

THE LONG ISLAND RAIL ROAD COMPANY

2012 BENEFITS PACKAGE OVERVIEW

FOR RETIRED MANAGEMENT EMPLOYEES

Minimum of 10 years of service to qualify for Health & Welfare Benefits

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
<p style="text-align: center;">Hospital Empire Blue Cross Blue Shield</p> <p style="text-align: center;">1-877-769-7447</p> <p style="text-align: center;">For Pre-Admission/MRI: 1-877-769-7447</p>	<p><u>Network Benefits</u> <u>In Hospital:</u> 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 is related to your hospital service but billed separately is paid in full. <u>Out-Patient:</u> \$70 co-payment for emergency medical care (within 72 hours for accidental injury, within 24 hours for illness). Includes hospital, staffed & salaried emergency room physician, AND providers who administer or interpret radiological exams, electrocardiograms 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. <u>Non-network Benefits</u> <u>In Hospital:</u> 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. <u>Out-Patient:</u> Emergency or urgent care services payment direct to member and is not subject annual co-insurance. Member pays emergency room co-payment.</p>	<p style="text-align: center;">Coverage for life upon retirement from the LIRR for eligible retiree & eligible dependents.</p> <p style="text-align: center;">Upon death of retiree, for surviving dependents as long as they remain eligible.</p>	<p style="text-align: center;">LIRR pays the entire cost.</p> <p style="text-align: center;">Co-payments and deductibles are the responsibility of the employee.</p>
<p style="text-align: center;">Basic Medical United Health Care</p> <p style="text-align: center;">1-877-769-7447</p>	<p style="text-align: center;"><u>NON-PARTICIPATING PROVIDERS</u></p> <p>Deductible of \$1000 enrollee; \$1000 enrolled spouse/domestic partner; \$1000 all dependent children.</p> <p>Co-insurance - 80% of R&C after deductible is met. 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 & C for remainder of year for the employee and dependents.</p>	<p style="text-align: center;">Coverage for life upon retirement from the LIRR for eligible retiree & eligible dependents.</p> <p style="text-align: center;">Upon death of retiree, for surviving dependents as long they remain eligible</p>	<p style="text-align: center;">LIRR pays the entire cost.</p> <p style="text-align: center;">Co-payments and deductibles are the responsibility of the employee.</p>

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<p style="text-align: center;">Basic Medical (Continued)</p>	<p style="text-align: center;"><u>PARTICIPATING PROVIDERS</u> <u>Doctor's Office Visit/Office Surgery/Laboratory/Radiology</u> Each covered service is subject to \$20 co-payment per visit to a Participating Provider. Maximum of 2 co-payments per visit. <u>Physician/Surgical</u> Surgical - \$20 co-payment for Participating Provider Basic Medical provisions for Non-Participating Providers <u>Routine Physical</u> Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable 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. <u>Adult Immunizations</u> \$20 co-pay for certain immunizations including influenza and pneumonia and the cost of injectable substances received from a Participating Provider. <u>Pediatric Immunizations for Dependent Children</u> Routine pediatric immunizations and cost of injectable substances covered through Participating and Non-Participating Providers. No co-payment for Participating Providers. <u>Hearing Aids</u> Hearing aid evaluation, fitting & 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 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. <u>Ambulatory Surgical Center</u> \$60 co-payment covers facility, the same-day on-site testing & anesthesiology charges for covered services at participating surgical centers. <u>Infertility Treatment</u> Call United HealthCare at 1-877-769-7447 for prior authorization & a list of Qualified Procedures for treatment prior to receiving services. Life time maximum for authorized qualified procedures is \$50,000 per covered person.</p>	<p>Coverage for life upon your retirement from the LIRR for retiree & eligible dependents.</p> <p>Upon death of retiree, for surviving dependents as long as they remain eligible.</p>	<p>LIRR pays the entire cost.</p> <p>Co-payments and deductibles are the responsibility of the employee.</p>

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<p style="text-align: center;">Basic Medical (Continued)</p>	<p><u>Ambulance Service</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;">Effective the first day of your retirement from the LIRR for retiree & eligible dependents</p>	<p style="text-align: center;">Co-payments & deductibles are the responsibility of the employee.</p>
<p style="text-align: center;">Home Care Services, Skilled Nursing Services & Medical Equipment/ Supplies</p>	<p><u>Home Care Advocacy Program (HCAP)</u> Home care services, nursing services and durable medical equipment & supplies call HCAP at 1-877-769-7447. Covered services & supplies are covered in full when HCAP pre-certifies & makes or helps make arrangements.</p>	<p style="text-align: center;">For diabetic supplies (except insulin pumps & 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;">Mental Health/ Substance Abuse Program</p> <p style="text-align: center;">OptumHealth</p> <p style="text-align: center;">Call 1-877-769-7447 and choose the Mental Health & Substance Abuse Program. The OptumHealth Clinical Referral Line is available 24 hours a day every day of the year.</p>	<p><u>Network Coverage</u> <u>Inpatient:</u> Mental Health and Substance Abuse: Approved Facilities and Practitioner Treatment or Consultation Paid-in-Full</p> <p><u>Outpatient:</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>Non-Network Coverage</u> <u>Inpatient:</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>Outpatient:</u> Plan pays up to 80% of reasonable & 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 \$3,0000 dependent child combined, benefits are paid at 100% of reasonable & customary charges for covered service.</p>	<p style="text-align: center;">Coverage for life upon your retirement from the LIRR for retiree & eligible dependents.</p> <p style="text-align: center;">Upon death of retiree, for surviving dependents as long as they remain eligible.</p>	<p style="text-align: center;">Co-payments & deductibles are the responsibility of the employee.</p>
<p>Empire Nurse Line</p>	<p><u>Call the Empire Plan toll-free at 1-877-7-NYSHIP(1-877-769-7447) and choose the Empire Plan NurseLine for health information and support.</u></p>		<p style="text-align: center;">Co-payments & deductibles are the responsibility of the employee</p>

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<p>Centers of Excellence</p> <p>1-877-769-7447</p> <p>Cancer Services Transplants Program Infertility Benefits</p>	<p>Cancer Services</p> <p>Call the Empire Plan toll-free at 1-877-7 NYSHIP</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>Transplants Program</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>Infertility Benefits</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>	<p>Effective the first day of your retirement from the LIRR for retiree & eligible dependents</p>	<p>Co-payments & deductibles are the responsibility of the employee</p>

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Chiropractor/ Physical Therapist United Health Care 1-877-769-7447	<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,	Coverage for life upon retirement from the LIRR for retiree & eligible dependents.	Co-payments & deductibles are the responsibility of the employee																
HMO Various	HMOs are a pre-paid medical plan that provides a pre-determined medical care package. Participating HMOs are listed below: 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	Coverage for life upon retirement from the LIRR for retiree & eligible dependents.	Retiree responsible for the cost of HMO if greater than cost of the Empire Plan Co-payments & deductibles are the responsibility of the employee																
Prescription Drugs Medco/Empire Plan Retail Pharmacy or through Mail Service	Prescription Drug Co-payment Chart <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</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	\$5	\$20	\$65	Coverage for life upon retirement from LIRR for retiree & eligible dependents.	Co-payments & deductibles are the responsibility of the employee.
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Medicare Part A & B Medicare Reimbursement	NYSHIP regulations require that all retirees and eligible dependents must elect Medicare if offered in retirement. If dependent was eligible for Medicare Part A due to a SSA disability or age 65 when employee was active, they must now apply for Medicare Part B when they retire.	Effective the first day of your retirement from the LIRR Employee must notify the LIRR & show proof of Medicare eligibility.	Retiree is paid the entire cost of Medicare, if eligible, while under NYSHIP.																

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<p style="text-align: center;">Dental Metropolitan</p> <p style="text-align: center;"><i>Group# 94074</i></p>	<p>The Dental Plan allows you to choose from Network (Participating Dental Providers – PDP’s) or Non-Network Dentists each time you and/or your eligible dependents receive care.</p> <p>For PDP Providers Call: 1-800-474-7371 Dental Customer Service No.: 1-800-942-0854</p> <p>When you and/or your eligible dependents receive care from Network Dentists (PDPs), the plan will reimburse you at a higher percentage as shown below. (Deductible below applies to Type B&C Services. There is a separate \$50.00 deductible on Orthodontic Care or Out-of-Network care.)</p> <p style="text-align: center;"><u>SCHEDULE OF BENEFITS</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Dental Care</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 & 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>	Dental Care	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>Coverage for life upon retirement as manager from LIRR after 12/01/96 for retiree & eligible dependents.</p>	<p>LIRR pays the monthly premium cost, certain other charges above R & C, scheduled fee & deductibles are the responsibility of the employee.</p>
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<p style="text-align: center;">Vision</p> <p style="text-align: center;">EyeMed Vision Plan</p> <p style="text-align: center;">1-800-334-7591</p> <p style="text-align: center;"><i>Group No. 9745795</i></p>	<p>Exams & Lenses provided to Employee & Dependents each calendar year.</p> <p>The Vision Plan offers Network & 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>EYE EXAM</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$40</td> </tr> <tr> <td> CONTACT LENS</td> <td>Fees associated with fitting and follow-up</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>FRAMES</td> <td style="text-align: center;">Balance over \$90</td> <td style="text-align: center;">Up to \$45</td> </tr> <tr> <td>LENSES</td> <td></td> <td></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> Lenticular</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">Up to \$150</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 balance over \$149</td> <td style="text-align: center;">Not Covered</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>LENS OPTIONS</td> <td></td> <td></td> </tr> <tr> <td> Anti-Reflexive Coating</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td> Baic Polycarb</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>CONTACT LENSES (In lieu of lenses and frames)</td> <td></td> <td></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> </tbody> </table>	<u>Type of Service</u>	<u>In Network Cost To Employee</u>	<u>Non Network Reimbursement</u>	EYE EXAM	\$0	Up to \$40	CONTACT LENS	Fees associated with fitting and follow-up	Not Covered	FRAMES	Balance over \$90	Up to \$45	LENSES			Single Vision	\$0	Up to \$40	Bifocal	\$0	Up to \$60	Trifocal	\$0	Up to \$60	Lenticular	\$0	Up to \$150	Progressive	\$0	Up to \$180	Premium Progressive	80% of balance over \$149	Not Covered	Cataract	\$0	Up to \$150	Other Lens Types	80% of Charge	Not Covered	LENS OPTIONS			Anti-Reflexive Coating	\$35	Not Covered	Baic Polycarb	\$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	CONTACT LENSES (In lieu of lenses and frames)			Disposable	Retail, less \$100 allowance	Up to \$100	Conventional	Retail, less \$100 allowance	Up to \$100	<p>Coverage for life upon retirement as manager from LIRR on or after 12/01/96 for retiree & eligible dependents.</p>	<p>LIRR pays the monthly premium cost. Certain other charges above R&C scheduled fee and deductibles are the responsibility of the employee.</p>
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Cash Out of Accumulated Sick Leave	<p>With a minimum of 10 years of service, employees at termination, separation or retirement without fault, will receive payment of one-half of their sick leave bank up to a max. of 120 days paid.</p> <p>No minimum number of days required in sick leave bank to qualify for sick leave bank cash out.</p> <p>If within 5 years of separation employee experienced medically documented catastrophic illness, which depleted his/her sick leave bank, employee is paid one calendar month (30 days) for every 10 years of service in lieu of the above (see LIRR Corporate Policy 2409 "Sick Leave Policy for Management Employees")</p>	<p>Minimum of 10 years of service to qualify.</p> <p>Plus 2 consecutive years immediately prior to retirement as a manager or as represented employee with management benefits governed by the collective bargaining agreement</p>													
Life Insurance AETNA	<p>\$5,000 to a designated beneficiary.</p>	<p>Employees hired or promoted into a management position on or after 1/1/97. \$5,000.00</p>	<p>LIRR pays the entire cost</p>												
Life Insurance AETNA	<p>Two (2) times your base annual salary up to a maximum of \$500,000 to a designated beneficiary until you attain age 65. At age 65, this amount will be limited as follows:</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: center;">Limiting Age</td> <td style="text-align: center;">Limited Percent</td> </tr> <tr> <td style="text-align: center;">65</td> <td style="text-align: center;">90%</td> </tr> <tr> <td style="text-align: center;">66</td> <td style="text-align: center;">80%</td> </tr> <tr> <td style="text-align: center;">67</td> <td style="text-align: center;">70%</td> </tr> <tr> <td style="text-align: center;">68</td> <td style="text-align: center;">60%</td> </tr> <tr> <td style="text-align: center;">69 & over</td> <td style="text-align: center;">50%</td> </tr> </table>	Limiting Age	Limited Percent	65	90%	66	80%	67	70%	68	60%	69 & over	50%	<p>Must have been in management position on 12/31/96 & remained in management until retirement.</p>	<p>LIRR pays the entire cost</p>
Limiting Age	Limited Percent														
65	90%														
66	80%														
67	70%														
68	60%														
69 & over	50%														
Contributory Life Insurance AETNA	<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.</p> <p>Minimum amount required is \$20,000; maximum is \$500,000. Rates set by Hartford at the time of retirement and are guaranteed for one year.</p>	<p>Employee must have been enrolled in contributory life prior to retirement.</p> <p>Employee must apply for portability within 31 days of separation.</p>	<p>Retiree pays the entire cost.</p>												

**THE LONG ISLAND RAIL ROAD COMPANY
2012 BENEFITS PACKAGE OVERVIEW
FOR RETIRED MANAGEMENT EMPLOYEES**

Minimum of 10 years of service to qualify for Health & Welfare Benefits

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
Dependent Life Insurance AETNA	Conversion is available for dependents.	Employee must apply for conversion within 31 days of separation.	Retiree pays the entire cost.
Dependent Supplement Life Insurance AETNA	Conversion is available for dependents.	Dependents must have been enrolled in supplemental life prior to retirement. Employee must apply for conversion within 31 days of separation.	Retiree pays the entire cost.
Transportation Pass	The Company grants free transportation privileges as a benefit to its management retirees and their legal spouse. 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 retirement from the LIRR until death of employee.	LIRR pays the entire cost.

THE 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.