2024 BENEFITS GUIDE
SECURITY GUARDS

Metro™

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The Public Transportation Services Corporation was formed on August 10, 1997. PTSC is a component unit of the Los Angeles County Metropolitan Transportation Authority (Metro). Most former Metro Non-Represented and AFSCME employees are now PTSC employees, a small number of Non-Represented and AFSCME employees remain as Metro employees.

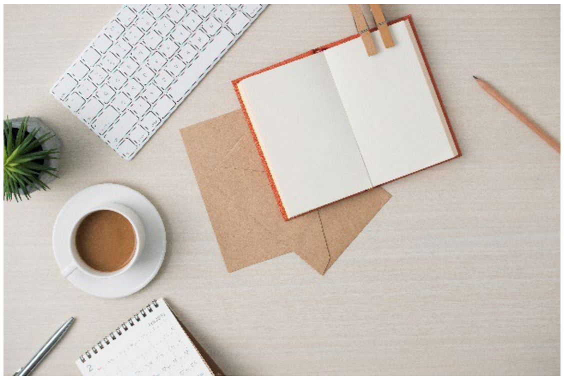
GETTING STARTED

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, The Los Angeles County Metropolitan Transportation Authority and the Public Transportation Services Corporation supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This Benefits Guide provides a summary of benefits you have under the Security Guard Benefit program, as negotiated with the Teamsters Union. The plans described in this guide are subject to specific terms and provisions of the plans, as established in the plan documents, are the sole source for interpretation and administration of the plans and programs.

Your 2024 Benefits will be effective from:
January 1, 2024 through December 31, 2024.

OPEN ENROLLMENT



Open Enrollment is a once-a-year opportunity to review your benefit choices, change plans, add or drop dependents, and enroll into a Flexible Spending Account.

After Open Enrollment ends, you cannot change your benefit elections until the next Open Enrollment in 2024, unless you experience an eligible life event,

Open Enrollment begins November 6, 2023, through November 19, 2023.

Any changes made during OE will be effective on January 1, 2024.

Who is Eligible for Benefits?

You are eligible to participate in the Security Guard Benefit Plans if you are a probationary or regular fulltime Security Guard represented by the Teamsters.

Do I Need to Enroll?

If you do not have any changes to make to your 2024 benefits, then **no action is required - except for Health Care and Dependent Care Flexible Spending Accounts. These benefits will not roll over.**

If you need to make any changes to your benefits or are enrolling for the first time, you must log in to the Online Benefits Enrollment System at benefits.metro.net.

Access is available through the Metro's Intranet and remotely from your home computer.

If you require assistance, please contact a staff member in the Pension & Benefits Administration office by calling 213. 922.5262 or 213.922.1260.

New Hires

Newly hired Security Guards attend onboarding. A portion of your onboarding session is dedicated specifically to your enrollment in the benefit plans offered by your employer. You must contact Northwest Administrators, Inc. to enroll in the Medical, Dental, Vision, Death Benefit and Prepaid Legal Plans.

What's new or changing

Our current benefit program will continue into 2024 with no changes. While your benefits aren't changing, you may have had some major life changes. Do your current choices still meet your needs? Review this Benefits Guide to understand your coverage options. Include your spouse or partner in the review if they have input into your family's benefits decisions.

EMPLOYEE LIFE INSURANCE

Life Insurance represents an important part of a complete benefit protection package. Metro provides the core Life Insurance plan (1x annual salary) through The Standard to all eligible full-time employees, with a minimum benefit amount of $25,000, at no cost to you. In addition, you may purchase higher levels of insurance coverage or Supplemental Life Insurance with underwriting approval by The Standard.

During Open Enrollment, you will be allowed to keep your current level of coverage, reduce your coverage, or apply for an increase in coverage. To apply for an increase in coverage you must submit a completed and signed Evidence of Insurability Form. The requested increase will become effective only upon the written approval of the insurance company.

Coverage Option	Amount
Basic Life insurance (no extra cost)	1x salary (Min $25,000)
Supplemental Life Insurance (extra cost)	
Buy-up	1x salary
Buy-up	2x salary
Buy-up	3x salary
Buy-up	4x salary

Buy- up Maximums: Maximum for basic Life Insurance is $400,000 and maximum Supplemental is $750,000. The total amount of Basic and Supplemental Life will not be over $1,000,000.

Important: All core Life Insurance (1x annual salary provided by the Metro) in excess of $50,000 is subject to imputed income tax pursuant to Internal Revenue Code Section 79.

COST OF COVERAGE FOR SUPPLEMENTAL LIFE BUY-UP

If you decide to "buy up," you contribute dollars toward the cost of your coverage. The actual price tags for this benefit are shown on your personalized enrollment form. The premiums for Life Insurance are taken on an after-tax basis.

Adjustments to the amount of your Life Insurance will occur on January 1 of each year, based upon your salary in effect as of the previous November 1st, and will remain frozen until the next Open Enrollment Period.

Adjustments to your premium payments will be based on your attained age as of January 1 of each year. Attained age is defined as your actual age in whole years. For example, if you were 28 years and 11 months on January 1, your attained age is 28.

Employee's Age (As of January 1, 2024)	Bi-Weekly Rate per $1,000 Insurance
Under age 20	$0.060
Age 20-24	$0.060
Age 25-29	$0.060
Age 30-34	$0.090
Age 35-39	$0.090
Age 40-44	$0.100
Age 45-49	$0.150
Age 50-54	$0.230
Age 55-59	$0.430
Age 60-64	$0.660
Age 65-69	$1.270
Age 70-74	$2.060
Age 75+	$2.060

Important Note: If your spouse or domestic partner is also employed by the Metro as a Non-Represented or AFSCME employee, or as a Security Guard, and is eligible to participate in the Life Insurance plan as an employee, you may **NOT** be enrolled as a dependent on each other's benefits.

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary receives the benefit. Make sure to review your Metro Open Enrollment form carefully to be sure your current beneficiary is listed.

If you wish to make a change to your beneficiary designation, you must complete a new "Beneficiary Designation" form (PERS-220) and forward it to Benefits Administration.

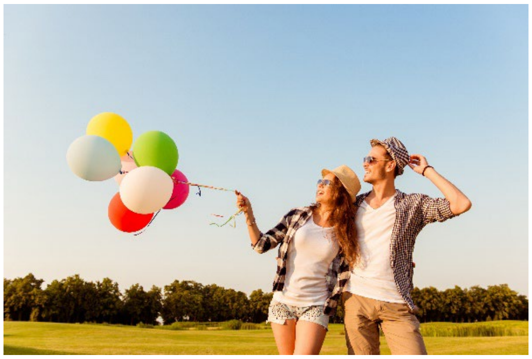
When completing the Beneficiary Designation form, consider your choices very carefully. You may choose to:

- Name a primary beneficiary(ies) to receive survivor's benefits from all plans
- Determine how the benefits are divided among your beneficiaries if you name more than one beneficiary, (e.g. 75% to your spouse and 25% to your parents)
- Name contingent beneficiary(ies) in case no primary beneficiary survives you. For example, you may decide to name your spouse as primary beneficiary and your children as contingent beneficiaries, in case your spouse does not survive you

Important note: Under the Community Property Laws of California, your spouse may be automatically entitled to 50% of monies due upon your death. If you name your spouse for less than 50%, or name someone other than your spouse as primary beneficiary, we require your spouse's consent to avoid complications which could delay the distribution of your life insurance benefit and other monies due your beneficiaries.

It is also strongly recommended that you NOT name a minor child as a beneficiary, as payment of the claim could be delayed until the minor becomes 18 years of age. If you choose to name a minor, you may want to consider adding special instructions naming an individual who is the legal trustee or guardian.

SPOUSE & DOMESTIC PARTNER LIFE INSURANCE



Important:

Evidence of insurability is required and must be submitted for all new or increased Life Insurance amounts above the $10,000 increment included in the Special Offer (above). Please complete an Evidence of Insurability Form online or request a copy from Pension & Benefits Administration.

If your spouse or domestic partner is also employed by the Metro as a Non-Represented or AFSCME employee, or as a Security Guard, and is eligible to participate in the Life Insurance plan as an employee, you may NOT be enrolled as a dependent on each other's benefits.

Spouse and domestic partner Life Insurance is provided by The Standard. It gives you the opportunity to buy Life Insurance coverage for your same or opposite sex spouse.

Coverage is also available to domestic partners who meet the State of California's definition of domestic partner. *(State of California registration required).*

Special Note – This coverage is not available for part-time employees.

Spouse or domestic partner coverage is available up to $500,000 in increments of $10,000 only. Your spouse or domestic partner may enroll up to a maximum of 50% of the Life Insurance amount you elect, rounded down to the next $10,000 increment.

The premiums for spouse and domestic partner Life Insurance are deducted on an after-tax basis.

Spouse's Age (As of January 1, 2024)	Bi-Weekly Rate per $1,000 Insurance
Under age 20	$0.060
Age 20-24	$0.060
Age 25-29	$0.060
Age 30-34	$0.090
Age 35-39	$0.090
Age 40-44	$0.100
Age 45-49	$0.150
Age 50-54	$0.230
Age 55-59	$0.430
Age 60-64	$0.660
Age 65-69	$1.270
Age 70-74	$2.060
Age 75+	$2.060

CHILD LIFE INSURANCE

Child Life Insurance is provided by The Standard. If enrolled, all your dependent children are covered for $10,000 if age six months to 26 years. The benefit is $250 for children aged 14 days to six months.

The price tag for dependent children coverage is $1.30 per month, regardless of the number of children. The premium is deducted from your paycheck on an after-tax basis. In all cases, you are the designated beneficiary for Child Life Insurance. This coverage is available only to dependent children of full-time Non-Represented and AFSCME employees.

Important: *If your spouse or domestic partner is also employed by MTA/PTSC as a Non-Represented or AFSCME employee, or as a Security Guard and is eligible to participate in the Life Insurance plan as an employee, only one of you may enroll your dependent children; not both.*

Accidental Death & Dismemberment (AD&D) Insurance

Metro/PTSC also provides you with basic Accidental Death & Dismemberment (AD&D Insurance) in the amount of $50,000. Accidental Death & Dismemberment is provided by the Federal Insurance Company (one of the Chubb Group of Insurance Companies) and covers you for accidental death or accidental loss of limb, eyesight or hearing, 24 hours a day, either on or off the job. Full benefits are paid for an accidental death and certain dismembering losses; partial benefits are paid for other losses. AD&D premiums are deducted on a pre-tax basis, providing valuable tax savings.

Coverage Options

You may select additional employee AD&D coverage for a minimum of $50,000 up to a maximum of, not to exceed $500,000. Evidence of insurability is not required for AD&D coverage. You may enroll your family in the AD&D plan. The premium is reflected on your enrollment form.

If you enroll your family in the AD&D insurance, the amount of benefit payment that will be made to you in the event of a covered loss of a dependent will be determined by the nature of your family status at the time of the loss.

Special AD&D

Full-time Non-Represented and AFSCME employees are also automatically enrolled for the following benefits:

- $250,000 Business Travel Accident Insurance
- $100,000 Letter Bomb Insurance

Eligible Dependents

- Same and opposite-sex spouses
- Domestic partners who meet the State of California's definition of domestic partner
- Children of the above

Employee Only:
Covers you for the benefit amount selected.

Family:
Covers you for the benefit amount selected. Your spouse or domestic partner for 60% of your benefit amount if there are no dependent children, or 50% of your benefit amount if there are dependent children. Each of your dependent children for 20% of your benefit amount if there is no spouse or domestic partner, or 15% of your benefit amount if there is a spouse or domestic partner. The maximum benefit amount for each dependent child is $50,000.

LONG-TERM DISABILITY INSURANCE (LTD)

The Metro provides full time employees who are members of the International Brotherhood of Teamsters Local 911 with a Long-Term Disability (LTD) plan with income replacement of 60% of monthly earnings to a maximum monthly benefit of $6,000 after a 180-day waiting period at no cost to you. Benefits are payable to age 65, or longer, if you become disabled after age 62.

You should note that any LTD benefits paid by the insurance carrier, The Standard Insurance Company, will be OFFSET by any payments made to you by the Metro from your sick pay banks, State Disability, Workers' Compensation, Social Security, or retirement plan.

FLEXIBLE SPENDING ACCOUNTS

We partner with The Advantage Group (TAG) as our health care and dependent care Flexible Spending Account (FSA) administrator. TAG offers:

- A debit card you can use to pay for qualified expenses such as a doctor's office visit or the cost to fill your prescriptions, and dependent care providers. The funds are automatically deducted from your account, so you don't have to file a paper claim*.
- Access to your spending account 24/7 at enrollwithtag.wealthcareportal.com so you can monitor your spending.
- Mobile App to monitor your accounts and/or submit claims in the event you do not use the debit card.
- Remember, you lose any funds left in your account at the end of the two and one-half month FSA grace period (March 15 of the following year).

* With TAG you still have an option to either use the debit card or file a claim. Using the card will eliminate the need to file paper claims.

What is a Flexible Spending Account (FSA)?

Flexible Spending Accounts allow employees to set aside money, before taxes, to use on eligible health care and dependent care expenses. You elect how much you want to contribute, and your employer deducts the amount from your paychecks. Since you use pretax dollars you lower your taxable income, and you use pre-tax money to pay for eligible expenses.

The Health Care FSA allows you to contribute up **$3,050** to pay for eligible health care services and items not covered by insurance for you and your dependents.

The following are just a few of the many services and items eligible under this account:

- Prescriptions
- Over-the-counter items and medicines (a doctor's prescription is required for over-the counter (OTC) drugs and medicines; over-the-counter items, such as bandages, do not require a prescription)
- Co-payments
- Dental care, orthodontia
- Vision care, eye surgery
- Therapies

The Dependent Care FSA allows you to contribute up to **$5,000** annually to pay for eligible childcare expenses, and under certain circumstances, may be used to help pay for the care of elderly dependents or a disabled spouse or dependent. The following are examples of eligible expenses:

- Before- and after-school programs
- Day care and nursery schools
- Preschool
- Dependent adult day care
- Transportation provided by care giver

A complete list of eligible expenses is provided on enrollwithtag.wealthcareportal.com.

Important! Use-It-Or-Lose-It!

Note the deadline for submitting 2023 claims. You have until March 15, 2024, to use your 2023 funds and until March 31, 2024 to submit claims. You may continue to use your debit card for purchases during this period.

Please remember the "Use-It-Or-Lose-It" rule – you must use all the money you set aside in your 2023 flex spending accounts, or you will lose it!

Cards Expiring In 2023

The Advantage Group Flex Benefit Cards that expire December 2023, will have access via their debit card through December 31, 2023. New preloaded cards will be issued by January 2024 with your 2024 healthcare elected funds. If using remaining funds before March 15, 2024, claims will have to be reimbursed through The Advantage Group's claim process.

For claim assistance and claim forms contact the Advantage Group at 877.506.1660 or visit their website at, enrollwithtag.wealthcareportal.com.

If your card does not expire this year, new cards will not be issued unless you request a new card on The Advantage Group website. Healthcare elected funds for 2024 will be preloaded to your current card effective January 1, 2024.

More information can be found on benefits.metro.net under Guidebooks.

How to Enroll for 2024

If you are enrolling in the FSAs for 2024, you will need to follow these steps:

Enroll via the Benefits Online Enrollment System during the Annual Open Enrollment period November 6-19, 2023.

Your new FSA debit cards will be sent to your home address and should arrive prior to January 1.

Note: your debit card(s) will arrive in an ordinary plain white envelope. As a special security feature, activate your card by using the last four digits of your Employee Badge Number, NOT your Social Security Number as indicated in the general notice included with your new debit card or on the TAG website. For example: if your Badge Number is 88888, you would enter it in the SSN field as 000-08-8888.

If you need assistance with your account setup, please contact the Customer Support Center at enrollwithtag.wealthcareportal.com or call toll free at 877.506.1660.

You can contact TAG at 877.506.1660 on January 2nd for any questions regarding your account set-up or your 2023 and 2024 funds or debit card.

- FSA Mastercard Debit Card
- Reimbursement Request – file a claim online, by fax or mail for reimbursement
- Mobile App – view your account information and submit claims

FREQUENTLY ASKED QUESTIONS ABOUT FLEXIBLE SPENDING ACCOUNTS

Why should I enroll in an FSA?

With an FSA, your out-of-pocket health and/or dependent care expenses are paid with tax-free dollars. You can save an average of 30 percent on all your eligible expenses! To calculate your potential savings, go to enrollwithtag.wealthcareportal.com.

Am I eligible to participate in a Dependent Care FSA?

You are eligible for this benefit if you have a dependent under age 13 (whose expenses are eligible) who requires care to enable you to work. This includes before and after school care. In addition, you must meet one of the following eligibility criteria:

- You are unmarried
- Your spouse works, is a full-time student, is actively seeking work, or is disabled (incapable of self-care)
- You are divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes

Your Dependent Care FSA can be used to pay for childcare services provided during the period the child resides with you. For a complete list of expenses that are eligible for reimbursement through a Dependent Care FSA, please go to enrollwithtag.wealthcareportal.com.

What expenses are eligible for reimbursement?

Health Care FSA

Health care plan deductibles, co-payments, prescription glasses, orthodontia and certain over-the-counter medicines and supplies are eligible if incurred while you are a participant in the plan. For a comprehensive list, please go to enrollwithtag.wealthcareportal.com.

Important Notes:

- Expenses are treated as having been incurred at the time the medical care was provided, not when you are formally billed, charged, or pay for the medical expenses
- You cannot receive reimbursement for future or projected expenses
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Section 125 guidelines

Dependent Care FSA

Eligible dependent care expenses may include services inside or outside your home by anyone other than your spouse or a person you list as a dependent for income tax purposes or one of your children under the age of 19. Services may be provided at a child or adult care center, nursery, preschool, after-school, or summer day camp.

Important Notes:

Dependent care for a child over 13, overnight camp, baby-sitting that is not work related, schooling in kindergarten and higher grades, and long-term care services are not eligible expenses

All submitted expenses are reviewed for eligibility according to Internal Revenue Code Sections 125 and 129 guidelines

How do I get started?

- Review and estimate your expenses to help determine the amount you should elect. Reviewing your checkbook, credit card statements and insurance statements from the past year and calculating your health and/or dependent care costs is a good way to start. You can also use TAG's online calculator by going to the following website: enrollwithtag.wealthcareportal.com.
- Sign up for the FSA account(s) along with your other benefits during the Annual Benefits Open Enrollment period or during the new hire benefit orientation session.

What happens if I do not use all the money in my account by the end of the plan year?

Federal law governing flexible spending accounts specifies that any money remaining in your account at the end of the plan year will be forfeited. This is more commonly known as the "Use-It-or-Lose-It" rule.

However, your plan has a "grace period," until March 15th of the following year, that allows additional time to use money from your FSA.

Can I change my election amount during the plan year?

Your decision to participate in an FSA is binding for the entire plan year, and you may change your election only as permitted by IRS regulations.

Generally, to make an FSA election change, you must experience a significant life event such as marriage, divorce, birth, or death in your immediate family. For a Dependent Care FSA only, you may also make election changes that simply correspond with changes in your cost of the care. You may not reduce your election amount to an amount less than either your then-current FSA balance or your year-to-date FSA contributions.

A change to your FSA election constitutes the end of your prior election and the beginning of a new election period. Expenses incurred during the period prior to the election change are subject to the initial election amount; expenses incurred during the period after the election change are subject to the new election amount.

What happens to my FSA if I terminate employment?

Participation in the FSA ends if you terminate employment. This means only expenses incurred prior to the date your participation in the plan ends are eligible for reimbursement. Claims for expenses incurred prior to the plan termination date must be submitted within the "runout" period.

What is the "runout" period?

The runout is a specified period of time after the end of the plan year, or following your termination in the plan, in which you may continue to submit claims incurred during your period of coverage. This is not a period when you are able to continue to incur new expenses, but rather it allows you time to gather and submit expenses before forfeitures are applied.

For plan assistance, contact:

- **TAG Participant Support Phone:** 877.506.1660
- **Website:** enrollwithtag.wealthcareportal.com

Frequently Asked Questions about the Debit Card

Some cards are worth holding on to and your Flex Benefits Mastercard Debit Card is one of them! Your card is good for three years, so even if you've exhausted your current plan year account balance, your current card is valid for the next plan year when you enroll in the plan.

Why do participants appreciate the Flex Benefits Mastercard Debit Card?

Participants who use the debit card won't have to pay qualified expenses out of their personal funds and then wait for a reimbursement. There's less paperwork.

For example, when the card is swiped for a co-pay at the doctor, pharmacy, or at IIAS (Inventory Information Approval System) retailers, no additional paperwork is required.

The Flex Benefits Mastercard Debit Card meets IRS requirements. The card can only be used by the participant (or their dependent(s) or spouse) at IRS- qualified providers to pay qualified expenses from their flex account.

Where is the Flex Benefits Mastercard Debit Card accepted?

The card can be used only at qualified locations, but not necessarily at all merchants that accept Mastercard. For example, it works at providers like pharmacies, doctors' offices, vision care centers, hospitals, IIAS retailers, etc.

These IRS-imposed limitations help ensure the card is used only when paying qualified expenses. When the card is swiped at a qualified location and there is a sufficient balance available in the participant's account, the card swipe is approved.

How do we verify that the Flex Benefits Mastercard Debit Card is used ONLY for qualified expenses?

The IRS requires that TAG, as your plan service provider, verify all card swipes. Most swipes are automatically verified. Card swipes for co-pays or multiple co-pays at qualified locations such as the doctor's office.

Card swipes at IIAS retailers. (Inventory Information Approval System). This is because IIAS retailers allow only qualified plan expenses to be paid with the Flex Benefits Mastercard Debit Card.

Therefore, when the cardholder's shopping basket contains both qualified healthcare items and other merchandise, the transactions will be automatically split, and the cardholder will be asked for another form of payment to complete the purchase.

When a card swipe is automatically verified, we will not request a receipt be provided to us (*The IRS requires the participant to retain all itemized merchant receipts as well as the flex benefits card receipts*).

What happens if the Flex Benefits Mastercard Debit Card is used to pay for services that are NOT IRS qualified?

If any portion of a card swipe is considered questionable, the participant will be notified and asked to turn in receipts. If it is determined that a portion of a card transaction is not qualified, or the participant does not respond, they will be asked to repay the amount. The amount they owe may be repaid by logging into the website. It may also be repaid by deducting it from the participant's future claim.

If the participant does not respond by the deadline, their card may be suspended until the amount they owe is repaid. At the employer's option, the card may be reinstated.

Can participants file claims when the Flex Benefits Mastercard Debit Card is not used?

Yes. Participants may also pay expenses from their personal funds and then file a claim for reimbursement. This will be necessary if a merchant does not accept Mastercard cards.

What if the Flex Benefits Mastercard Debit Card is lost, stolen or was not received by a participant?

To report a lost or stolen card, or if a participant did not receive their card in the mail at their home address on record, call 877.506.1660, weekdays, 8am to 5pm (PST).

401(K) THRIFT PLAN AND 457 DEFERRED COMPENSATION PLAN

The 2024 individual contribution limits to the 457 Deferred Compensation plan and the 401(k) Thrift Plan are based on indexing determined by the IRS.

457 Deferred Compensation Plan

For calendar year 2024, you may contribute up to $22,500 in pretax dollars to your 457 Plan. If age 50 or older, your annual limit is $30,000.

401(k) Thrift Plan

For calendar year 2024, you may contribute up to $22,500 in pretax dollars to your 401(k) Plan. If age 50 or older, your annual limit is $30,000.

Maximum – Both Plans

During calendar year 2024, you may defer up to $45,000 ($60,000 if age 50 or older) in pre-tax dollars by simultaneously contributing the maximum amount to each plan.

Roth IRA

An after-tax contribution, which upon meeting eligibility requirements, allows you the opportunity to build retirement assets without ever owing taxes on the earnings. The maximum contribution for 2024 is $6,500 ($7,500 for age 50 or older). Your modified adjusted gross income must be within the allowable guidelines in order to participate.

Catch-up rule (457 Plan)

If you have not previously participated in "catch-up," you can contribute $45,000 to the 457 Plan in calendar year 2024, plus $22,500 ($30,000 for age 50 or older) in the 401(k) plan for a total of $67,500 ($75,000 for age 50 or older) in pre-tax dollars.

Rollover

Effective January 1, 2003, combining or "rolling over" your retirement assets became more flexible than ever. You can combine previous employer plan assets (401(k), 457, 403b or IRAs) into either the Metro's 401(k) or 457 plan, or a combination of both plans.

Upon separation of employment, you have the option to combine retirement assets, 401(k), 457 and IRAs.

Combining these assets can have an impact on your withdrawal options.

These changes can have significant positive and / or negative impacts on your taxes. The rules are complicated! Therefore, we urge you to check with your Mission Square Representative or other expert for guidance prior to making any major decisions.

Loans

The 401(k) and 457 Plans permit loans of up to 50% of your account value (maximum loan amount is $50,000; minimum loan amount is $1,000). Only one loan outstanding at a time.

Distributions

Under the 401(k) Plan, any distribution from the plan prior to age 59 1/2 is taxable as ordinary income PLUS a 10% tax penalty as a premature distribution of pension assets. Under the 457 Plan, any distribution from the Plan is taxable only as ordinary income; there is NO premature distribution tax penalty.

Prior to January 1, 2002, once a payment method was established by an employee/retiree for their 457 Plan, it was cast in stone and could not be changed.

Effective January 1, 2002, 457 distributions have the same flexibility as 401(k) plans.

Further details are available in the Pension & Benefits Office and from the Mission Square representatives.

FOR BENEFITS ASSISTANCE

Metro

Nicole Patino	**213.922.5262**	**Email: patinoni@metro.net**
Leocriscia Olmedo	**213.922.1260**	**Email: olmedol@metro.net**

			Website
Medical, Dental, Vision & Prescriptions	**Northwest Administrators, Inc.**	877.214.8928	
Membership Information	**CalPERS**	888.CalPERS	Calpers.ca.gov
Flexible Spending Accounts	**The Advantage Group**	877.506.1660	enrollwithtag.wealthcareportal.com
401(k), 457, Roth IRA plans	**MissionSquare Retirement** *Onsite Rep: Crystal Durazo* *Onsite Rep: Jessica Sequeira*	800.669.7400 866.266.7312 866.339.8795	icmarc.org cdurazo@icmarc.org jsequeira@icma.org
General Questions	**Social Security Administration**	800.772.1213	ssa.gov
Open Enrollment Website			Benefits.metro.net

Health Insurance Marketplace Coverage Options & Your Health Coverage

Under the Affordable Care Act, employers are required to provide this notice containing basic information about the Health Insurance Marketplace.

The Metro is committed to providing a comprehensive package of health resources to employees and their dependents. Employees covered under our plans will not need to access the Health Insurance Exchange.

What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals find health insurance and offers one-stop shopping to find and compare private health insurance options. Enrollment opportunities begin November 6, 2023, for coverage effective January 1, 2024.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premiums, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings one might be eligible for depends on your household income. The Metro health plans meet or exceed the required standards.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. Since the Metro meets or exceeds the standards, you will not be eligible for a tax credit through the Marketplace. If you purchase a health plan through the marketplace instead of accepting coverage offered by the Metro, the employer contribution (currently 90% of the premium) will not apply to coverage you purchase through the Exchange. Also, payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your Metro coverage, please contact:

- Nicole Patino at 213.922.5262 or
- Jan Olsen at 213.922.7151

Information About Health Coverage Offered by Your Employer

This section contains information about the health coverage offered by the Metro. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Public Transportation Services Corporation	4. Employer Identification Number (EIN) 95-46461178	
5. Employer Address One Gateway Plaza	6. Employer Telephone Number 213.922.7080	
7. City Los Angeles	8. State CA	9. Zip Code 90012
10. Who can we contact about employee coverage at this job? Northwest Administrators (benefit plan administrators for Teamster Misc. Security Trust Fund)		
11. Phone number (if different from above) 877.214.8928	12. Email Address	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- ☐ All employees.
- ☒ Some Employees. Eligible employees are:
  - Metro employees represented by the Teamsters

With respect to dependents:

- ☐ We do offer coverage. Eligible dependents are:
  - Your spouse to whom you are legally married
  - Your domestic partner (Declaration of Domestic Partnership Form required)
  - Dependent children, to age 26
  - Unmarried children over the age of 26, who have physical or mental disabilities to the extent they are chiefly dependent upon you for financial support.

- ☒ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. You may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, *CoveredCA.com* and *HealthCare.gov* can help guide you through the process.

Metro

Employee Benefits Booklet designed and developed by

Alliant

in conjunction with the Los Angeles County Metropolitan Transportation Authority and Public Transportation Services Corporation

rev.11.4.2023