

# THE LONG ISLAND RAIL ROAD COMPANY

## 2021 BENEFITS PACKAGE OVERVIEW

### FOR MANAGEMENT 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. 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)**

**New for 2021: Virtual Health Care Access with LiveHealth Online (LHO): Telephone or video visit with doctor or therapist available 24/7 via smartphone, tablet, or computer. Visit [www.empireblue.com/nys](http://www.empireblue.com/nys) and select LHO link or call 1-888-548-3432. The Empire Plan also covers Telehealth visits with participating providers so you can virtually visit your own doctor or therapist.**

**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 2021 the maximum out-of-pocket limit for covered in-network services under the Empire Plan is \$8,550 for Individual coverage and \$17,100 for Family coverage, split between all four lines of coverage listed above.

**Out-of-Network Combined Annual Deductible:** The combined annual deductible is \$1,250 for the enrollee, \$1,250 for enrolled spouse/domestic partner, and \$1,250 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 \$3,750 for the enrollee, \$3,750 for the enrolled spouse/domestic partner, \$3,750 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> \$100 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-payment waived if patient is admitted).</p> <p><b><u>Outpatient Department:</u></b> \$95 copayment for outpatient surgery. \$50 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, until you meet the combined annual coinsurance maximum.</p>	<p>Eligibility for all group health coverage:</p> <p>Upon completion 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>For non-represented employees, The 2021 weekly pre-tax contribution is:</p> <p>Individual Coverage: \$19.34</p> <p>Family Coverage: \$90.52</p> <p>Co-payments &amp; deductibles are your responsibility.</p>
<p><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 \$1250 enrollee; \$1250 enrolled spouse/domestic partner; \$1250 all dependent children combined.</p> <p>Coinsurance - 80% of R&amp;C after deductible is satisfied.</p> <p>The Plan has a combined annual coinsurance maximum of \$3,750 per enrollee, \$3,750 spouse/ domestic partner, and \$3,750 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 style="text-align: center;"><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 or Telehealth Visit/Office Surgery/Laboratory/Radiology</u></b> Each covered service is subject to \$25 copayment per visit to a Participating Provider. Maximum of 2 copayments per visit. Urgent care center visit - \$30 copayment.</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 \$25 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, not subject to deductible or coinsurance.</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> \$50 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 \$25 copayment for participating centers.</p>		<p style="text-align: center;">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 \$70 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: \$25 copay per visit with up to three visits per crisis paid in full Substance Abuse: \$25 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 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 annual deductible is met.</p> <p>After maximum coinsurance is met for enrollee, spouse/domestic partner, or 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 <b>Beacon Health <u>before</u></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 2021” 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><b><u>Managed Physical Network (MPN) Provider</u></b> \$25 co-pay per visit for medically necessary chiropractic treatment or physical therapy.</p> <p><b><u>Non-Network Provider</u></b> \$250 Managed Physical Medicine Program deductible per participant. 50% co-insurance after meeting the annual deductible(s).</p>		<p style="text-align: center;">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 style="text-align: center;">Employee contribution varies based on the HMO premium cost.</p> <p style="text-align: center;">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;">Level 1 Generic</th> <th style="text-align: center;">Level 2 Preferred</th> <th style="text-align: center;">Level 3 Non Preferred</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;">\$30</td> <td style="text-align: center;">\$60</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;">\$60</td> <td style="text-align: center;">\$120</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;">\$55</td> <td style="text-align: center;">\$110</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	Level 1 Generic	Level 2 Preferred	Level 3 Non Preferred	Up to 30 day supply from a participating pharmacy	\$5	\$30	\$60	31-90 day supply from participating retail pharmacy	\$10	\$60	\$120	31-90 day supply from Mail Service pharmacy	\$5	\$55	\$110		<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>• \$1,000 if currently enrolled in individual coverage</li> <li>• \$3,000 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>		<p>In addition to the opt-out payment, you also save on weekly payroll-deducted contributions for medical coverage.</p>																

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<p style="text-align: center;"><b>Dental Plan MetLife</b></p> <p style="text-align: center;"><i>Group Plan # 94074</i></p>	<p>The Dental Plan allows you to choose from MetLife 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Dental Care</th> <th style="text-align: center;">NETWORK DENTIST (PDP DENTIST)</th> <th style="text-align: center;">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>	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>Upon completion 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>Dependent children covered up to age 19, or 25 if full-time student.</p>	<p>LIRR pays the monthly premium cost.</p> <p>Certain other charges above the reasonable &amp; customary amounts, scheduled fees &amp; deductibles are your responsibility.</p>
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<p style="text-align: center;"><b>Vision Plan EyeMed Vision Services</b></p> <p style="text-align: center;"><b>Member/Patient Services</b></p> <p style="text-align: center;"><b>1-866-799-9984</b></p> <p style="text-align: center;"><b>Group No. 9745795</b></p>	<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; border-bottom: 1px solid black;">Type of Service</th> <th style="text-align: center; border-bottom: 1px solid black;">In Network Cost To Employee</th> <th style="text-align: center; border-bottom: 1px solid black;">Non Network Reimbursement</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;">\$90 Allowance, plus 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>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 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>	Type of Service	In Network Cost To Employee	Non Network Reimbursement	<b>EYE EXAM</b>	\$0	Up to \$40	<b>CONTACT LENS</b>	Fees associated with fitting and follow-up	Not Covered	<b>FRAMES</b>	\$90 Allowance, plus 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	Lenticular	\$0	Up to \$150	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 first day of the month following date of hire for employees &amp; eligible dependents.</p> <p>Dependent children covered up to age 19, or 25 if full-time student.</p>	<p style="text-align: center;">LIRR pays the monthly premium cost.</p>
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<b>BENEFIT COVERAGE &amp; INSURER</b>	<b>PLAN DESCRIPTION</b>	<b>ELIGIBILITY</b>	<b>COST/EMPLOYEE</b>																								
<b>Basic Life Insurance (MetLife)</b>	Provides an amount equal to two (2) times your base annual salary up to a maximum of \$750,000 to a designated beneficiary.	Effective the first day or your employment with the LIRR.	LIRR pays the entire cost.																								
<b>Accidental Death &amp; Dismemberment</b>	Provides an amount equal to two (2) times your base annual salary up to a maximum of \$750,000 to a designated beneficiary.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost																								
<b>Supplemental Life Insurance (MetLife)</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><b>Supplemental Life Insurance and Will Preparation Service</b> If enrolled in Supplemental Life, you have access to Will Preparation Service, offered through Hyatt Legal Plans. The benefit covers preparation of a will, living will, and power of attorney, at no cost if you use a participating attorney.</p> <p>Call 1-800-821-6400, and reference Group # 94072-1G.</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 Carrier at time of retirement and are guaranteed for only one year. Contact the MTA BSC for additional information (1-646-376-0123).</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 be reviewed by the Insurance Co.</p>	<p>You pay through payroll deductions</p> <table border="1"> <thead> <tr> <th><u>Age</u></th> <th><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>.113</td></tr> <tr><td>45 – 49</td><td>.179</td></tr> <tr><td>50 – 54</td><td>.291</td></tr> <tr><td>55 – 59</td><td>.489</td></tr> <tr><td>60 – 64</td><td>.752</td></tr> <tr><td>65 – 69</td><td>1.391</td></tr> <tr><td>70 and over</td><td>2.406</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	.113	45 – 49	.179	50 – 54	.291	55 – 59	.489	60 – 64	.752	65 – 69	1.391	70 and over	2.406
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<b>Dependent Life Insurance</b>	<p>Your spouse and each of your eligible dependents 14 days or older are eligible for the following amounts:</p> <p style="padding-left: 40px;">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</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="padding-left: 40px;">Spouse - \$5,000 Child - \$1,000</p>	Effective the first day of your employment with the LIRR.	Employee pays through monthly payroll deductions.																								

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<p style="text-align: center;"><b>Travel Accident Insurance INA</b></p>	<p>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.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;"><b>MTA Flexible Spending Account (FSA) P&amp;A Group</b></p>	<p>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.</p>	<p>November/December with an effective date of January 1<sup>st</sup>.</p>	<p>The LIRR pays the administrative cost. Employee contributes weekly through payroll deductions.</p>
<p style="text-align: center;"><b>TransitChek Direct Program</b></p>	<p>TransitChek allows you to set aside pre-tax dollars for eligible mass transit and commuter parking expenses. Contact the MTA Business Service Center (BSC) at 1-646-376-0123 for more information.</p>	<p>Enrollment monthly through the 15<sup>th</sup> of each month. Date of benefit approx. 45 days later.</p>	<p>LIRR pays the administrative cost. Employee contributes monthly through payroll deductions.</p>
<p style="text-align: center;"><b>NY College Savings Program U-Promise</b></p>	<p>Provides tax benefits &amp; professional investment management to save for your children's, grandchildren's, relatives', and/or friends' college education through payroll deduction. Contact the MTA BSC for more information.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes monthly through payroll deductions.</p>

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<b>BENEFIT COVERAGE &amp; INSURER</b>	<b>PLAN DESCRIPTION</b>	<b>ELIGIBILITY</b>	<b>COST/EMPLOYEE</b>												
<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>	N/A		
Calendar Years Of Service	Days of Vacation														
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1	0														
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3	2														
4	2														
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<b>Holidays</b>	<p>The LIRR recognizes the following twelve Holidays:</p> <table style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>New Year’s Day</td> <td>Labor day</td> </tr> <tr> <td>Martin Luther King, Jr’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>Thanksgiving Friday</td> </tr> <tr> <td>Independence Day</td> <td>Christmas Day</td> </tr> </tbody> </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	Labor day	Martin Luther King, Jr’s Birthday	Columbus Day*	Presidents Day	Election Day *	Good Friday*	Thanksgiving Day	Memorial Day	Thanksgiving Friday	Independence 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>	N/A
New Year’s Day	Labor day														
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<b>Sick Leave</b>	<p>Effective January 1, 1997, MPA employees are allotted 12 paid sick days per year and carry over unused days indefinitely with an unlimited accumulation of sick leave banks.</p> <p>Sick leave is to be used only for illnesses or provision of care to the employee, or the employee's spouse, dependent child, 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 coordinated with the Company's Short-Term Disability Plan.</p>	N/A
<b>Short-Term Disability</b>	<p>In case of a medically documented prolonged, major or catastrophic illness, employee may be carried at full pay status up to 26 weeks (130 days) from <u>initial</u> date of absence after accumulated sick leave and all but 10 days of comp/vacation/personal leave has been exhausted.</p> <p>Refer to Corporate Policy LEAVE-008 for more detailed information.</p>	<p>Short Term Disability is 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. Contact the MTA BSC at 1-646-376-0123 for applications and more information.</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. See Corporate Policy LEAVE 008 for more information.</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.

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<p style="text-align: center;"><b>Bereavement Leave</b></p> <p>See LIRR Corporate Policy &amp; Procedure LEAVE-002 for more detailed information.</p>	<p>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.</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>Jury Duty</b></p>	<p>A Management employee of the Company required to be absent from work in order to perform jury duty, will have their pay continued, consistent with the company's Corporate Policy &amp; Procedure (LEAVE-004).</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>Transportation Pass</b></p>	<p>The Company grants free transportation privileges as a benefit to its employees. Transportation privileges are also granted to their legal spouse /domestic partner and dependent children but are not to be used for daily commutation.</p> <p>The pass is the property of the Company, must be displayed when requested, and must be surrendered upon demand.</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>Employee Assistance Program (EAP)</b></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>The Employee Assistance Office is located at: <b>300 Old country Rd., Suite 103, Mineola, NY 11501</b> <b>The Phone Number is: 516-248-3434</b></p>		<p style="text-align: center;">N/A</p>

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<p><b>Tuition Reimbursement</b></p> <p>Contact the LIRR Training and Corporate Development Dept. for more information.</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>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>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><b>401 (k) Plan Prudential (877) 756-4682 www.retirement.prudential.com</b></p>	<p>This is a tax-deferred retirement savings plan. You may defer up to a maximum of \$19,500 for 2021. Participants age 50 or over can contribute an additional \$6,500. You have a choice of investment funds available for your contributions. <b>A Roth (post-tax contributions) option is also available.</b></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 Prudential (877) 756-4682 www.retirement.prudential.com</b></p>	<p>Similar to the 401(k), this is a tax-deferred retirement savings plan. You may defer up to a maximum of \$19,500 for 2021. 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 age 50 or over may contribute an additional \$6,500 for 2021. You have a choice of investment funds available for your contributions. <b>A Roth option is also available.</b></p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes weekly through payroll deductions.</p>

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FOR MANAGEMENT EMPLOYEES**

<b>BENEFIT COVERAGE &amp; INSURER</b>	<b>PLAN DESCRIPTION</b>	<b>ELIGIBILITY</b>	<b>COST/EMPLOYEE</b>
<p><b>Railroad Retirement Act</b></p> <p><b>Railroad Retirement Board</b> 490 Federal Plaza Central Islip, NY 11722-4424</p> <p>877-772-5772</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: 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>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 – (2021)</b> 6.20% rate until \$142,800 of compensation.</p> <p>Tier IA (Medicare tax rate) of 1.45% will continue with no limit on compensation.</p> <p><b>Tier II – (2021)</b> 4.9% tax rate until \$106,200 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 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  
2021 BENEFITS PACKAGE OVERVIEW  
FOR MANAGEMENT EMPLOYEES**

<b>BENEFIT COVERAGE &amp; INSURER</b>	<b>PLAN DESCRIPTION</b>	<b>ELIGIBILITY</b>	<b>COST/EMPLOYEE</b>
<p><b>Long Island Rail Road Company Pension Plan</b></p> <p style="text-align: center;"><b>&amp;</b></p> <p><b>Long Island Rail Road Company Plan for Additional Pensions (for employees hired prior to December 31, 1987)</b></p>	<p><b><u>THE LONG ISLAND RAIL ROAD DEFINED PENSION PLAN</u></b> <b>(Employees hired prior to December 31, 1987)</b></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> <b>(Employees hired after January 1, 1988)</b></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 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> <p>Note: Application must be received at least 30 days and no more than 90 days from planned retirement date. Benefits will be effective the first day of the month following 30 days from receipt of application.</p>

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