

2027



Transit Employees' Health and Welfare Plan Enrollment & Summary of Health Benefits Guide



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All documentation for 2027 Open Enrollment must be submitted via DocuSign and/or received by the TEHW Office by Friday, November 6, 2026, at 5:00 p.m.

Documents received after the deadline will not be accepted.



You keep our communities moving. Let Kaiser Permanente keep you healthy.



Why choose Kaiser Permanente?

#1 Health insurance company in the nation

We're ranked #1 overall in the [Insure.com Best Health Insurance Companies of 2026](#) survey.¹

Care and coverage working together

Our integrated care model connects your health plan to doctors, pharmacies, and 35 medical centers—making it easier to access and manage your care.

24/7 Access to care

Call a single number for minor care needs and 24/7 medical advice, or complete an e-visit questionnaire and get personalized treatment recommendations from a physician—often within an hour.

A seamless transition

Switching to Kaiser Permanente is simple. We'll help you choose a doctor, transfer prescriptions, and get started with confidence.

Connect to care during the workday

Kaiser Permanente members can use the **Virtual Care Room** at WMATA's New Carrollton facility for private, virtual appointments with Permanente physicians.

kp.org/choosekp

-  **24/7 Access to care**
-  **1,800+ skilled doctors**
-  **Hassle-free switching to Kaiser Permanente**

Primary care: Get personalized care focused on prevention, routine checkups, and long-term wellness.

Specialty care: Receive specialty care seamlessly coordinated by your trusted care team.

Virtual care: Get care, day or night, with 24/7 virtual care options, including video and telephone appointments.²

Digital health tools: Manage care anytime at kp.org—schedule appointments, view test results, refill prescriptions, and communicate securely with your care team.³

¹In the survey *Best Health Insurance Companies of 2026* by [Insure.com](#), Kaiser Permanente as a national enterprise is ranked #1 overall.

²When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

³When care is received in Kaiser Permanente facilities.

Upcoming Changes for 2027

Changes to Retirement Pension Plan

Starting January 1, 2027 BNY will be the new pension administrator for Transit Employees' Health and Welfare Plan.

TEHW Portal

Starting Fall 2026, the Transit Employees' Health and Welfare Plan will offer all members a portal to view their health and welfare benefits.

Local 689 Dependent Audit

Starting in 2027, Transit Employees' Health and Welfare Plan will conduct a dependent audit to ensure all the proper documentation is on file. All Local 689 members with dependents are urged to verify their dependents through required documentation. More details will be released in the coming months.

90 Day Prescription Mandatory Mail Order for Maintenance Drugs (Judi Rx)

Starting January 1, 2027, maintenance medications used to treat ongoing health conditions must be filled as a 90-day supply through Costco Mail Order Pharmacy or Costco Retail Pharmacy. To help with this transition, you may receive up to three 30-day fills at any in-network retail pharmacy before moving to a 90-day supply.

689 Moving Metro

689 Moving Metro is the wellness initiative of the Transit Employees' Health and Welfare Plan, supporting Local 689 members and their dependents.

The wellness program is now available to all active and retired Local 689 members and their dependents.

Our mission is to promote whole-person wellness by providing the knowledge, resources, and tools members need to make healthy, intentional choices for themselves and their families.

We encourage sustainable, positive habits that support a healthier, more balanced life.

Site Visits

The Wellness Team will visit WMATA divisions and locations to promote 689 Moving Metro wellness initiatives, take orders for safety glasses, and answer benefits related questions.

To request a visit at your division, please email wellness@tehw.org.

Vida Health

Vida is a free, personalized weight management program available through a mobile app and website. Members receive one-on-one coaching, nutrition guidance, educational resources, progress tracking, and support for connected fitness and health devices.

Eligibility: Available to active members, pre-65 retirees, and eligible dependents under age 65 enrolled in the CareFirst Insurance Plan. Dependents age 65+, individuals with type 1 diabetes, and those using an insulin pump are not eligible.

Sign up: www.vida.com/TEHW

Eligibility for Benefits

Eligibility for benefits under the Transit Employees' Health and Welfare Plan is determined by the Collective Bargaining Agreement between the Amalgamated Transit Union (ATU) Local 689, the Washington Metropolitan Area Transit Authority (WMATA), and the terms of the Plan.

Full-time employees are required to enroll in the Plan's medical, vision, and dental coverage unless they can provide proof of coverage under another employer-sponsored health care plan.

Eligible dependents may include:

- Legal Spouse¹
- Domestic Partner
- Dependent children (Natural-born, step, adopted, foster children, children appointed legal guardianship, or children under a Qualified Medical Child Support Order (QMSCO), subject to the plan's eligibility²
- Surviving spouse and dependents of active or retired employees³

¹Legally married couples are eligible to enroll within 90 days of their marriage. If the marriage has lasted more than three years, a copy of the most recent joint tax return may be required for verification.

²Children covered under a Qualified Medical Child Support Order (QMSCO) cannot be removed from coverage without a written court order.

³If your dependent is disabled, they may be eligible for coverage beyond age 26 when they have met criteria established by the health plans. Please contact the Health and Welfare office 6 months prior to their 26 birthday to complete a "Disability Certification for Over-Age Dependents" form. Otherwise, coverage for dependent children ends on the last day of the month in which they turn age 26.

Premium Payments

Members can make premium payments in person at our office using a check, money order, or certified funds (upon request). Payments can also be made online through Xpress-Pay.

Xpress-Pay is a convenient and secure way to pay your premium through our website at www.tehw.org. The online payment portal is available 24 hours a day, 7 days a week, 365 days a year, allowing you to make payments whenever it is most convenient for you.

Steps to Pay Online:

1. Visit www.tehw.org
2. Click "Active Members"
3. Select "Paying for Your Coverage"
4. Or simply scan the QR code to get started!



Service fees may be required on XpressPay if you elect to use a credit card at time of payment.

Timely payment of premiums is required to maintain your Health and Welfare benefits. If you are on a Leave of Absence, Short-Term Disability, or Long-Term Disability, you are responsible for ensuring your premium payment is received by the first of each month. Late or missed payments may result in a loss of coverage.

If a payment is returned due to insufficient funds or another declined transaction, the premium will not be applied to your account. You will be responsible for any returned payment fees as well as the outstanding premium balance. In addition, all future premium payments must be made by certified check or money order. Personal checks and electronic payments will no longer be accepted for your account following a returned payment.

Qualifying Life Events

A qualifying life event can result from the following:

- Marriage or Divorce
- Death of a Spouse or Dependent Child
- Change in Employment Status
- Issuance of a Qualified Medical Child Support Order (QMCSO) for Coverage of a Dependent Child
- Change in Qualifying Dependent Status
- Birth of a Child, Legal Adoption, or Foster Placement
- Change in Spouse's Medical Coverage

Required Documentation for Enrollment Changes and Coverage Effective Date

- **Self:** WMATA ID
- **Coverage Effective:** First Day of Hire
- **Spouse:**¹ Marriage Certificate and Social Security Card

Coverage Effective: Coverage begins on the first day of the month following the marriage and after the Plan receives all required documentation

^{*}To add a new spouse, you must first remove any former spouse enrolled in the Plan by submitting an original divorce decree or death certificate.

¹ A spouse can be removed outside of Open Enrollment in the event of divorce, death, or with evidence of other coverage. Appropriate documentation must be provided. Failure to remove a divorced spouse may result in liability for any claims incurred after the divorce date.

- **Birth Children:** *Birth Certificate and Social Security Card

^{*}The birth certificate must list the member, eligible spouse or eligible domestic partner as a parent.

Coverage Effective: Effective on the first day of the month after all required documentation is received

- Newborn children are covered from their date of birth.
- You must notify the Plan within 30 days and provide a Certificate of Live Birth. The birth certificate and Social Security card must be submitted within 90 days.
- **Adopted children, children placed for adoption, and children for whom you are the legal guardian:** Birth certificate, adoption or legal guardianship papers, social security card

Coverage Effective: Coverage begins on the date of adoption, placement for adoption, or the effective date of guardianship

- **Domestic Partnership:**² Notarized Affidavit of Domestic Partnership, accompanied by documentation of financial interdependence and a Social Security card. (*Domestic Partners can only be added during the annual Open Enrollment period*)

²This benefit is fully taxable to the employee. Employees are responsible for any additional taxes resulting from participation in this benefit.

Coverage Effective: Domestic Partners can only be added during Open Enrollment. Coverage becomes effective on January 1st following Open Enrollment

Opting Out of Coverage

As a Local 689 member, you have the option to enroll in any plan, change your plan election, or terminate dependent coverage during the annual open enrollment period.

All benefit changes made during Open Enrollment will go into effect on January 1, 2027. Members should expect medical, vision, dental, and prescription cards to be mailed to their registered address no later than December 2026. Please ensure your mailing address is correct through the WMATA kiosk at your site division or by contacting the Health and Welfare office (retirees only).

Opt-Out Policy for Medical and Dental Coverage

Active and Retired members may opt out of medical and dental coverage for themselves and their dependents if they have proof of other employer-sponsored group health insurance.

- Retired members who opt out may only re-enroll in the Plan if they lose their employer-sponsored coverage or lose coverage under their spouse's group health plan.
 - Members on a leave of absence are not permitted to opt out; however, once they return to active status, they may do so and receive a prorated payment.
- Part-time, Retired, and members with a premium balance who opt out are not eligible to receive the \$1,500 payment from the Premium Conversion Plan.
 - Members enrolled in Medicaid may opt out but are not eligible for the \$1,500 premium conversion payment.

All members who previously opted out must renew their opt-out election by November 6, 2026.

If a member or dependent loses other health coverage, they must notify the Plan and enroll within 30 days of the coverage ending. In addition to standard enrollment documentation, a certificate or letter confirming loss of prior coverage is required.

Coverage will become effective on the first day of the month following completion of the enrollment process.

Coverage Guidelines for Local 689 Members

Spousal Credit

The Collective Bargaining Agreement allows members to receive a premium credit of up to \$1,200 annually (\$100 per month) if their spouse is not enrolled in the Transit Employees' Health & Welfare Plan health insurance program.

To receive this credit, you must provide the following documentation (if not already on file):

- A marriage certificate
- Your spouse's Social Security card
- Proof of your spouse's coverage under another employer's health plan
- If a participant has previously received the spousal credit and has already provided a marriage certificate and their spouse's Social Security card, only proof of the spouse's other coverage is required.

This monthly credit is applied toward your portion of medical and dental premium expenses.

- You must elect the spousal credit option each year.
- You are not eligible for the spousal credit if your spouse is also a WMATA employee and your spouse is covered under a WMATA-sponsored group health plan that is not TEHW.

Spousal/Child Dual Coverage

- If two Local 689 members are married and both members are eligible for coverage under TEHW, one member must elect family coverage, and the other must waive their coverage.
- If a Local 689 member is covered under TEHW as the child of another member, they will remain covered as a dependent until age 26 unless they elect separate coverage.
- If an active member is married to a retired member, the retired spouse should be listed as a dependent on the active member's plan.

Each Local 689 member is entitled to their own life insurance, short-term disability, long-term disability, and other voluntary benefits.

Retired Employees Living Outside the Service Area

The Kaiser HMO and CareFirst BlueChoice HMO plans have limited coverage for individuals residing outside of the designated HMO service areas.

Retired employees should choose a plan that includes medical facilities and participating physicians near their residence.

Retirees living outside the HMO service areas must enroll in the CareFirst PPO, CareFirst Medicare PPO, or CareFirst Medicare Advantage Plan (MAPD) which provides nationwide coverage across the United States.

Medical Plans (Active/Retired/Non-Medicare)

As an active full-time Local 689 employee, you are automatically enrolled in the default medical and dental plans. However, we encourage you to review your options and select the medical/vision and dental plans that best suit your individual needs.

Active and Retired Non-Medicare members currently have three medical plan options, which include prescription drug, hearing, and vision coverage.

CareFirst BlueChoice HMO

- Must stay within the BlueChoice HMO network of providers
- Vision coverage through Davis Blue Vision
- Prescription coverage through Judi RX

Kaiser Permanente HMO

- Must stay within the Kaiser Permanente HMO network of providers
- Vision coverage through NVA and discount through Kaiser Permanente
- Prescription coverage through Kaiser Permanente

CareFirst BlueChoice Advantage PPO

- Provides both in-network and out-of-network coverage
- Vision coverage through Davis Blue Vision
- Prescription coverage through Judi RX

Medical Plans (Retired/Medicare)

Retired Medicare members have four medical plan options, which also include vision, hearing, and prescription drug coverage.

BlueChoice Traditional Medicare HMO

(refer to the CareFirst BlueChoice section in the SBC)

- Must stay within the BlueChoice HMO network of providers
- Vision coverage through Davis Blue Vision
- Prescription coverage through Express Scripts

CareFirst BlueChoice Advantage Traditional Medicare PPO

(refer to the CareFirst BlueChoice section in the SBC)

- Provides both in network and out of network coverage
- Vision coverage through Davis Blue Vision
- Prescription coverage through Express Scripts (ESI)

CareFirst Medicare Advantage Prescription Drug PPO (MAPD)

- Uses the CareFirst local PPO network and the national BCBS MAPD PPO plan network
- Vision coverage through Davis Blue Vision
- Prescription coverage is combined all in one

Kaiser Permanente Medicare Advantage Prescription Drug (MAPD)

- Must stay within the Kaiser HMO network of providers
- Vision coverage through NVA and discount through Kaiser Permanente
- Prescription coverage is combined all in one

Medicare Eligibility

- **Still Working at Age 65:** If you are 65 and actively employed by WMATA, you and your spouse are not required to enroll in Medicare Part B. Your Health & Welfare benefits will remain your primary coverage, as well as for you and your covered spouse, until you retire.
- **Planning to Retire at 65:** If you are 65, still working, and considering retirement, you should contact the Social Security Administration and apply for Medicare Part B three months before your retirement date.
- **Retired at Age 65 or Older:** If you are retired and age 65 or older, you and your spouse (if also 65 or older) must enroll in Medicare Part B to maintain your level of coverage. Medicare will become your primary insurance, and your Health and Welfare Plan will become secondary. You must provide the Health & Welfare office with a copy of your Medicare card to coordinate benefits.
- **Failure to Enroll:** If you do not enroll in Medicare Part B, the Health & Welfare Plan will not pay for services that Medicare would have covered. You will be also responsible for additional costs, penalties, and may incur a premium surcharge.
- **Failure to Notify:** If you or your dependent are eligible for Medicare but fail to notify the Health & Welfare office, the Plan may recover any benefits paid in error, including interest and collection fees.

Kaiser Permanente Medicare Part B Surcharge

Retirees enrolled in Kaiser Permanente who are eligible for Medicare but not enrolled in Part B will be charged a \$300 monthly surcharge per participant and dependent.

The surcharge will be added to the monthly premium and deducted from the retiree's pension check.

You can enroll in Medicare Part A and Part B by:

- Visiting your local Social Security office or calling (800) 772-1213.
- Applying online at www.ssa.gov.

Medicare Advantage Prescription Drug (MAPD) Plans (Part C)

A Medicare Advantage Plan (Part C) is an alternative to Original Medicare and is offered by private insurance companies like CareFirst BlueCross BlueShield and Kaiser Permanente. They may also include additional benefits such as vision, dental, and wellness programs.

Health and Welfare offers the following MAPD options, which include Part D prescription drug and vision coverage:

- Kaiser Permanente Medicare Advantage Plan (HMO) with Part D and NVA Vision
- BlueCross BlueShield Medicare Advantage Plan (PPO) with Part D and Davis Vision

You must be enrolled in Medicare Part B to be eligible for an MAPD plan.

You are encouraged to compare these MAPD plans with your current plan to ensure you are receiving the best available benefits and cost savings.



Feel better. Every day.

Put the power of good health in your hands with your CareFirst WellBeingSM program.



Emotional Wellbeing

Mindfulness tools and coaching for everyday stress



Personal Health Coaching

1:1 confidential support to reach your health goals



Financial Wellbeing

The small steps that add up to big financial improvements



Weight Management

Gradual lifestyle changes that become lifelong habits

Start today at carefirst.com/wellbeing or call 877-260-3253.

National Group Protection, Inc.



Long-Term Disability Supplemental Benefits

Advocating for Members since 1996!

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Life Insurance
- Short-Term Disability Insurance

Claims | Member Service

(800) 344-9016

service@ngp-ins.com



National Group Protection, Inc.

915 East High Street, Ste. 402 Charlottesville, VA 22902

Express Scripts

By **EVERNORTH**

Your prescription drug benefits are administered through Express Scripts, a division of Evernorth Health Services.

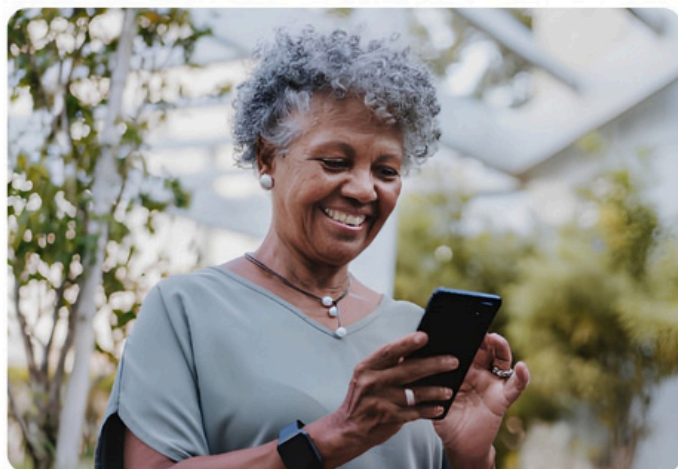
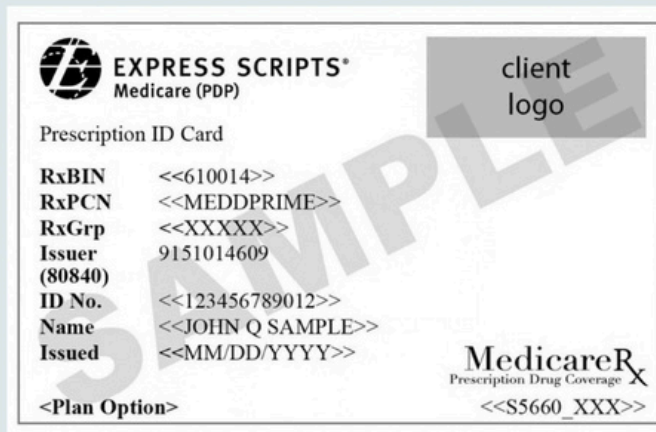
Evernorth helps makes your prescriptions more affordable and easier to access, so you can spend more time on what matters most.



Using your Prescription Drug Card

Medicare members with Express Scripts prescription drug coverage can use their Express Scripts Prescription ID Card when filling covered prescriptions at participating pharmacies.

Keep your card handy. You may need to show your prescription ID card at the pharmacy when filling your prescriptions.



Need a replacement or digital card?

You can access your prescription ID card through your Express Scripts account or the Express Scripts mobile app.

Members are also able to download, print, and save their card to your phone's digital wallet.

Express Scripts mobile app

Download the Express Scripts Pharmacy Benefit Services app for access to your account on-the-go.



Pharmacy Plans

The prescription drug benefit for active members and pre-Medicare retired members enrolled in the CareFirst HMO and PPO plans is administered by Judi Rx (formerly Capital Rx).

Under Judi Rx, starting January 1, 2027, maintenance medications used to treat ongoing health conditions must be filled as a 90-day supply through Costco Mail Order Pharmacy or Costco Retail Pharmacy. To help with this transition, you may receive up to three 30-day fills at any in-network retail pharmacy before moving to a 90-day supply.

Members enrolled in a Kaiser Permanente medical plan will receive their prescription drugs through Kaiser.

The Medicare Part D prescription drug benefit for retired members enrolled in the CareFirst Traditional HMO and PPO Medicare plans is administered by Express Scripts (ESI). The plan is called Express Scripts Medicare® (PDP) for Transit Employees' Health & Welfare Plan.

Members enrolled in the CareFirst Medicare Advantage (MAPD) and Kaiser Medicare Advantage (MAPD) plans will continue to receive their prescription drugs through their current plans.

	Kaiser Permanente HMO			CareFirst BlueChoice Advantage PPO			CareFirst BlueChoice HMO		
Prescription Drug Plan	Kaiser Permanente			Judi Rx (Active Participants/Pre-Medicare Retirees)			Express Scripts (Medicare Retirees/Part D)		
	Retail Network (30 Day Supply)	Retail Non-Network (30 Day Supply)	Mail Order (90 Day Supply)	Retail Network (30 Day Supply)	Retail Non-Network (30 Day Supply)	Mail Order (90 Day Supply)	Retail Network (30 Day Supply)	Retail Non-Network (30 Day Supply)	Mail Order (90 Day Supply)
Generic	\$10	Full Cost	\$20	\$10	Full Cost	\$20	\$10	Full Cost	\$20
	\$20 (Other Participating Network Pharmacy)								
Formulary	\$25	Full Cost	\$50	\$25	Full Cost	\$50	\$25	Full Cost	\$50
	\$50 (Other Participating Network Pharmacy)								
Non-Formulary	\$40	Full Cost	\$80	\$40	Full Cost	\$80	\$40	Full Cost	\$80
	\$80 (Other Participating Network Pharmacy)								

Dental Plans

There are three dental plan options available for both active and retired members:

- Cigna Dental DMO
- CareFirst Dental
- CareFirst Dental with Orthodontics

	CareFirst Dental	CareFirst Dental with Orthodontics	Cigna Dental DMO
Annual Deductible	\$0	\$0	\$0
Annual Benefit Maximum	Individual: \$3,500	Individual: \$3,500 (For Non-Orthodontic Services)	\$0
Preventive Services (Exams/Cleanings)	No Charge (For services completed by participating dentist)	No Charge (For services completed by participating dentist)	\$0
Basic Restorative Services (Fillings)	Plan pays 100% of Allowance	Plan pays 100% of Allowance	\$0
Major Restorative Services (Crown, Porcelain/Ceramic)	Plan pays 80% of Allowance	Plan pays 80% of Allowance	\$245
Root Canal	Plan pays 80% of Allowance	Plan pays 80% of Allowance	\$31
Extraction			
Single Tooth	Plan pays 80% of Allowance	Plan pays 80% of Allowance	\$12
Partial Bony Impaction	Plan pays 80% of Allowance	Plan pays 80% of Allowance	\$21
Dentures	Plan pays 80% of Allowance every 5 years	Plan pays 80% of Allowance every 5 years	Copay Required
Orthodontics			
Child	Not Covered	Plan pays 50% of Allowance to a lifetime maximum of \$1,000	\$1,584 (24 month treatment plan)
Adult	Not Covered	Plan pays 50% of Allowance to a lifetime maximum of \$1,000	\$2,328 (24 month treatment plan)
Crowns/Bridges	5 year replacement	5 year replacement	5 year replacement

¹ If you enroll in the CIGNA Dental Maintenance Organization (DMO), you must choose a dentist from the CIGNA provider list and receive all your dental care from that provider.

² For a non-participating dentist, you are responsible for paying any amount that exceeds the reasonable and customary allowance.



A Clear Choice for Your Vision Benefits

For over 47 years, National Vision Administrators has helped members and their families get the most from their vision benefits. As an independent vision benefits company, NVA offers broad provider choice, responsive service, and benefits built around members—not product sales.

Why TEHW Members Choose NVA

Member-Focused

Independent vision benefit administration centered on your needs

Convenient Access

153,000+ provider/location combinations nationwide

Dependable Support

Helpful, U.S.-based service available 24/7/365

Proudly American

Family-owned, with an AFSCME-represented workforce

Contact NVA for a clearer view of your vision benefits.

Millie Monaco

Senior VP

of Labor Relations

mmonaco@e-nva.com

(973) 574-2469



Vision Plans

With your enrollment in both a medical and dental plan, you automatically receive vision coverage through either Davis Vision or National Vision Administrators.

Prescription Safety Glasses

- Local 689 Maintenance and Construction employees are eligible to receive one pair of safety glasses each year through the Safety Glasses Program.
- You can obtain your pupillary distance (PD) from your eye care provider or measure it yourself using the tool available at.
www.safevision.com/measure-your-pd
- For questions about this benefit or to place an order, please visit the TEHW office or email wellness@tehw.org.

	Kaiser Permanente HMO	CareFirst BlueChoice HMO/PPO	CareFirst BlueChoice Advantage PPO
	National Vision Administrators (NVA)	Davis BlueVision	Out of Network Provider
Vision Exam	Covered 100%	Covered 100%	\$35 Allowance
Contact Lenses			
Daily Wear	Covered 100% Up to \$200	Covered 100% Up to \$200	\$20 Allowance
Extended Wear	Covered 100% Up to \$200	Covered 100% Up to \$200	\$30 Allowance
Specialty	Covered 100% Up to \$200	Covered 100% Up to \$200	\$50 Allowance
Lenses			
Single Vision	Covered 100%	Covered 100%	\$25 Allowance
Bifocal	Covered 100%	Covered 100%	\$45 Allowance
Trifocal	Covered 100%	Covered 100%	\$75 Allowance
Lenticular	Covered 100%	Covered 100%	\$75 Allowance
Polycarbonate (SV, BI, TRI)	Covered 100%	Covered 100%	N/A
Solid Tint	Covered 100%	Covered 100%	N/A
Fashion Gradient Tint	Covered 100%	Covered 100%	N/A
Gradient Tint	Covered 100%	Covered 100%	N/A
Standard Scratch Coating	Covered 100%	Covered 100%	N/A
UV Coating	Covered 100%	Covered 100%	N/A
Standard Transitions	Covered 100%	Covered 100%	N/A
Progressives			
Tier 1	Covered 100%	Covered 100%	N/A
Tier 2	Covered 100%	Covered 100%	N/A
Tier 3	Covered 100%	Covered 100%	N/A
Tier 4	Covered 100%	Covered 100%	N/A
Tier 5	Covered 100%	Covered 100%	N/A
Tier 6	Covered 100%	Covered 100%	N/A
Tier 7	Covered 100%	Covered 100%	N/A
Tier 8	Covered 100%	Covered 100%	N/A
Anti-Reflective Coating			
Tier 1	Covered 100%	Covered 100%	Covered 100%
Tier 2	Covered 100%	Covered 100%	Covered 100%
Tier 3	Covered 100%	Covered 100%	Covered 100%
Tier 4	Covered 100%	Covered 100%	Covered 100%
Frame Allowance (once per calendar yr.)			
Number of Covered Frames/Lenses	2 Frames/Lenses (\$200 Allowance)	2 Frames/Lenses (\$200 Allowance)	2 Frames/Lenses (Covered up to \$45)
Discount	20% on Balance	20% on Balance	N/A

Disability Benefits

If you are unable to work due to an illness, non-work-related injury, or pregnancy, you may be eligible for short-term and/or long-term disability benefits through the Transit Employees' Health & Welfare Plan.

Short Term Disability

Short-term disability benefits cover non work related disabilities lasting up to 180 days. If eligible, you will receive \$170 per week or \$270 per week if you are pregnant — for up to 26 weeks. Benefits begin after all available sick leave has been used or after a 30-day waiting period, whichever is later. Payments are subject to federal, state, and FICA tax deductions and will be mailed to the address provided on your application upon approval.

To remain eligible, you must be certified by your attending physician as unable to perform your job duties. Certification is required monthly, and periods of disability lasting less than one week will be pro-rated based on a five-day workweek.

Long Term Disability

If your disability continues beyond 180 days, you may qualify for long-term disability benefits through MetLife, which provide continued income protection if you are considered totally disabled.

Approved LTD claims offer 55% of your base monthly earnings, up to a maximum of \$5,000 per month. This benefit is reduced by other sources of income such as Social Security, pension benefits, or Workers' Compensation. If Social Security disability benefits are paid retroactively, you are responsible for reimbursing the LTD carrier for any corresponding overpayments.

Unlike short-term disability, eligibility for long-term disability is not affected by your workers' compensation status.

To be eligible for LTD, you must be an active full-time or part-time employee participating in the Transit Employees' Health & Welfare Plan and represented by the Amalgamated Transit Union Local 689. This includes employees on leave while serving in official Union roles or working for affiliated labor organizations. Rehired retired employees may not be eligible.

For more information or to apply for short-term or long-term disability benefits, please call our office at 301-568-2294.

Life Insurance/ Accidental Death and Dismemberment

MetLife is the administrator and record keeper for Transit Employees' Health and Welfare Plan Group Term Life Insurance program.

To complete or update your beneficiary form, visit www.metlife.com/mybenefits

All active and retired Local 689 members must designate a beneficiary through Metlife's MyBenefits website.

Life Insurance/Accidental Death and Dismemberment Benefit

- Active Employees: \$50,000 of life insurance coverage
- Accidental Death Benefit: \$50,000 of non-occupational accidental death and dismemberment insurance
- Retired Employees: \$10,000 of life insurance coverage

Voluntary Benefits

Life Insurance Benefit

- Coverage: \$10,000 to \$500,000 (10 options)
- Increase by one level, up to \$200K without health questions
- Over \$200K or new enrollments require answering five health questions

Spouse/Partner of FT & PT Employees with H&W Plan

- Coverage: \$5,000 to \$250,000 (11 options)
- Must not exceed 50% of employee's coverage
- Increase up to \$25,000 without questions
- Higher/new amounts: Statement of Health Questions required
- Employee must have/apply for own MetLife coverage

Part-Time Employees without H&W Plan

- Coverage: \$10,000 or \$35,000
- Statement of Health Questions required

Spouse/Partner of PT Employees without H&W Plan

- Coverage: \$5,000 or \$17,500
- Same rules as above

Dependent Child(ren)

- Coverage: \$5,000 or \$10,000
- No health questions required

These benefits are optional and are generally paid through payroll deduction. You may elect or make changes to these benefits during the annual open enrollment period.

For information about each benefit offering, including enrollment and coverage details, please contact the benefit provider directly.

MetLife Supplemental Life Insurance Enrollment

To enroll in or increase the Supplemental Life Insurance coverage for yourself, your spouse, or your dependent children visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

Eligibility and Enrollment Guidelines:

- New Hires: May enroll in coverage up to \$200,000 without completing a Statement of Health form. *(Must enroll 30 days from date of hire).*
- Current Participants: May increase coverage by one level during the open enrollment period. Increases beyond one level require a Statement of Health.
- Late Entrants: Current members who have never enrolled in coverage must submit a Statement of Health for all levels of coverage.

Coverage elected during open enrollment becomes effective January 1, 2027, upon receipt of a completed application. You must be actively at work on the effective date.

Your spouse and eligible children must not be:

- Hospitalized,
- Confined at home for medical reasons, or
- Receiving or eligible to receive disability income on that date.

If additional medical information is required by MetLife and approval is not received by January 1, 2027, coverage will begin on the first of the month following MetLife's approval.

MetLife Insurance Rates



Coverage Choices for Member per \$1,000 of Coverage (Monthly Cost)

		Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9	Option 10
		\$10,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000
Below 25	\$0.059	\$0.59	\$2.95	\$4.43	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$23.60	\$29.50
25-29	\$0.071	\$0.71	\$3.55	\$5.33	\$7.10	\$10.65	\$14.20	\$17.75	\$21.30	\$28.40	\$35.50
30-34	\$0.094	\$0.94	\$4.70	\$7.05	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$37.60	\$47.00
35-39	\$0.106	\$1.06	\$5.30	\$7.95	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$42.40	\$53.00
40-44	\$0.118	\$1.18	\$5.90	\$8.85	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$47.20	\$59.00
45-49	\$0.189	\$1.89	\$9.45	\$14.18	\$18.90	\$28.35	\$37.80	\$47.25	\$56.70	\$75.60	\$94.50
50-54	\$0.302	\$3.02	\$15.10	\$22.65	\$30.20	\$45.30	\$60.40	\$75.50	\$90.60	\$120.80	\$151.00
55-59	\$0.492	\$4.92	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$123.00	\$147.60	\$196.80	\$246.00
60-64	\$0.730	\$7.30	\$36.50	\$54.75	\$73.00	\$109.50	\$146.00	\$182.50	\$219.00	\$292.00	\$365.00
65-69	\$1.391	\$13.91	\$69.55	\$104.33	\$139.10	\$208.65	\$278.20	\$347.75	\$417.30	\$556.40	\$695.50
70+	\$2.256	\$22.56	\$112.80	\$169.20	\$225.60	\$338.40	\$451.20	\$564.00	\$676.80	\$902.40	\$1,128.00



Coverage Choices for Spouse per \$1,000 of Coverage (Monthly Cost)

		Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11
		\$5,000	\$10,000	\$25,000	\$37,500	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	\$250,000
Below 25	\$0.046	\$0.23	\$0.46	\$1.15	\$1.73	\$2.30	\$3.45	\$4.60	\$5.75	\$6.90	\$9.20	\$11.50
25-29	\$0.056	\$0.28	\$0.56	\$1.40	\$2.10	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$11.20	\$14.00
30-34	\$0.074	\$0.37	\$0.74	\$1.85	\$2.78	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10	\$14.80	\$18.50
35-39	\$0.083	\$0.42	\$0.83	\$2.08	\$3.11	\$4.15	\$6.23	\$8.30	\$10.38	\$12.45	\$16.60	\$20.75
40-44	\$0.093	\$0.47	\$0.93	\$2.33	\$3.49	\$4.65	\$6.98	\$9.30	\$11.63	\$13.95	\$18.60	\$23.25
45-49	\$0.148	\$0.74	\$1.48	\$3.70	\$5.55	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20	\$29.60	\$37.00
50-54	\$0.236	\$1.18	\$2.36	\$5.90	\$8.85	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$47.20	\$59.00
55-59	\$0.426	\$2.13	\$4.26	\$10.65	\$15.98	\$21.30	\$31.95	\$42.60	\$53.25	\$63.90	\$85.20	\$106.50
60-64	\$0.629	\$3.15	\$6.29	\$15.73	\$23.59	\$31.45	\$47.18	\$62.90	\$78.63	\$94.35	\$125.80	\$157.25
65-69	\$1.175	\$5.88	\$11.75	\$29.38	\$44.06	\$58.75	\$88.13	\$117.50	\$146.88	\$176.25	\$235.00	\$293.75
70+	\$1.906	\$9.53	\$19.06	\$47.65	\$71.48	\$95.30	\$142.95	\$190.60	\$238.25	\$285.90	\$381.20	\$476.50

Coverage Choices for Dependent Children

Coverage	Cost
\$5,000	\$0.77
\$10,000	\$1.54

Continue to be there for your loved ones with Life Insurance

MetLife Life Insurance helps to provide a more financially secure future.



A death can take a tremendous toll on the financial security of a household. Paying the mortgage or providing for a child's college education could become more difficult. Buying life insurance can help ensure your loved ones are taken care of financially. In the event of your passing, **life insurance** makes a lump sum payment directly to your loved ones.

The advantages of getting life insurance through work

- Competitive group rates¹
- Convenient payroll deductions
- Access to value-added services at no additional cost to you
- Educational tools to decide how much insurance is right for you

With group life insurance, you can receive a wide range of coverage options to fit your needs and budget, death benefit proceeds that are income tax free to your beneficiary, and underwriting requirements waived for certain amounts.

How can I learn more?

Scan the QR code below for more information on your life insurance, including:

- View a complete list of the value-added services at no additional cost to you
- Use MetLife's life insurance calculator tool to help you understand how much coverage you need

Life insurance through your workplace may be more affordable than you think.



¹ Cost of insurance rates are determined using methodologies that vary by company. These rates can vary and will generally increase with age. Rates for active employees may be different than those available to terminated or retired employees. It's important to look at all factors when evaluating the overall competitiveness of rates and the value of life insurance coverage.

Nothing in these materials is intended to be advice for any particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.

Reporting and Disclosure Notices

The Transit Employees' Health and Welfare Plan (the "Plan") is required to take reasonable steps to ensure the privacy of your personally identifiable health information in accordance with the privacy provisions contained in the **Health Insurance Portability and Accountability Act of 1996 ("HIPAA")**, as amended by the **Health Information Technology for Economic and Clinical Health ("HITECH") Act** and the **Genetic Information Nondiscrimination Act ("GINA")**.

If you have any questions or concerns about the Plan's privacy practices or this Notice, if you wish to obtain additional information about the Plan's privacy practices, or if you want to exercise one of the rights described above concerning your PHI, please submit a written request to the Privacy Officer at the Transit Employees' Health and Welfare Office.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows employees, their spouses, and eligible dependents to continue group health coverage on a self-pay basis if coverage is lost due to a qualifying event. Qualifying events may include termination of employment, retirement, divorce, death of the employee, or a dependent aging out of the plan.

Depending on the event, COBRA coverage may be available for up to 18 or 36 months. The Health & Welfare Office will notify you of your right to elect COBRA continuation coverage, including the cost of coverage, which is subject to change annually. If you wish to elect COBRA coverage, you must notify the Health & Welfare Office within 60 days of the date you receive the COBRA notice or the date coverage is lost—whichever is later.

For a full explanation of your COBRA rights and responsibilities, please refer to the Summary Plan Description (SPD).

The Women's Health and Cancer Rights Act (WHCRA) requires group health plans that provide mastectomy coverage to also cover related services. If you elect breast reconstruction following a mastectomy, coverage includes:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to achieve a symmetrical appearance
- Prostheses
- Treatment of physical complications related to the mastectomy, including lymphedema

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. If you or your children aren't eligible for Medicaid or CHIP, you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, visit <https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf> to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Virginia, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

Virginia (Medicaid/CHIP)

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Contact Information



Kaiser Permanente HMO

301-468-6000

800-777-7902

www.kaiserpermanente.org



Blue Choice HMO

877-691-5856

www.carefirst.com



Birdsong Hearing

844-424-7376

www.birdsonghearing.com



CareFirst BlueChoice Advantage PPO

877-691-5856

www.carefirst.com



CareFirst Dental

866-891-2802

www.carefirst.com



Cigna Dental DMO

800-244-6224

www.cigna.com



Davis Vision

800-783-5602

www.davisvision.com



National Vision Administrators

800-672-7723

www.e-nva.com



SafeVision

314-961-7406

www.safevision.net



Judi RX | Non-Medicare

833-463-1656

www.cap-rx.com



Express Scripts, ESI | Medicare

866-716-7353

www.express-scripts.com



Long Term Disability | MetLife

800-300-4296

www.metlife.com



Long Term Disability | The Hartford

800-752-9713

www.thehartfordatwork.com



National Group Protection (NGP)

800-344-9016



Vida Health

833-732-2242

support.vida.com



Work Life Solutions

866-440-6556



Wage Works | FSA

877-924-3967

www.wageworks.com



Lincoln Financial | 457 Plan

800-234-3500

www.lfg.com



WMATA Benefits

202-962-6070



WMATA | OHAW

202-636-7141



WMATA | Payroll

202-962-1182



WMATA | EAP

202-636-7181



ATU Local 689

301-568-6899



Transit Employees' Health and Welfare

301-568-2294

Fax: 240-745-3956

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info@tehw.org

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