

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<p style="text-align: center;"><b>Hospital Empire Blue Cross Blue Shield</b></p> <p style="text-align: center;"><b>1-877-769-7447</b></p> <p><b>For Pre-Admission/MRI: 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></p> <p><b><u>In Hospital:</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 pathologists that are related to your hospital service but billed separately are paid in full.</p> <p><b><u>Out-Patient:</u></b> \$70 co-payment for emergency medical care (within 72 hours for accidental injury, within 24 hours for illness). Includes hospital, staffed &amp; salaried emergency room physician, AND providers who administer or interpret radiological exams, electrocardio-grams and pathology services. (Co-pay waived if patient is admitted). \$40 co-payment for outpatient diagnostic lab tests, diagnostic radiology, mammography screening, administration of Deferral for Cooley's Anemia. No co-payment for outpatient radiation therapy, hemodialysis or chemotherapy.</p> <p><b><u>Non-network Benefits</u></b></p> <p><b><u>In Hospital:</u></b> You will be responsible for a coinsurance amount of 10% of billed charges up to a combined maximum of \$1,500 for yourself, \$1,500 for your spouse/domestic partner, and \$1,500 for all dependent children combined.</p> <p><b><u>Out-Patient:</u></b> Emergency or urgent care services payment direct to member and is not subject annual co-insurance. Member pays emergency room co-payment.</p>	<p>Eligibility for all group health coverage:</p> <p>Upon completion of the required forms and proofs, coverage is effective on the 57<sup>th</sup> day of employment with the LIRR for active employees &amp; eligible dependents.</p>	<p>For non-represented employees, the 2011 weekly pre-tax contribution is \$12.99 for Individual Coverage and \$58.12 for Family Coverage.</p> <p>Co-payments &amp; deductibles are the responsibility of the employee.</p>
<p style="text-align: center;"><b>Basic Medical United Health Care 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>Co-insurance - 80% of R&amp;C after deductible is met.</p> <p>If in a calendar year \$3,000 of basic expenses, including co-payments for Participating Providers, are paid by the employee and his/her dependents, 100% of R&amp;C for remainder of year for the employee and dependents.</p>		<p>Co-payments &amp; deductibles are the responsibility of the employee.</p>

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<b>Basic Medical (Continued)</b>	<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 co-payment per visit to a Participating Provider. Maximum of 2 co-payments per visit.</p> <p><b><u>Physician/Surgical</u></b> Surgical - \$20co-payment for Participating Provider Basic Medical provisions for Non-Participating Providers</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>Pediatric Immunizations for Dependent Children</u></b> Routine pediatric immunizations and cost of injectable substances covered through Participating and Non-Participating Providers. No co-payment for Participating Providers.</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>Ambulatory Surgical Center</u></b> \$60 co-payment covers facility, the same-day on-site testing &amp; anesthesiology charges for covered services at participating surgical centers.</p> <p><b><u>Infertility Treatment</u></b> Call United HealthCare at 1-877-769-7447 for prior authorization &amp; a list of Qualified Procedures for treatment prior to receiving services. Lifetime maximum for authorized qualified procedures is \$50,000 per covered person.</p>		Co-payments & deductibles are the responsibility of the employee.

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<p style="text-align: center;"><b>Basic Medical (Continued)</b></p>	<p><u><b>Ambulance Service</b></u> Local, professional/commercial ambulance covered under basic medical, subject only to \$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 the responsibility of the employee.</p>
<p style="text-align: center;"><b>Home Care Services, Skilled Nursing Services &amp; Medical Equipment/ Supplies</b></p>	<p><u><b>Home Care Advocacy Program (HCAP)</b></u> 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;">For diabetic supplies (except insulin pumps &amp; Medijectors) call 1-888-306-7337 For ostomy supplies call 1-800-354-4054.</p>	<p style="text-align: center;">You must call for prior authorization to receive paid-in-full benefit.</p>
<p style="text-align: center;"><b>Mental Health/ Substance Abuse Program</b></p> <p style="text-align: center;"><b>OptumHealth</b></p> <p><b>Call 1-877-769-7447 and choose the Mental Health &amp; Substance Abuse Program. The OptumHealth Clinical Referral Line is available 24 hours a day every day of the year.</b></p>	<p>Plan includes managed care to control costs in/out of the hospital for treatment of medical conditions, mental or emotional illness, alcoholism, or other substance abuse.</p> <p><u><b>Network Coverage</b></u> <u><b>Inpatient:</b></u> Mental Health and Substance Abuse: Approved Facilities and Practitioner Treatment or Consultation are paid-in-full <u><b>Outpatient:</b></u> Mental Health: \$20 copay per visit with up to three visits per crisis paid in full Substance Abuse: \$ 20 copay per visit.</p> <p><u><b>Non-Network Coverage</b></u> <u><b>Inpatient:</b></u> Plan pays up to 90% of billed charges for covered services 100% after \$1,500 coinsurance maximum per enrollee, spouse/domestic partner, and dependent child combined. <u><b>Outpatient:</b></u> Plan pays up to 80% of reasonable &amp; customary charges for covered services after \$1000 annual deductible is met.  After maximum coinsurance of \$3,000 is met for enrollee, \$3,000 spouse/domestic partner, or \$3,000 dependent child combined, benefits are paid at 100% of reasonable &amp; customary charges for covered service.</p>	<p style="text-align: center;">To ensure highest level of benefits, you must call OptumHealth before beginning any treatment including substance abuse or alcoholism.</p>	<p style="text-align: center;">Co-payments &amp; deductibles are the responsibility of the employee.</p>

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<p><b>Empire Plan NurseLine</b></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>Co-payments &amp; deductibles are the responsibility of the employee.</p>
<p><b>Centers of Excellence</b></p> <p><b>1-877-769-7447</b></p> <p>Please see <b>The Empire Plan 2012 At a Glance</b> for more information, at <a href="http://www.cs.ny.gov/">www.cs.ny.gov/</a></p>	<p><b>Cancer Services</b></p> <p>Paid-in-full benefits for cancer services are available when arranged through united HealthCare. 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>Transplants Program</b></p> <p>Preauthorization required. Paid-in-full benefits are available for certain transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence.</p> <p><b>Infertility Benefits</b></p> <p>Preauthorization required. Paid-in-Full benefit is available subject to the lifetime maximum of \$50,000 per covered person.</p> <p>A travel allowance is available in the Center of Excellence benefit.</p> <p>If a Qualified Procedure is authorized but you do not use a Center of Excellence, you will receive inpatient/outpatient hospital coverage and/or medical/surgical coverage.</p>		

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<b>Chiropractor/ Physical Therapist United Health Care</b>  <b>1-877-769-7447</b>	<u>Managed Physical Network (MPN) Provider</u> \$20 co-pay per visit for medically necessary chiropractic treatment or physical therapy.  <u>Non-Network Provider</u> \$250 Managed Physical Medicine Program deductible, 50% co-insurance after you meet the annual deductible.		Co-payments & deductibles are the responsibility of the employee.																
<b>HMO Various</b>	HMO's are a pre-paid medical plan that provides a pre-determined medical care package.  <b>Participating HMOs are listed below:</b> <b>Aetna, Blue Choice, Community Blue, HMO Blue, Empire BlueCross BlueShield HMO, Independent Health, Preferred Care, Univera Health Care, Capital District Physicians' Health Plan, MVP Health Care, GHI HMO, HIP Health Plan of New York, Vytra</b>		Employee contribution varies based on the HMO premium cost.  Co-payments & deductibles are the responsibility of the employee.																
<b>Prescription Drugs MEDCO / Empire Plan</b>  <b>Retail Pharmacy or through Mail Service</b>	<b>Prescription Drug Co-payment Chart</b> <table 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;">\$15</td> <td style="text-align: center;">\$40</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;">\$30</td> <td style="text-align: center;">\$70</td> </tr> <tr> <td>31-90 day supply from MEDCO Mail Service pharmacy</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$65</td> </tr> </tbody> </table>	Supply Dispensed	Generic	Preferred Brand-name	Non Preferred Brand-name	Up to 30 day supply from a participating pharmacy	\$5	\$15	\$40	31-90 day supply from participating retail pharmacy	\$10	\$30	\$70	31-90 day supply from MEDCO Mail Service pharmacy	\$5	\$20	\$65		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.
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<b>Opt-Out Incentive Program</b>	Employees who have other coverage and waive NYSHIP coverage for one year beginning January 1, will receive an incentive payment at the end of the year. <ul style="list-style-type: none"> <li>• \$1,000 if currently enrolled in individual coverage</li> <li>• \$3,000 if currently enrolled in family coverage</li> </ul> Payments subject to applicable federal, state & local taxes.																		

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<p style="text-align: center;"><b>Dental Metropolitan</b></p> <p style="text-align: center;"><i>Plan # 94074</i></p>	<p>The Dental Plan allows you to choose from Network (Participating Dental Providers – PDPs) or Non-Network Dentists each time you and/or your eligible dependents receive care.</p> <p><b>For PDP Providers Call: 1-800-474-7371</b>  <b>Dental Customer Service No.: 1-800-942-0854</b></p> <p>When you and/or your eligible dependents receive care from Network Dentists (PDP's), the plan will reimburse you at a higher percentage as shown below. (Deductible below applies to Type B&amp;C Services. There is a separate \$50.00 deductible on Orthodontic Care or Out-of-Network care.)</p> <p style="text-align: center;"><b><u>SCHEDULE OF BENEFITS</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"></th> <th style="text-align: center; border-bottom: 1px solid black;">NETWORK DENTIST (PDP DENTIST)</th> <th style="text-align: center; border-bottom: 1px solid black;">NON-NETWORK DENTIST</th> </tr> </thead> <tbody> <tr> <td>Ann'l Deductible</td> <td style="text-align: center;">None</td> <td style="text-align: center;">\$50/\$150</td> </tr> <tr> <td>Type A-Preventative</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Type B-Basic &amp; Restorative</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">80%</td> </tr> <tr> <td>Type C-Prosthetic</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">60%</td> </tr> <tr> <td>Orthodontic*</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">60%</td> </tr> <tr> <td>Orthodontic Max*</td> <td style="text-align: center;">\$2,300.00</td> <td style="text-align: center;">\$2,300.00</td> </tr> <tr> <td>Calendar Yr. Max.</td> <td style="text-align: center;">\$2,500.00</td> <td style="text-align: center;">\$2,500.00</td> </tr> </tbody> </table> <p>Preferred Dental Program (PDP)  Provides nationwide network of dentists who agree to accept a scheduled fee for services as maximum charge for services performed.  Calendar year and lifetime Orthodontic maximums are combined between PDP and Non-PDP network dentists.</p> <p>*Orthodontic Treatment for Dependents Under Age 19 Only.</p>		NETWORK DENTIST (PDP DENTIST)	NON-NETWORK DENTIST	Ann'l Deductible	None	\$50/\$150	Type A-Preventative	100%	100%	Type B-Basic & Restorative	80%	80%	Type C-Prosthetic	80%	60%	Orthodontic*	80%	60%	Orthodontic Max*	\$2,300.00	\$2,300.00	Calendar Yr. Max.	\$2,500.00	\$2,500.00	<p>Upon completion of the required forms and proofs, coverage is effective on the 57<sup>th</sup> day of employment with the LIRR for active employees &amp; eligible dependents</p>	<p>LIRR pays the monthly premium cost, certain other charges above R &amp; C, scheduled fee &amp; deductibles are the responsibility of the employee.</p>
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<b>Vision</b> <b>EyeMedVision Services</b>  <b>Member/Patient Services</b>  <b>1-866-799-9984</b>  <b>Group No. 9745795</b>	<p>Exams &amp; Lenses provided to Employee &amp; Dependents each calendar year. The Vision Plan offers Network &amp; Non-Network Providers.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Type of Service</u></th> <th style="text-align: center;"><u>In Network Cost To Employee</u></th> <th style="text-align: center;"><u>Non Network Reimbursement</u></th> </tr> </thead> <tbody> <tr> <td><b>EYE EXAM</b></td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$40</td> </tr> <tr> <td><b>CONTACT LENS</b></td> <td style="text-align: center;">Fees associated with fitting and follow-up</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td><b>FRAMES</b></td> <td style="text-align: center;">Balance over \$90</td> <td style="text-align: center;">Up to \$45</td> </tr> <tr> <td colspan="3"><b>LENSES</b></td> </tr> <tr> <td>Single Vision</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$40</td> </tr> <tr> <td>Bifocal</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$60</td> </tr> <tr> <td>Trifocal</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$60</td> </tr> <tr> <td>Progressive</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$180</td> </tr> <tr> <td>Premium Progressive</td> <td style="text-align: center;">80% of charge, less \$120 allowance</td> <td style="text-align: center;">Up to \$180</td> </tr> <tr> <td>Cataract</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$150</td> </tr> <tr> <td>Other Lens Types</td> <td style="text-align: center;">80 % of Charge</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td colspan="3"><b>LENS OPTIONS</b></td> </tr> <tr> <td>Anti-Reflective Coating</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Basic Polycarbonate</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Scratch Resistant Coating</td> <td style="text-align: center;">\$12</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Ultraviolet Coating</td> <td style="text-align: center;">\$12</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Solid/GradientTint</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$25.00</td> </tr> <tr> <td>Glass (non-minors only)</td> <td style="text-align: center;">\$15</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Photochromic Glass</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Other Coatings</td> <td style="text-align: center;">80% of Charge</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td colspan="3"><b>CONTACT LENSES (In lieu of lenses and frames)</b></td> </tr> <tr> <td>Disposable</td> <td style="text-align: center;">Retail, less \$100 allowance</td> <td style="text-align: center;">Up to \$100</td> </tr> <tr> <td>Conventional</td> <td style="text-align: center;">Retail, less \$100 allowance</td> <td style="text-align: center;">Up to \$100</td> </tr> <tr> <td colspan="3"><b>Lasik or PRK Vision Correction: Member pays 85% of charge</b></td> </tr> </tbody> </table>	<u>Type of Service</u>	<u>In Network Cost To Employee</u>	<u>Non Network Reimbursement</u>	<b>EYE EXAM</b>	\$0	Up to \$40	<b>CONTACT LENS</b>	Fees associated with fitting and follow-up	Not Covered	<b>FRAMES</b>	Balance over \$90	Up to \$45	<b>LENSES</b>			Single Vision	\$0	Up to \$40	Bifocal	\$0	Up to \$60	Trifocal	\$0	Up to \$60	Progressive	\$0	Up to \$180	Premium Progressive	80% of charge, less \$120 allowance	Up to \$180	Cataract	\$0	Up to \$150	Other Lens Types	80 % of Charge	Not Covered	<b>LENS OPTIONS</b>			Anti-Reflective Coating	\$35	Not Covered	Basic Polycarbonate	\$30	Not Covered	Scratch Resistant Coating	\$12	Not Covered	Ultraviolet Coating	\$12	Not Covered	Solid/GradientTint	\$0	Up to \$25.00	Glass (non-minors only)	\$15	Not Covered	Photochromic Glass	\$30	Not Covered	Other Coatings	80% of Charge	Not Covered	<b>CONTACT LENSES (In lieu of lenses and frames)</b>			Disposable	Retail, less \$100 allowance	Up to \$100	Conventional	Retail, less \$100 allowance	Up to \$100	<b>Lasik or PRK Vision Correction: Member pays 85% of charge</b>			<p>Upon completion of the required forms and proofs, coverage is effective on the 57<sup>th</sup> day of employment with the LIRR for active employees &amp; eligible dependents.</p>	<p>LIRR pays the monthly premium cost.</p>
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<b>Life Insurance AETNA</b>	Two (2) times your base annual salary up to a maximum of \$500,000 to a designated beneficiary.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.																								
<b>Accidental Death &amp; Dismemberment AETNA</b>	Two (2) times your base annual salary up to a maximum of \$500,000 to a designated beneficiary.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost																								
<b>Supplemental Life Insurance AETNA</b>	<p>This is a voluntary plan, which offers you additional life insurance benefits from 1 to 5 times your base annual salary up to a maximum of \$750,000.</p> <p>Supplemental life insurance is portable at retirement for the full amount of coverage to age 65. At age 65 reduces to 60% and terminates at age 70. Maximum is \$500,000. Rates set by Aetna at time of retirement and are guaranteed for only one year.</p>	<p>You may enroll effective the first day of employment. If you enroll after 31 days from your employment date or elect more than 3x ann'l salary, you will have to complete an Evidence of Insurability form to Aetna Insurance Co.</p>	<p>You pay through monthly payroll deductions</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>Age</u></th> <th style="text-align: left;"><u>Rates/\$1,000</u></th> </tr> </thead> <tbody> <tr><td>&lt;25</td><td>\$ .05</td></tr> <tr><td>25 – 29</td><td>.06</td></tr> <tr><td>30 – 34</td><td>.08</td></tr> <tr><td>35 – 39</td><td>.09</td></tr> <tr><td>40 – 44</td><td>.12</td></tr> <tr><td>45 – 49</td><td>.19</td></tr> <tr><td>50 – 54</td><td>.31</td></tr> <tr><td>55 – 59</td><td>.52</td></tr> <tr><td>60 – 64</td><td>.80</td></tr> <tr><td>65 – 69</td><td>1.48</td></tr> <tr><td>70 and over</td><td>2.56</td></tr> </tbody> </table>	<u>Age</u>	<u>Rates/\$1,000</u>	<25	\$ .05	25 – 29	.06	30 – 34	.08	35 – 39	.09	40 – 44	.12	45 – 49	.19	50 – 54	.31	55 – 59	.52	60 – 64	.80	65 – 69	1.48	70 and over	2.56
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70 and over	2.56																										
<b>Dependent Life Insurance AETNA</b>	<p>Your spouse and each of your eligible dependents 14 days or older are eligible for the following amounts</p> <p style="text-align: center;">Spouse - \$5,000 Child - \$1,000</p>	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.																								
<b>Dependent Supplemental Life Insurance AETNA</b>	<p>This is a voluntary plan which offers you additional life insurance for your spouse and eligible dependents, available in the following increments:</p> <p style="text-align: center;">Spouse - \$5,000 Child - \$1,000</p>	Effective the first day of your employment with the LIRR.	Employee pays through monthly payroll deductions																								

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<b>Travel Accident Insurance INA</b>	Coverage applies while you are on business for the Railroad away from your residence and place of regular employment, including every day travel to and from work. The plan pays four (4) times your base annual salary up to a maximum of \$500,000 to a designated beneficiary.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.
<b>Periodic Health Examination</b>	Employees utilize the services of their own physician for a periodic health exam. Employees submit applicable charges for services to Insurance Carrier. If an employee is covered under an HMO or utilizes a Participating Provider, co-payments up to a max of \$200, will be reimbursed.  If employee utilizes a Non-Participating Provider, Carrier will reimburse expenses up to \$200.	Frequency of exam is based on following age groups: Under age 40 – one every 5 years Age 40 – 49 – one every 3 years Age 50 – 59 – One every 2 years Age 60 & over – yearly A pre-employment physical counts toward frequency of covered examination.	LIRR pays maximum of \$200 reimbursement.
<b>MTA Flexible Spending Account (FSA) P&amp;A Group</b>	The FSA allows you to set aside pre-tax dollars for eligible health and dependent care expenses for the calendar year.	November/December with an effective date of January 1 <sup>st</sup> .	The LIRR pays the administrative cost. Employee contributes weekly through payroll deductions.
<b>TransitChek Direct Program</b>	TransitChek allows you to set aside pre-tax dollars for eligible mass transit and commuter parking expenses	Enrollment monthly through the 15 <sup>th</sup> of each month. Date of benefit approx. 45 days later.	LIRR pays the administrative cost. Employee contributes monthly 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>NYPERL MedAmerica</b>	NYS Public Employees & Retirees Long Term Care Insurance offers affordable, dignified access to long-term care insurance for employee and eligible dependents.	Effective the first day of your employment with the LIRR.	Employee contributes monthly through payroll deductions.

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE												
<b>Vacation Days</b>	<p>Vacation allowance beginning with the calendar year of employment is as shown below:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Calendar Years Of Service</th> <th style="text-align: center;">Days of Vacation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0 – 1</td> <td style="text-align: center;">15*</td> </tr> <tr> <td style="text-align: center;">2 – 7</td> <td style="text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">8 – 14</td> <td style="text-align: center;">24</td> </tr> <tr> <td style="text-align: center;">15 +</td> <td style="text-align: center;">25</td> </tr> </tbody> </table> <p>An employee promoted after 10/1 shall not receive any vacation for that calendar year, but will be eligible for vacation allowance cited on January 1<sup>st</sup> of next calendar year.</p>	Calendar Years Of Service	Days of Vacation	0 – 1	15*	2 – 7	20	8 – 14	24	15 +	25	<p>*Employees hired prior to: 3/31 – 15 days *Employees hired 4/1 - 6/30 – 10 days *Employees hired 7/1 - 9/30 – 5 days *Employees hired after 10/1 – 0 days <b>*DOES NOT INCLUDE EMPS. WHO TRANSFER FROM ANOTHER MTA AGENCY</b></p>	LIRR pays the entire cost		
Calendar Years Of Service	Days of Vacation														
0 – 1	15*														
2 – 7	20														
8 – 14	24														
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<b>Personal Leave Days</b>	<table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Calendar Years of Service</th> <th style="text-align: center;">Personal Leave Days</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">5+</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> <p>Personal leave days may be taken singularly or in combination and may be taken in conjunction with vacation days. Personal leave days not taken in the calendar year may not be carried over to the succeeding year. There will be no reimbursement for personal leave days not taken.</p>	Calendar Years of Service	Personal Leave Days	1	0	2	1	3	2	4	2	5+	3	As per schedule	LIRR pays the entire cost.
Calendar Years of Service	Personal Leave Days														
1	0														
2	1														
3	2														
4	2														
5+	3														
<b>Holidays</b>	<p>The LIRR recognizes the following twelve Holidays:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">New Year's Day</td> <td style="width: 50%;">Independence Day</td> </tr> <tr> <td>Martin Luther King, Jr's Birthday</td> <td>Labor Day</td> </tr> <tr> <td>Lincoln's Birthday *</td> <td>Columbus Day</td> </tr> <tr> <td>Presidents Day</td> <td>Election Day *</td> </tr> <tr> <td>Good Friday*</td> <td>Thanksgiving Day</td> </tr> <tr> <td>Memorial Day</td> <td>Christmas Day</td> </tr> </table> <p>Should a holiday occur during an employee's vacation, an additional day will be allowed. In instances where MPA employees are required to work on a designated holiday, they will receive equivalent time off during the calendar year.</p> <p>*Designated as floating holidays and may be used with the Department Head or designee's approval, on the days of the employee's choice. Employees are expected to work a normal schedule on the recognized holiday.</p>	New Year's Day	Independence Day	Martin Luther King, Jr's Birthday	Labor Day	Lincoln's Birthday *	Columbus Day	Presidents Day	Election Day *	Good Friday*	Thanksgiving Day	Memorial Day	Christmas Day	<p>Effective the first day of employment with the LIRR.</p> <p>Floating holidays not used by December 31<sup>st</sup> of same year are forfeited.</p>	LIRR pays the entire cost.
New Year's Day	Independence Day														
Martin Luther King, Jr's Birthday	Labor Day														
Lincoln's Birthday *	Columbus Day														
Presidents Day	Election Day *														
Good Friday*	Thanksgiving Day														
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# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<b>Sick Leave</b>	<p>Effective January 1, 1997, MPA employees accumulate 12 days sick leave time each year and carry over unused days indefinitely with an unlimited accumulation of sick leave banks.</p> <p>Sick leave allowance may be used to cover absences caused by the illness of a family member or domestic partner.</p>	<p>Newly hired employees accumulate one sick leave day per month in first year of service.</p> <p>This policy is to be coordinated with the Company's Short Term Disability Plan.</p>	LIRR pays the entire cost.
<b>Short Term Disability</b>	<p>In case of a medically documented prolonged, major or catastrophic illness, employee will be carried at full pay status up to 26 weeks (130 days) from initial date of absence after accumulated sick leave and all but 10 days of comp/vacation/personal leave has been exhausted.</p> <p>In cases where employees are seriously ill, cannot return to work, exhaust their sick allowance, they must apply all but 10 days of earned leave to the absence, (e.g., vacation, comp., &amp; personal days). The Department Head must first obtain approval from the Exec. Director-Human Resources to grant additional time to compensate the employee until such time as they qualify for LTD insurance benefits.</p>	<p>This policy is to be coordinated with the Company's Sick Leave &amp; Long Term Disability Plan.</p> <p>Employees limited to a maximum of 52 weeks of short term disability at full pay over the term of their employment at the LIRR or over a combination of employment at multiple MTA agencies.</p>	LIRR pays the entire cost.
<b>Long Term Disability (LTD) Insurance</b>	<p>The long-term disability plan provides coverage for 60% of monthly earnings during a qualifying disability. Benefits may be payable until your recovery, retirement, or death. Maximum benefit of \$10,000 per month.</p>	LTD benefits payable after 26 weeks.	LIRR pays the entire cost.
<b>Cash Out of Accumulated Sick Leave</b>	<p>With a minimum of 10 years of service, employees at termination, separation or retirement without fault will receive one-half of their sick leave bank up to a max. of 120 days paid. No minimum number of days required in sick leave bank to qualify for sick leave cash out.</p> <p>If employee experienced medically documented and approved catastrophic illness, which depleted their sick leave bank, employee is paid one calendar month (30) days for every 10 years of service.</p>	<p>Effective the first day of your employment with the LIRR.</p> <p>Minimum of 10 years of service to qualify.</p>	LIRR pays the entire cost.

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<b>Bereavement Leave</b>	Management employees may request and will be allowed up to a maximum of five (5) working days off without loss of pay at the time a death occurs in the immediate family. If more time is needed, employees may request to take vacation or personal days, which may be granted by Department Heads depending on the needs of service. At Department Head discretion, proof of death in family may be requested such as death certificate, obituary, or note from funeral director.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.
<b>Jury Duty</b>	A Management employee of the Company, required to be absent from work in order to perform jury duty, will have their pay continued. Employees have the responsibility to show their supervisor the summons to serve on a jury at least three days prior to the date that they are scheduled to serve. After completion of jury duty, the employee should furnish his supervisor with evidence of having served (certificate of service) during the time claimed. Employees will not be required to perform work duties and responsibilities during the normal period of jury duty assignment. Employees on jury duty are expected to report for work at any time they are temporarily or finally excused during the scheduled period of such service.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.
<b>Transportation Pass</b>	The Company grants free transportation privileges as a benefit to its employees. Transportation privileges are also granted to their legal spouse and dependent children but are not to be used for daily commutation.  The pass is the property of the Company, must be displayed when requested, and must be surrendered upon demand.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.
<b>Employee Assistance Program</b>	A confidential and comprehensive counseling program for work related and/or personal problems is available for LIRR employees and their families. The Employee Assistance Office is located at: <b>173 Mineola Blvd., Suite 205, Mineola, NY 11501</b> <b>The Phone Number is: 516-248-3434</b>		LIRR pays the entire cost.

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<b>Tuition Reimbursement</b>	<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>LIRR will reimburse eligible employees for educational expenses up to a maximum of \$4,000 in a calendar year (January – December).</p> <p>Employees will receive reimbursement at 100% for: Undergraduate courses with C- or better; Graduate courses with B- or better; Undergraduate/Graduate – Pass in a Pass/Fail course; License/Certificate/Home Study courses – Evidence of successful completion or certificate.</p>	<p>Management applicant must have completed six months of continuous service at any MTA Constituent Agency before the date on which the class commences.</p> <p>The Department Head must deem the proposed courses of study program to be job-related/career related.</p> <p>Your application must be approved before the class begins.</p>	<p>LIRR will make payments 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>
<b>401 (k) Plan</b> <b>Prudential</b> <b>(877) 756-4682</b> <a href="http://www.retirement.prudential.com">www.retirement.prudential.com</a>	<p>This is a tax-deferred retirement savings plan. You may defer income by electing any percentage of your annual salary through payroll deductions, up to a maximum of \$16,500 per year. Participants over age 50 limits set at \$22,000. You have a choice of sixteen investment funds available for your contributions. Age 50 catch up provision available.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes through weekly payroll deductions.</p>
<b>457 Plan</b> <b>Prudential</b> <b>(877) 756-4682</b> <a href="http://www.retirement.prudential.com">www.retirement.prudential.com</a>	<p>This is a tax-deferred retirement savings plan. You may defer income by electing any percentage of your annual salary through payroll deductions, up to a maximum of \$16,500 per year. The plan allows participants to "catch up" on underutilized deferral, up to a maximum of double the normal dollar limit each year during the last 3 years prior to retirement. Participants over age 50, limits set at \$22,000. You have a choice of sixteen investment funds available for your contributions</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes weekly through payroll deductions.</p>

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<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><b>www.rrb.gov</b></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:            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.            Vesting after five years.</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 style="text-align: center;">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 – (2011)</b>            4.20% rate until \$106,800 of compensation.            Annual amount each - \$6,621.60 maximum.</p> <p>Upon reaching Tier I max. of \$102,000, the Medicare tax rate of 1.45% will continue with no max. limit on compensation.</p> <p><b>Tier II – (2011)</b>            3.90% tax rate until \$79,200 for Employee.            Annual \$3,088.80 maximum.</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            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>	

# THE LONG ISLAND RAIL ROAD COMPANY

## 2012 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT EMPLOYEES

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<p><b>Long Island Rail Road Company Pension Plan</b></p> <p style="text-align: center;">&amp;</p> <p><b>Long Island Rail Road Company Plan for Additional Pensions</b> (for employees hired prior to December 31, 1987)</p>	<p><b><u>THE LONG ISLAND RAIL ROAD DEFINED PENSION PLAN</u></b> (Employees hired prior to December 31, 1987)</p> <p>Credited Service – Generally all services rendered by an employee with the Railroad.</p> <p>Benefit Formula: 2% of final average earnings times year of service (maximum of 25 years), plus 1.5% of final average earnings times year of services 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</p> <p style="text-align: center;">or</p> <p>Age 50 &amp; 20 years of service</p> <p style="text-align: center;">or</p> <p>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 on or after 7/1/78.</p>
<p><b>MTA Defined Benefit Pension Plan for Management Employees Hired on/after January 1, 1988</b></p>	<p><b><u>MTA DEFINED BENEFIT PENSION PLAN</u></b> (Employees hired after January 1, 1988)</p> <p>Credited Service – Generally all services rendered by an employee with the Railroad.</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 62 &amp; 5 years of service For employees hired after 1/31/08</p> <p style="text-align: center;">or</p> <p>Age 60 &amp; 5 years of service for employees hired prior to 1/31/08</p> <p>Age 55 &amp; 30 years of service</p> <p style="text-align: center;">or</p> <p>Reduced Benefits at age 55 and 10 years of service but less than 30 years of service.</p>	<p>LIRR pays the entire cost.</p>

OFFICIAL PLAN OR POLICY DESCRIPTION TAKES PRECEDENCE OVER THIS SUMMARY AND 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.