

Transportation • Communications • International Union

Los Angeles County Metropolitan Transportation Authority Health &
Welfare Trust Fund

Administered By: Benefit Programs Administration Telephone •
(562) 463-5090 • (800) 427-5342
www.tcu-mtawelfare.org

September 2024

To: Eligible Participants Enrolled in the Transportation Communications International Union – Los Angeles County Metropolitan Transportation Authority Health & Welfare Trust Fund
From: The Board of Trustees
Re: Extended Eligibility – Coverage Added for Retirees ages over 65 until age 70 – October 1, 2024

Dear Eligible Participant,

This notice is to advise you of the recent benefit improvement made by the Board of Trustees of The Transportation Communications International Union – Los Angeles County Metropolitan Transportation Authority Health & Welfare Trust Fund to extend the Fund eligibility requirements. These changes become effective **October 1, 2024**. The information about these material modifications is very important for you and your dependents. Please take the time to read it carefully.

Changes to Eligibility Age for Retirees

Currently, the Health and Welfare Plan provides benefits to retired participants and their eligible dependents under age 65. The Trustees have elected to expand coverage for retirees up to the age of 70.

To be eligible for retiree Medicare coverage under the Trust Fund you must meet the following requirements:

- Be eligible for Medicare, enroll in Medicare Part A and Part B and fill out the attached Kaiser Medicare Enrollment Form
- Must reach the age of 65 years at the time you retire from active employment with the MTA and/or its predecessors, generally in TCU-covered employment, or be enrolled in the TCU-LAMTA Health Plan as an early retiree
- Must complete at least 23 years of service with the MTA and/or its predecessors as a Full Time Employee prior to your retirement
- Be a member of good standing with TCU

If you are a retiree and over the age of 65, you will now be eligible for the following benefits:

Medical and Prescription Drug Benefits

You will only be able to receive medical and prescription drug benefits through the Kaiser Senior Advantage Plan.

Kaiser's Senior Advantage Plan is part of the Medicare Advantage program, or Medicare Part C. To enroll in the Kaiser Senior Advantage Plan, you must be enrolled in both Medicare Parts A & B. **You must provide the effective date of your Medicare entitlements (Part A & B) or a copy of your Medicare card to Kaiser with the Group Medicare Enrollment Form included with this Notice. If you are not currently enrolled in the active Kaiser plan through the Trust Fund, you will also need to submit the attached Group Enrollment Form.**

BY ENROLLING IN THE KAISER SENIOR ADVANTAGE PLAN, YOU ARE RELINQUISHING YOUR RIGHT TO OBTAIN FEE-FOR-SERVICE MEDICAL COVERAGE THROUGH MEDICARE. IN ADDITION, WHILE THE OFFERING OF THIS BENEFIT WILL ALLOW YOU TO MAKE A MID-YEAR CHANGE FROM YOUR CURRENT MEDICARE COVERAGE, IF YOU DECIDE TO TAKE THIS COVERAGE FROM FUND YOU WILL GENERALLY BE REQUIRED TO KEEP IT UNTIL THE NEXT OPEN ENROLLMENT PERIOD FOR MEDICARE, WHICH RUNS FROM OCTOBER 15 TO DECEMBER 7.

The benefits and cost sharing of the Kaiser Senior Advantage Plan are as follows:

Kaiser Senior Advantage Plan Design	
Plan Out-of-Pocket Maximum	
For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:	
For any one Member	\$1,000 per calendar year
Plan Deductible	
For any one Member	None
Professional Services (Plan Provider office visits)	
Most Primary Care Visits and most Non-Physician Specialist Visits	\$5 per visit
Most Physician Specialist Visits	\$5 per visit
Annual Wellness visit and the "Welcome to Medicare" preventive visit	No Charge
Routine physical exams	No Charge
Routine eye exams with a Plan Optometrist	No Charge
Urgent care consultations, evaluations, and treatment	\$5 per visit
Physical, occupational, and speech therapy	\$5 per visit
Telehealth Visits	
Primary Care Visits and Non-Physician Specialist Visits by interactive video	No Charge
Physician Specialist Visits by interactive video	No Charge
Primary Care Visits and Non-Physician Specialist Visits by telephone	No Charge
Physician Specialist Visits by telephone	No Charge
Outpatient	
Outpatient surgery and certain other outpatient procedures	\$5 per procedure
Most immunizations (including the vaccine)	No Charge
Most X-rays and laboratory tests	No Charge
Manual manipulation of the spine	\$5 per visit
Hospital Inpatient Services	
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No Charge
Emergency Services	
Emergency department visits	\$35 per visit

Kaiser Senior Advantage Plan Design

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)

Ambulance Services

Ambulance Services	No Charge
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Prescription Drug Coverage

Most covered outpatient items in accord with our drug formulary guidelines	\$5 for up to a 100-day supply
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Durable Medical Equipment (DME)

Covered durable medical equipment for home use	No Charge
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Mental Health Services

Inpatient psychiatric hospitalization	No Charge
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Individual outpatient mental health evaluation and treatment	\$5 per visit
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Group outpatient mental health treatment	\$2 per visit
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Substance Use Disorder Treatment

Inpatient detoxification	No Charge
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Individual outpatient substance use disorder evaluation and treatment	\$5 per visit
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Group outpatient substance use disorder treatment	\$2 per visit
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Home Health Services

Home health care (part-time, intermittent)	No Charge
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Other

Eyeglasses or contact lenses every 24 months	Amount in excess of \$150 Allowance
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Skilled nursing facility care (up to 100 days per benefit period)	No Charge
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External prosthetic and orthotic devices	No Charge
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This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the Summary of Benefits booklet enclosed; for a complete explanation, refer to the EOC.

Please note that there may be differences between the drugs covered under the Kaiser Senior Advantage Medicare plan and the drugs covered under your active or current Medicare plan. Please refer to the Kaiser Medicare Part D formulary at the following link for detailed information about which drugs are covered.

<https://healthy.kaiserpermanente.org/southern-california/health-wellness/drug-formulary/medicare-2024>

Hearing Aid Benefits

You will have access to the Fee-For-Service hearing aid benefit currently offered to participants under the age of 65 with no changes. This benefit covers one hearing aid, per ear, every five years, up to a maximum of \$2,000 per device.

Vision Benefits

You will have access to the VSP Choice Plan and VSP Access Indemnity Plan currently available to participants under the age of 65 with no changes. Please refer to the SPD for the benefits available through these plans.

Please refer to the following document for additional information about the vision plan:
http://www.tcu-mtawelfare.org/docs/health/TCU_SPD_Revision_April_2024.pdf

Dental Benefits

You will have access to the Fee-For Services Dental Plan and the United Concordia Dental Plan currently available to participants under the age of 65 with no changes. Please refer to the SPD for the benefits available through these plans.

Please refer to the following document for additional information about the Fee-For Services Dental Plan:
http://www.tcu-mtawelfare.org/docs/health/TCU_SPD_Revision_April_2024.pdf

Please refer to the following document for additional information about the United Concordia Dental Plan:
http://www.tcu-mtawelfare.org/docs/health/CA_01_-_Schedule_of_Benefits.pdf

Extra Mile Benefits Wellness Program

You will have access to the Extra Mile Benefits Wellness Program currently available to participants under the age of 65 with no changes. Please refer to the SPD for the benefits available through this program.

Life Insurance

You will have access to a \$50,000 life insurance benefit that is payable to your beneficiary in the event of your death in accordance with the Fund’s life insurance policy through The Prudential Insurance Company of America. Please note that there is no life insurance coverage for Dependents.

Hearing aid, vision, and dental coverage under the Trust is optional. You may decline coverage upon initial enrollment or drop your existing coverage during an annual open enrollment period. Since hearing aid, dental, and vision benefits are provided by the Trust at no additional cost to you, opting-out will not reduce your contribution amounts; you will pay the same amount for Trust coverage with or without these benefits. Furthermore, by opting out, your enrolled Dependents (if any) will also lose coverage under the Trust, and the Trust will not be liable for the cost of any service received by you or your Dependents.

Please keep this important notice with your Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administration Office at (562) 463-5090 or (800) 427-5342.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Fund Office.