using any other paid leave benefits.

### **SICK LEAVE**

#### ***ACCRUAL***

You will accrue sick leave of one day per month of service. Sick leave days may only be used for absence due to your personal illness.

## ***LEAVE POLICIES CONT'D***

If an employee exhausts all earned sick leave balances, he/she must use all available earned annual leave, personal leave, and overtime credits or accrued annual leave.

### ***Dedicated Paid Leave Pilot Program***

A joint labor-management committee has been established to administer the Dedicated Paid Leave Program.

### ***SICK LEAVE CARRYOVER***

Unused sick leave days may be carried over with unlimited accumulation.

### ***CASHOUT***

Upon separation, if you have completed ten (10) years of service you may be eligible to receive a non-pensionable lump sum payment of one-half your accumulated sick leave bank up to a maximum of 120 days (240 days of accumulated sick leave).

Employees hired on or after July 1, 2004, will cash out their sick leave on the basis of one day of terminal leave for each three days of accumulated sick leave upon separation from employment after 10 years of service up to a maximum of 120 days.

### ***BEREAVEMENT LEAVE***

Up to four (4) working days of bereavement leave is available in the case of death in the immediate family. Immediate family is defined as spouse; duly registered domestic partner; natural, foster, or step parents; child; sibling; parent-in-law; and grandparents.

### ***JURY DUTY***

You are eligible for a paid leave of absence if you are summoned for jury duty. You should submit a copy of the notice to report for jury duty to your Human Resources representative as soon as you receive the summons. If you are called to serve on a jury in the State of New York, you will be required to check "yes" on the court questionnaire with respect to status as a state or local government employee. Upon completion of jury duty, please submit the certificate obtained from the court showing the number of days actually served.

If you have questions regarding the leave policies, please contact your timekeeper

## **DETAILED INFORMATION**

Detailed information about what is contained in this summary is available to you on My MTA Portal at [www.mymta.info](http://www.mymta.info). You may also obtain information directly from your health plan carriers and from the BSC Office.

### **MTA Business Service Center**

Visit the walk in center at:

180 Livingston Street, Room 6008, Brooklyn, NY 11201

Office Hours: 8:30 a.m. to 5:00 p.m., Monday thru Friday

Telephone Number: 646-376-0123

Fax Number: 212-852-8700

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

### **HEALTH PLAN CARRIERS**

<b>Medical</b>	<b>Phone number</b>	<b>Website</b>
Aetna QPOS	(800) 445-8742	<a href="http://www.aetna.com">www.aetna.com</a>
DC 37 Med-Team (DC 37 members only)	(212) 501-4444	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Empire EPO	(800) 767-8672	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
GHI-CBP/Empire BlueCross BlueShield		
Group Health Incorporated:	(212) 501-4444	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Empire Blue Cross BlueShield:	(800) 433-9592	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
HIP Prime POS	(800) 447-6929	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Aetna HMO	(800) 445-8742	<a href="http://www.aetna.com">www.aetna.com</a>
CIGNA HealthCare	(800) 832-3211	<a href="http://www.cigna.com">www.cigna.com</a>
GHI HMO	(877) 244-4466	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>

**DETAILED INFORMATION CONT'D**

**Medical**

Vytra HMO  
Empire HMO  
HIP Prime HMO

**Phone number**

(800) 448-2527  
(800)-767-8672  
(800) 447-6929

**Website**

[www.vytra.com](http://www.vytra.com)  
[www.empireblue.com/nyc](http://www.empireblue.com/nyc)  
[www.emblemhealth.com](http://www.emblemhealth.com)

**Prescription**

Please contact your union

**Dental**

Please contact your union

**Vision**

Please contact your union

**For COBRA, surviving spouse and eligible dependents**

MTA Business Service Center (BSC) 646-252-0123

Please contact you union in conjunction with the BSC

**Pension**

***NYC Transit Pension***

NYC Employee Retirement System (NYCERS) 347-643-3000  
Out-of-State 877-6-NYCERS  
(877-669-2377)

[www.nycers.org](http://www.nycers.org)

***MaBSTOA Pensions***

BSC 646-376-0123

**MTA Deferred Compensation 401(k)/457 Plans**

Administered by Prudential 877-PLN-4MTA  
(877-756-4682)

[www.prudential.com/mta](http://www.prudential.com/mta)

**New York's 529 College Savings Program**

Program information 800-420-8580

[www.ny529atwork.com](http://www.ny529atwork.com)

*DETAILED INFORMATION CONT'D*

---

**Flexible Spending Accounts (FSA)**

Administered by P&A Group

Health Care & Dependent Care

800-688-2611

[www.padmin.com](http://www.padmin.com)

**TransitChek Premium Program**

Administered by WageWorks

Commuter Services

Commuter Transit & Parking

1-888-618-2435

<http://tams.transitchek.com>