

# THE LONG ISLAND RAIL ROAD COMPANY 2018 BENEFITS PACKAGE OVERVIEW FOR REPRESENTED EMPLOYEES

Note that all benefits described herein are benefits that are currently in effect. These benefits are all subject to change, including termination thereof, at any time in the sole discretion of the MTA, except to the extent that they have been established by collective bargaining agreement. The summary of benefits is for information purposes only and may be modified at any time. Some benefit programs, such as public retirement plans, are administered and interpreted outside of the MTA. If information conflicts with the provisions of any benefit program, the program's policies control.

## **The Empire Plan (New York State Health Insurance Program)**

**The Empire Plan is a comprehensive health insurance program, consisting of four main parts:**

- **Hospital Program (administered by Empire BlueCross BlueShield)**
- **Medical Surgical Program (administered by UnitedHealthcare)**
- **Mental Health & Substance Abuse Program (administered by Beacon Health Options, Inc.)**
- **Prescription Drug Program (administered by CVS Caremark)**

**See following pages for more detailed information on the Plan.**

### **Empire Plan Out-Of-Pocket Costs**

**In-Network Out of Pocket Limit:** The amount you pay for network services/supplies is capped at the out-of-pocket limit, and includes copayments you make to providers, facilities, and pharmacies. Once the out-of-pocket is reached, network benefits are paid in full. For 2018, the maximum out-of-pocket limit for covered in-network services under the Empire Plan is \$7,350 for Individual coverage and \$14,700 for Family coverage, split between all four lines of coverage listed above.

**Out-of-Network Combined Annual Deductible:** The combined annual deductible is \$1,000 for the enrollee, \$1,000 for enrolled spouse/domestic partner, and \$1,000 for all dependent children combined. This annual deductible applies to services received out-of-network, combined across the Basic Medical Program, the Home Care Advocacy Program, and the Mental Health and Substance Abuse Program.

**Combined Annual Coinsurance Maximum:** The combined annual coinsurance maximum is \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner, \$3,000 for all dependent children combined. Coinsurance amounts incurred for non-network Hospital coverage, Basic Medical Program coverage and non-network Mental Health and Substance Abuse coverage count toward the combined annual coinsurance maximum.

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<p style="text-align: center;"><b>Hospital Program (Empire Blue Cross Blue Shield)</b></p> <p style="text-align: center;"><b>1-877-769-7447</b></p> <p style="text-align: center;"><b>Call for Pre- Admission/MRI/CT/PET: 1-877-769-7447</b></p> <p style="text-align: center;"><b>Please Note: Pre-admission certification is required before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission or for admission or transfer to a skilled nursing facility.</b></p>	<p><b><u>Network Benefits:</u></b> You pay only applicable copayments for services/supplies provided by a facility that is part of the network.</p> <p><b><u>Hospital Inpatient:</u></b> Paid in full benefits for inpatient hospital, hospice or skilled nursing facility care at a network facility. Services provided by an anesthesiologist, radiologist or pathologist that are related to your hospital service but billed separately are paid in full.</p> <p><b><u>Emergency Department:</u></b> \$70 copayment for emergency medical care. Includes use of facility for emergency care, emergency room physician, providers who administer or interpret radiological exams, electrocardiograms and pathology services. (co-pay waived if patient is admitted).</p> <p><b><u>Outpatient Department:</u></b> \$60 copayment for outpatient surgery. \$40 copayment for outpatient diagnostic radiology, diagnostic lab tests, and/or, administration of Desferal for Cooley's Anemia. No copayment for outpatient radiation therapy, hemodialysis or chemotherapy.</p> <p><b><u>Non-network Benefits</u></b> Non-network hospital inpatient stays and outpatient services: You will be responsible for a coinsurance amount of 10% of billed charges for inpatient services, and the greater of 10% coinsurance or \$75 for outpatient services, up to the combined coinsurance maximum of \$3,000 for yourself, \$3,000 for your spouse/domestic partner, and \$3,000 for all dependent children combined.</p>	<p>Eligibility for all group health coverage:</p> <p>Upon submission of the required forms and proofs, coverage is effective on the first day of the month following date of hire for employees &amp; eligible dependents.</p>	<p>Employees shall contribute, on a pre-tax basis, two percent (2.0%) of their straight time earnings up to forty (40) hours per week to defray the cost of Health Benefits.</p> <p>Co-payments &amp; deductibles are your responsibility.</p>
<p style="text-align: center;"><b>Medical/Surgical Program (UnitedHealthcare)</b></p> <p style="text-align: center;"><b>1-877-769-7447</b></p>	<p style="text-align: center;"><b><u>NON-PARTICIPATING PROVIDERS</u></b></p> <p>Deductible of \$1000 enrollee; \$1000 enrolled spouse/domestic partner; \$1000 all dependent children.</p> <p>Coinsurance - 80% of usual &amp; customary charger after deductible is satisfied.</p> <p>The Plan has a combined annual coinsurance maximum of \$3,000 per enrollee, \$3,000 spouse/ domestic partner, and \$3,000 per all dependent children, After you reach the combined annual maximum, reimbursement will be up to 100% of the usual and customary charge.</p>		<p>Co-payments &amp; deductibles are your responsibility.</p>

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<p><b>Medical/Surgical Program (Continued)</b></p>	<p style="text-align: center;"><b><u>PARTICIPATING PROVIDERS</u></b></p> <p><b><u>Doctor’s Office Visit/Office Surgery/Laboratory/Radiology</u></b> Each covered service is subject to \$20 copayment per visit to a Participating Provider. Maximum of 2 copayments per visit.</p> <p><b><u>Routine Physical</u></b> Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable Care Act. Other covered services subject to \$20 co-payment per visit to Participating Provider. For Non-Participating Providers, routine exams are covered once every calendar year for employees age 50 or older, and for covered spouse/domestic partner 50 or older.</p> <p><b><u>Routine Pediatric Care – Up to Age 19</u></b> Routine well-child care is a paid-in-full benefit. This includes examinations, immunizations and cost of injectable substances when administered according to guidelines.</p> <p><b><u>Hearing Aids</u></b> Hearing aid evaluation, fitting &amp; purchase of hearing aids covered up to a max. reimbursement of \$1,500, per hearing aid, once every 4 yrs; children 12 yrs. and under covered up to \$1,500, per hearing aid, every 2 yrs. if existing hearing aid can no longer compensate for child’s hearing per ear loss. This benefit is not subject to deductible or co-insurance.</p> <p><b><u>Outpatient Surgical Locations</u></b> \$30 co-payment covers facility, the same-day on-site testing &amp; anesthesiology charges for covered services at participating surgical centers.</p> <p><b><u>Diabetes Education Centers</u></b> Visits subject to \$20 copayment for participating centers.</p>		<p>Co-payments &amp; deductibles are your responsibility.</p>

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<p style="text-align: center;"><b>Medical/Surgical Program (Continued)</b></p>	<p><b><u>Ambulance Service</u></b> Local, professional/commercial ambulance covered under basic medical, subject to a \$35 co-payment. Volunteer Ambulance Service: Reimbursed for donation up to \$50 for services under 50 miles; \$75 for services over 50 miles. Not subject to deductible and co-insurance.</p>		<p style="text-align: center;">Co-payments &amp; deductibles are your responsibility.</p>
<p style="text-align: center;"><b>Home Care Services, Skilled Nursing Services &amp; Medical Equipment/ Supplies</b></p>	<p><b><u>Home Care Advocacy Program (HCAP)</u></b> Home care services, nursing services and durable medical equipment &amp; supplies call HCAP at 1-877-769-7447. Covered services &amp; supplies are covered in full when HCAP pre-certifies &amp; makes or helps make arrangements.</p>		<p style="text-align: center;">You must call for prior authorization to receive paid-in-full benefits.</p>
<p style="text-align: center;"><b>Mental Health/Substance Abuse (MHSA) Program</b></p> <p style="text-align: center;"><b>Beacon Health Options</b></p> <p style="text-align: center;"><b>Call 1-877-769-7447 and choose the Mental Health &amp; Substance Abuse Program (menu item 3).</b></p> <p style="text-align: center;"><b>The Clinical Referral Line is available 24 hours a day every day of the year.</b></p>	<p>The Mental Health and Substance Abuse Program offers two levels of benefits. If you call the MHSA Program before receiving services, and follow their recommendations, you will receive in-network benefits as follows:</p> <p><b><u>Network Coverage</u></b></p> <p><b><u>Inpatient:</u></b> Mental Health and Substance Abuse: Approved Facilities and Practitioner Treatment or Consultation are paid-in-full</p> <p><b><u>Outpatient:</u></b> Mental Health: \$20 copay per visit with up to three visits per crisis paid in full. Substance Abuse: \$ 20 copay per visit.</p> <p><b><u>Non-Network Coverage</u></b></p> <p><b><u>Inpatient:</u></b> Plan pays up to 90% of usual and customary charges for covered services and up to 100% after \$3,000 coinsurance maximum per enrollee, spouse/domestic partner, dependent child(ren).</p> <p><b><u>Outpatient:</u></b> Plan pays up to 80% of usual &amp; customary charges for covered services after \$1000 annual deductible is met.</p> <p>After maximum coinsurance of \$3,000 is met for enrollee, \$3,000 spouse/domestic partner, or \$3,000 dependent child(ren), benefits are paid at 100% of usual &amp; customary charges for covered service.</p>	<p>To ensure highest level of benefits, you must call Beacon Health Options <b>before</b> beginning any treatment including substance abuse or alcoholism.</p> <p style="text-align: center;">Call 1-877-769-7447 and press or say “3” to reach the MHSA program.</p>	<p style="text-align: center;">Co-payments &amp; deductibles are your responsibility.</p>

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<p><b>Empire Plan NurseLine</b> (Available 24/7)</p>	<p>Call the Empire Plan toll-free at <b>1-877-7-NYSHIP (1-877-769-7447)</b> and choose the Empire Plan NurseLine for health information and support.</p>		<p>N/A</p>
<p><b>Centers of Excellence</b></p> <p><b>Preauthorization Required</b></p> <p><b>1-877-769-7447</b></p> <p><b>Please see The Empire Plan “Choices for 2018” booklet for more information, on The LIRR Benefits page, or</b></p> <p><a href="http://www.cs.state.ny.us">www.cs.state.ny.us</a></p>	<p><b>Centers of Excellence for Cancer Program</b></p> <p>Includes paid-in-full coverage for cancer-related expenses received through Cancer Resource Services (CRS), which is a nationwide network including many leading cancer centers.</p> <p>Contact CRS at 1-866-936-6002 (or through NYSHIP)</p> <p>If you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Program coverage and/or Medical/Surgical Program coverage.</p> <p><b>Centers of Excellence for Transplants Program</b></p> <p>Paid-in-full benefits are available for certain transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence. When calling NYSHIP, select the Hospital Program for prior authorization.</p> <p><b>Infertility Centers of Excellence</b></p> <p>Paid-in-Full benefit is available subject to the lifetime maximum of \$50,000 per covered person. To request a list of qualified procedures, or for preauthorization of infertility benefits, call the Medical/Surgical Program.</p>		<p>Paid-in-full benefits are available through the Centers of Excellence Program.</p> <p>If you do not enroll, benefits will be provided in accordance with the Hospital Program, and/or Medical/Surgical Program coverage.</p> <p>Prior Authorization for services is required whether or not you choose a Centers of Excellence Program.</p>

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<p style="text-align: center;"><b>Chiropractor/ Physical Therapist United Health Care</b></p> <p style="text-align: center;"><b>1-877-769-7447</b></p>	<p><u><b>Managed Physical Network (MPN) Provider</b></u> \$20 co-pay per visit for medically necessary chiropractic treatment or physical therapy.</p> <p><u><b>Non-Network Provider</b></u> \$250 Managed Physical Medicine Program deductible per participant. 50% co-insurance after meeting the annual deductible(s).</p>		<p>Co-payments &amp; deductibles are your responsibility.</p>																
<p style="text-align: center;"><b>HMO (Health Maintenance Organizations) Various</b></p>	<p>In addition to the Empire Plan, NYSHIP offers several HMOs. HMO's are a pre-paid medical plan that provides a pre-determined medical care package.</p> <p><b>Participating HMOs include:</b> <b>Blue Choice, Community Blue, HMO Blue, Empire BlueCross BlueShield HMO, and HIP Health Plan of New York.</b> <b>Contact NYSHIP for additional information (1-877-769-7447).</b></p>		<p>Employee contribution varies based on the HMO premium cost.</p> <p>Co-payments &amp; deductibles are your responsibility.</p>																
<p style="text-align: center;"><b>Prescription Drug Program CVS-Caremark / Empire Plan</b></p> <p style="text-align: center;"><b>Retail Pharmacy or through Mail Order Service</b></p>	<p><b>Prescription Drug Co-payment Chart</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Supply Dispensed</th> <th style="text-align: center;">Generic</th> <th style="text-align: center;">Preferred Brand-name</th> <th style="text-align: center;">Non Preferred Brand-name</th> </tr> </thead> <tbody> <tr> <td>Up to 30 day supply from a participating pharmacy</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$45</td> </tr> <tr> <td>31-90 day supply from participating retail pharmacy</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$90</td> </tr> <tr> <td>31-90 day supply from Mail Service pharmacy</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$90</td> </tr> </tbody> </table> <p>Certain covered drugs do not require a copayment when using a network pharmacy, including oral chemotherapy drugs, Tamoxifen and Raloxifene when prescribed for the primary prevention of breast cancer.</p>	Supply Dispensed	Generic	Preferred Brand-name	Non Preferred Brand-name	Up to 30 day supply from a participating pharmacy	\$5	\$25	\$45	31-90 day supply from participating retail pharmacy	\$10	\$50	\$90	31-90 day supply from Mail Service pharmacy	\$5	\$50	\$90		<p>If you choose to purchase a brand-name drug, which has a generic equivalent, you pay the non-preferred brand-name co-payment plus the difference in cost between the brand-name drug and the generic.</p>
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<p style="text-align: center;"><b>Medical Opt-Out Incentive Program</b></p>	<p>Employees who have other medical coverage and waive NYSHIP coverage for one year beginning January 1, will receive an incentive payment in January of the following year:</p> <ul style="list-style-type: none"> <li>• \$550 if currently enrolled in individual coverage</li> <li>• \$1,100 if currently enrolled in family coverage</li> </ul> <p>Payments subject to applicable federal, state &amp; local taxes unless deferred into your 401(k) or 457 plans.</p>																		

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<b>Life Insurance Metropolitan Life</b>	<u>Life Insurance Provided as Listed Below</u> TCU (Hired prior to 1/1/88) BLE - \$28,000 per employee. SMART-UTU & YDM \$100,000 per employee. F&O, IAM, SMW & IBEW - \$50,000 per employee. GANG FOREMEN - \$92,000 per employee. BRS - \$100,000 per employee (eff. 1/1/2016)	Effective after two months of service with the LIRR. <b>TCU members not eligible unless hired prior to 1/1/88.</b>	LIRR pays the entire cost.
<b>Accidental Death &amp; Dismemberment Metropolitan Life</b>	\$10,000 in addition to life insurance.	Effective after two months of service with the LIRR.	LIRR pays the entire cost.
<b>Dependent Life Insurance Metropolitan Life</b>	Your spouse and each of your eligible dependents 14 days or older are eligible for the following amounts: <b>TCU (Hired prior to 1/1/88)</b> Spouse - \$4,000 Children 14 days – 6 months - \$400 Children 6 months – 19 years - \$2,000	Effective after two months of service with the LIRR. TCU members not eligible unless hired prior to 1/1/1988	LIRR pays the entire cost.
<b>Hearing Aid LIRR</b>	The purchase of hearing aid for each ear if medically necessary once in every 3 calendar years. <ul style="list-style-type: none"> <li>• Basic comprehensive Audiological evaluation</li> <li>• Complete hearing aid reflecting the latest state-of-the-art technology</li> <li>• \$500 per hearing aid each ear once every 3 calendar years</li> </ul>	Effective after two months of service with the LIRR. Employee must first submit application through NYSHIP and then to the BSC.	LIRR pays the entire cost.
<b>Dental MetLife</b>  <b>1-800-942-0854 Group # 90443</b>	Paid as per schedule of benefits listed in the Plan Certificate. <b>BLE</b> - Max for Orthodontia-\$1650. Max for other covered expenses per calendar year-\$1,100. <b>BRS</b> - Max for Orthodontia-\$1,815 Max for other covered expenses per calendar year-\$1,210. <b>F&amp;O, IAM, IBEW, SMW, TCU, UTU, YDM &amp; GANG FOREMEN</b> Max for Orthodontia\$1,997 Max for other covered expenses per calendar year-\$1,331	Effective after two months of service with the LIRR. Dependent children covered until age 19, or 23 if full-time student.	LIRR pays the entire cost.
<b>Vision EyeMed Vision Plan (Includes GVS) Plan 9745753</b>  <b>1-800-334-7591</b>	<b>BLE</b> - Complete eye exam add 1 pair of glasses per individual, per calendar year – Max \$39. <i>Plan # 9745761</i>  <b>BRS, F&amp;O, IAM, IBEW, SMW, TCU, UTU, YDM &amp; GANG FOREMEN</b> - Complete eye exam and 1 pair of glasses per individual, per calendar year – Max \$50.	Effective after two months of service with the LIRR. Dependent children covered until age 19.	LIRR pays the entire cost.

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<b>MTA Flexible Spending Account (FSA) P &amp; A Group</b>	The FSA allows you to set aside pre-tax dollars for eligible health care and dependent care expenses for the calendar year. Visit <a href="http://www.padmin.com">www.padmin.com</a> for more information.	Open Enrollment November/December with an effective date of January 1 <sup>st</sup> .	The LIRR pay the administrative cost. Employee contributes weekly through payroll deductions.
<b>NY College Savings Program U-Promise</b>	Provides tax benefits & professional investment management to save for your children's, grandchildren's, relatives', and/or friends' college education through payroll deduction.	Effective the first day of your employment with the LIRR.	Employee contributes monthly through payroll deductions.
<b>Bereavement Leave</b>	Represented employees may request and will be allowed up to a maximum of three (3) working days off without loss of pay at the time a death occurs in their immediate family. Proof of death in family is required in the form of a death certificate or note from the funeral director.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.
<b>Jury Duty</b>	A Represented employee required to be absent from work in order to perform jury duty will have their pay continued, per the applicable collective bargaining agreement.	Effective after one year of service with the LIRR.	LIRR pays the entire cost.



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<p style="text-align: center;"><b>Employee Assistance Program</b>  (EAP)</p>	<p>A confidential and comprehensive counseling and referral program for work related and/or personal issues is available for LIRR employees and their families. Assistance is available for a wide range of issues including: Stress, Marital &amp; Family issues, Life Transitions, Substance and Alcohol Abuse, Emotional Problems, Crisis, Eating Disorders, etc.</p> <p><b>The Employee Assistance Office is located at: 300 Old Country Road, Suite 103, Mineola, NY 11501 The Phone Number is: 516-248-3434</b></p>	<p>Effective the first day of your employment with the LIRR.</p>	<p style="text-align: center;">N/A</p>
<p style="text-align: center;"><b>Tuition Reimbursement</b></p>	<p>The program is designed to develop employee advancement through attainment of specific degree programs in fields relevant to their current or potential future job responsibilities.</p> <p>The program covers courses and curricula at accredited colleges and universities, including two year community and vocational colleges; accredited vocational/trade schools &amp; technical institutions; and professional societies or associations.</p> <p>Employees hired may be reimbursed for educational expenses up to a maximum of \$4,000 in a calendar year (January – December).</p>	<p>Represented applicant must have completed twelve months of continuous service before the date on which the class commences.</p> <p>The Department Head must deem the proposed course of study program to be job-related/career related.</p> <p>Your application must be approved before the class begins.</p>	<p>LIRR may provide payment to employees upon submission of:</p> <ol style="list-style-type: none"> <li>(1) original bursar's receipt for all eligible expenses;</li> <li>(2) original official grade report(s) or a registrar's transcript.</li> </ol> <p>Receipts &amp; other documentation must be presented within six (6) months of receipt of final grade.</p>
<p style="text-align: center;"><b>Transportation Pass</b></p>	<p>The Company grants transportation privileges to employees, their spouse/domestic partner, and dependent children, consistent with Corporate Policy 003-001.</p> <p>For spouse/dependents, the pass is for "occasional use, and <b>NOT</b> to be used for the purpose of daily commutation to a place of employment.</p>		<p style="text-align: center;">N/A</p>

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<p><b>Railroad Retirement Act</b></p> <p><b>Railroad Retirement Board</b>  <b>1400 Old Country Road</b>  <b>Suite 204</b>  <b>Westbury, NY 11590-5130</b></p> <p><b>877-772-5772</b></p> <p>www.rrb.gov</p>	<p>A Federal Law that provides Retirement and Disability Annuities for qualified railroad Employees, Spousal Annuities and Survivor benefits for the families of deceased employees who were insured under the Act.</p> <p>Benefits are paid at the following levels:</p> <p>Age 65-67 (100%)* for employees with less than 360 months of service.            Age 62 (70-80%)* for employees with less than 360 months of service.            Age 60 (100%)* for employees with 360 or more months of service.</p> <p>Spousal Annuities are payable upon meeting the required age requirements.</p> <p>*Benefit levels and contribution levels are set by the Railroad Retirement Board in accordance with the appropriate law.</p>	<p>Effective the first day of your employment with the LIRR.</p> <p>Five years (60 months) of creditable service rendered after 1995 for a Service &amp; Age Annuity</p> <p>Five years (60 months) creditable service rendered after 1995 for a Total &amp; Permanent Disability Annuity</p> <p>or</p> <p>Twenty years (240 months) of creditable service for an Occupational Disability Annuity</p>	<p>Shared Cost LIRR/Employee</p> <p><b>Tier I – (2018)</b>            6.20% rate until \$128,400 of compensation.</p> <p>Tier IA (Medicare tax rate) of 1.45% will continue with no limit on compensation.</p> <p><b>Tier II – (2018)</b>            4.90% tax rate until \$95,400 of compensation for Employee.</p>
<p><b>Railroad Unemployment Insurance Act (RUIA)</b></p>	<p>Provides unemployment insurance or railroad sickness insurance benefits. The Railroad Retirement Board must be contacted for unemployment and sickness benefits.</p> <p>The level of benefits provided is subject to change by the Railroad Retirement Board.</p>	<p>Benefit Year-July 1– June 30</p> <p>Benefits are payable to you if you had at least 5 Months of Credited Service in the prior calendar year which is called the “base year”.</p>	<p>LIRR pays the entire cost.</p>

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<p style="text-align: center;"><b>Long Island Rail Road Company Pension Plan</b></p> <p style="text-align: center;"><b>&amp;</b></p> <p style="text-align: center;"><b>Long Island Rail Road Company Plan for Additional Pensions</b></p>	<p><b><u>THE LONG ISLAND RAIL ROAD DEFINED BENEFIT PLAN</u></b> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired prior to <b>12/31/87</b>)</p> <p>Benefit Formula: 2% of final average earnings times years of service (maximum of 25 years), plus 1, 5% of final average earnings times years of service in excess of 25.</p> <p>At age 65 offset for Railroad Retirement at a rate of 25% or 50% depending on date of hire.</p>	<p>Current Employees Age 65 &amp; 5 years of service or Age 50 &amp; 20 years of service or Age 65 and vestee with at least 10 years of service, but less than 20 years.</p>	<p>LIRR pays the entire cost, except a 3% contribution is required for those employees hired after 7/1/78.</p>
<p style="text-align: center;"><b>MTA Defined Benefit Pension Plan</b></p>	<p style="text-align: center;"><b><u>MTA DEFINED BENEFIT PENSION PLAN</u></b></p> <p>Credited Service – generally all service rendered by an employee with the Railroad (<b>Employees hired after January 1, 1988</b>)</p> <p>Benefit Formula: 1.67% of Final Average Compensation (FAC) (highest 3 consecutive years in last 10 years) times years of credited service up to 20 years. If over 20 years, 2.0% of FAC times years of credited service up to 30 years, plus 1.5% of FAC times years of credited service in excess of 30 years.</p> <p>Offset by Tier II Railroad Retirement Annuity when Tier II benefit payable.</p>	<p>Age 60 &amp; 5 years of service For employees hired prior 1/31/08</p> <p style="text-align: center;">Or</p> <p>Age 62 &amp; 5 years of service For employees hired after 1/31/08</p> <p>Age 55 &amp; 30 years of service</p> <p style="text-align: center;">or</p> <p>Reduced pension available at age 55 with minimum of 10 years of service but less than 30 years.</p>	<p>LIRR pays the entire cost except as follows: An employee contribution of 3% is required for 10 years from the date of participation in the Plan for those employees hired prior to 1/31/08.</p> <p>An employee contribution of 4% is required for 10 years from the date of participation in the Plan for those employees after 1/31/08.</p> <p>Employees hired after 9/24/2014 shall continue the 4% member contribution for 15 years.</p>

**THE LONG ISLAND RAIL ROAD COMPANY  
2018 BENEFITS PACKAGE OVERVIEW  
FOR REPRESENTED EMPLOYEES**

<b>BENEFIT COVERAGE &amp; INSURER</b>	<b>PLAN DESCRIPTION</b>	<b>ELIGIBILITY</b>	<b>COST/EMPLOYEE</b>
<p><b>401(k) Plan</b></p> <p><b>Prudential</b></p> <p>(877) 756-4682 www.retirement.prudential.com</p>	<p>The 401(k) Plan is a tax-deferred retirement savings plan. You may defer income by electing any percentage, or flat dollar amount, of your annual salary through payroll deductions up to a maximum of \$18,500 per year. Participants who will be age 50 or over in 2018 may contribute an additional \$6,000.</p> <p>The Plan also includes a Roth (post-tax contributions) option.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes through weekly payroll deductions.</p>
<p><b>457 Plan</b></p> <p><b>Prudential</b></p> <p>(877) 756-4682 www.retirement.prudential.com</p>	<p>The 457 Plan is also tax-deferred retirement savings plan. You may defer income by electing any percentage, or flat dollar amount, of your annual salary through payroll deductions up to a maximum of \$18,500 per year. Participants who will be age 50 or over in 2018 may contribute an additional \$6,000. The plan allows participants to “catch up” on underutilized deferrals up to a maximum of double the normal dollar limit each year during the last three years prior to retirement.</p> <p>The Plan also includes a Roth (post-tax contributions) option.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes weekly through payroll deductions.</p>

OFFICIAL PLAN OR POLICY DESCRIPTION TAKES PRECEDENCE OVER ALL NON-OFFICIAL MATERIAL AND WILL BE THE DETERMINING DOCUMENT ON ANY QUESTIONS OF POLICY OR PRACTICE. THE COMPANY RESERVES THE RIGHT, ON ITS SOLE AND UNLIMITED DISCRETION, TO AMEND, ALTER, CHANGE, MODIFY, SUSPEND, SUBSTITUTE, REVOKE OR TERMINATE THE PLAN, IN WHOLE OR IN PART, IN ANY RESPECT, INCLUDING TO INCREASE THE LEVEL OF REQUIRED PARTICIPANT CONTRIBUTIONS, AT ANY TIME AND FOR ANY REASON, WITHOUT NOTICE TO AND WITHOUT THE CONSENT OF ANY CURRENT, FUTURE OR FORMER EMPLOYEE, EXCEPT TO THE EXTENT THAT THEY HAVE BEEN ESTABLISHED BY COLLECTIVE BARGAINING AGREEMENT.