



# Summary of Benefits Agreement Employees

***Check the “Weekly News”, the Metro-North and BSC Websites  
for notices about benefit plan changes, option transfer and re-  
enrollment periods.***

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**This is a summary of the following company sponsored benefits.**

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

## **What You Need to Know about the Business Service Center (BSC)**

You should contact the Business Service Center (BSC) to make inquiries or request services related to your benefits, pension, online job applications, screening of job applications, pre-employment communications, pre-employment testing, and enrollment of training, Payroll, Information Technology: PeopleSoft Access/ Reports, etc., and HRIS, employment verification, direct deposit, tax forms, change of address, garnishments, child support, and personnel records.

You should go online via the BSC Portal (website) to download HR forms and view benefits information from your workplace or any computer connected to the Internet.

Here are the important BSC numbers and contact information:

- Hours: Monday – Friday 8:30 AM – 5:00 PM
- Phone: 646.376.0123
- Website: [www.mymta.info](http://www.mymta.info)
- Email (general): [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org)
- Fax (general): 212.852.8700
- Fax (IT forms): 212.852.8701
- Fax (invoices): 212.971.5060
- BSC Mail: MTA Business Service Center  
333 West 34th Street. 9th Floor  
New York, New York 10001-2402

## **ELIGIBILITY FOR HEALTH AND WELFARE BENEFITS**

You are eligible for health and welfare benefits if you are a full-time employee.

Our benefits program provides flexibility, protection and value through:

- Health care benefits, including medical, dental, and vision plans; an Employee Assistance Program
- Welfare Benefits, including basic and optional life, dependent life, basic and optional accidental death and dismemberment Insurance
- Disability benefits
- Flexible Spending Accounts, including a Health Care Account and Dependent Care Account
- Retirement benefits, including a retirement plan, 401(k) and 457 savings plans

This summary highlights the plans in our benefits program.

## **WHEN COVERAGE BEGINS**

The coverage effective dates for certain benefits are not the same:

- Medical benefits begin on the 1<sup>st</sup> of the month following your date of hire.
- Accidental Death and Dismemberment Insurance and Disability coverage begins on your date of hire.
- Flexible Spending Accounts begins 90 days after your date of hire.
- Dental and Vision benefits begin on the 1<sup>st</sup> of the month following one year of employment.

## **COSTS**

How much you pay for certain benefits will depend on the health plan you select and the level of coverage. You may select from one of the following categories:

1. Employee only
2. Family

These coverage categories give you flexibility in tailoring your benefits to meet your personal needs.

## **WHO IS ELIGIBLE?**

- Your spouse.
- Your domestic partner. Contact the MTA Business Service Center at 646-376-0123 for complete information on eligibility and a domestic partnership package.
- Your child(ren) who are under 26 years of age – Medical insurance only.
- Your unmarried dependents up to age 19 and older through the age 25 if they are full-time students at an accredited secondary, preparatory school, or college for dental and vision coverage.
- Your dependents if they are permanently disabled and incapable of self-support. Contact the MTA Business Service Center at 646-376-0123 for complete information on eligibility.

## **WHAT DOCUMENTS DO I NEED TO ENROLL MY DEPENDENTS**

All new enrollees and dependents must provide a copy of proof of eligibility to enroll qualifying dependents in the various health plans:

- Marriage Certificate
- Birth Certificate
- Social Security Card
- Student Verification (unmarried dependents 19 and older through the age 25 for dental and vision coverage)
- Most recent tax return showing married filing jointly (required if married over 1 year). If tax document is not available, current joint bank statement, mortgage statement or homeowners' policy may be provided.

## **LIFE EVENT**

**A Life Event results in changes to your benefits which allow you to add or delete a dependent due to the following:**

- Gain of a dependent (Marriage; birth/adoption)
- Loss of a dependent (Death of spouse or child; divorce; child loses dependent status)
- Loss of health insurance coverage for you and or your qualifying dependent

You MUST notify MTA Business Service Center within (30) days of the life event, otherwise, a late enrollment waiting period will be imposed for enrollment forms received after the (30) day deadline. Contact MTA Business Service Center at 646-376-0123 or see your Plan document for details.

## **CHANGE IN EMPLOYMENT STATUS**

You should notify the BSC of a change in employment status that results in a change to your benefits. For example, full-time to part-time, personal leave of absence, or termination.

## **ANNUAL MEDICAL OPTION TRANSFER PERIOD**

Each year employees may switch health plans during the Medical Option Transfer Period. You can change from Empire Plan to an HMO, an HMO to the Empire Plan, or from one HMO to another HMO. This transfer period occurs during the month of December to become effective on January 1 of the following year.

## **OPT-OUT INCENTIVE PROGRAM**

If you are covered under your spouse's medical plan you may elect to opt-out of medical coverage. The Opt-Out Incentive Program runs on a calendar year basis (January 1 through December 31). If you opt-out of medical coverage and are eligible for employee only coverage or covered under your spouse's/domestic partner's MTA provided medical plan you will receive \$1,000; \$3,000 if you are eligible for family coverage and not covered under a MTA provided medical plan. Payment is subject to all applicable federal, state and local taxes.

You will need to complete an opt-out incentive form during the opt-out period in order to receive the incentive. The incentive may be paid to you or may rolled into your 401(k) or 457 account.

## **HEALTH AND WELFARE CONTRIBUTIONS**

Agreement employees are required to contribute on a pre-tax basis, two (2%) percent of their straight time earnings up to forty (40) hours per week to defray the cost of health benefits.

## NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

You are among the 1.1 million enrollees and dependents that make the New York State Health Insurance Program (NYSHIP) one of the largest group health insurance programs in the United States. NYSHIP provides valuable medical benefits for you and your eligible dependents through two different options: **The Empire Plan**, an indemnity plan with some managed care features, or health care from a participating **Health Maintenance Organization (HMO)** in your area. Both options provide medical and surgical care, hospital expense benefits, mental health and substance abuse benefits. Both options also provide prescription drug coverage. The universal phone number for **ALL** Empire Plan coverages: **877-7-NYSHIP (877-769-7447)**

### EMPIRE PLAN

The Empire Plan lets you choose between in-network and out-of-network providers each time you need medical care. Please see the attached NYSHIP AT A GLANCE booklet for details about the Empire Plan.

### HEALTH MAINTENANCE ORGANIZATIONS (HMO'S)

A Health Maintenance Organization (HMO) is a health delivery system organized to provide health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. You and your enrolled dependents may only have coverage or receive services from your HMO network. You must contact your HMO regarding emergency services.

### NEW YORK STATE HEALTH INSURANCE PROGRAM HMO'S

HIP Health Plan of NY

MVP Health Plan

Capital District Physician's Health

Empire BlueCross BlueShield

Please refer to the NYSHIP Choices booklet for details on the above HMOs.

### CONNECTICUT HMO'S

ConnectiCare

UHC Oxford

Please refer to the Connecticare and UHC Oxford summaries for plan information.

### DENTAL INSURANCE (METLIFE – Group #94072)

When you and/or your eligible dependents receive care from a network dentist, the Plan will reimburse you at a higher percentage as shown. Network dentists are part of the Preferred Dentist Program (PDP).

The dental plan covers the following services:

Dental Care	In-Network	Non-Network	Maximums
Deductible	- 0 -	\$ 50 – Individual \$150 – Family	\$2,500 Annually
Preventive – Type A	100%	100%	
Restorative - Type B*	80%	80%	
Prosthetic - Type C*	80%	60%	
Orthodontic - Type D** (Eligible dependents up to age 19 only)	80%	60%	\$2,300 Lifetime

\* Annual Deductible with a non-network dentist for Type B & C.

\*\* There is a separate \$50 deductible for orthodontia with a non-network dentist.

## **PREFERRED DENTIST PROGRAM (PDP)**

The PDP is a network of dentists who have contractually agreed with MetLife to accept a reduced fee schedule. The reduction is between 15% and 20% less than their normal fees. You and/or your eligible dependents are not obligated to use a PDP dentist. Your dental coverage remains the same, however by using a PDP dentist; your 'out-of-pocket' costs will be lower for certain services. You will use the same dental claim form and submit your dental expenses to the address on the back of the claim form. Contact the MTA Business Service Center at 646-376-0123 to request claim forms or visit their website at [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

To obtain a list of dentists in the Preferred Dentist Program from MetLife call 800-942-0854 or visit MetLife's website at [www.metlife.com/dental](http://www.metlife.com/dental).

## **VISION INSURANCE (EYEMED VISION CARE – Group #9746595)**

The vision plan offers Network and Non-Network Providers. If you use a provider that participates in Eyemed Vision Care, most services will be covered.

The Plan provides for Vision Care visits once per calendar year. The Plan will not cover contact lenses prescribed for cosmetic purposes.

To obtain a listing of providers call 866-799-9984 or log onto their website [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

## **MTA FLEXIBLE SPENDING ACCOUNTS - (FSA) – P&A Group**

The FSA allows you to set aside pre-tax dollars for eligible health and/or dependent care expenses.

- Health Care Account – you can use this account to pay for health care expenses not covered or fully reimbursed under another health care plan – for example copayments, deductible, eyeglasses etc. The annual maximum contribution for the Health Care account is \$2,650.
- Dependent Care Account – you can use this account to pay for certain dependent care expenses. The annual maximum contribution for the Dependent Care account is \$5,000.

The deductions for both the Health Care and Dependent Care accounts are made weekly from your paycheck. The minimum annual contribution is \$100 per year for each account.

All enrollees must re-enroll each year during open enrollment to maintain eligibility. Open enrollment occurs each year from November 1<sup>st</sup> to December 15<sup>th</sup> to be effective for January 1<sup>st</sup> of the next calendar year.

## **TERMINATION OF INSURANCE BENEFITS**

Your coverage terminates when you are no longer eligible for the following reasons.

### **Resignation/Termination**

- If your employment ends on or before the 15<sup>th</sup> of the month, benefits terminate the last day of the month in which you last worked.
- If your employment ends after the 15<sup>th</sup> of the month, benefits terminate the last day of the month following the month in which you last worked.

### **Dismissal/Suspension/Removal from Service/Furlough**

Your coverage will continue until the last day of the fourth month from the date last worked. *(For example: if the last date worked is March 5, 2017, then your benefits will continue July 31, 2017).*



## **Medical Leave of Absence**

Your coverage will continue for yourself and all dependents until the last day of the calendar year following the calendar year of your date last worked. *(For example: if the date last worked is October 21, 2016, then the last day of active benefits is December 31, 2017).*

Coverage will continue for the employee only for another calendar year *(For example: if the last day worked is October 21, 2016, then the last day of active benefits is December 31, 2018).*

## **Personal Leave of Absence/Absent without Leave (AWOL)**

Your benefits will terminate the last day of the month your personal leave of absence goes into effect.

Upon the termination of your coverage you will be provided the opportunity to continue your medical, dental, vision and FSA coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA).

The BSC will also send you information on your conversion rights for any employee basic or supplemental life insurance coverage that may have been terminated.

## **CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)**

Upon separation from MTA Metro-North Railroad, you are eligible to continue your medical, dental, vision and FSA coverage under COBRA at your own expense for up to 18 months. Enrollment and premium costs will be mailed to your home address by the P&A Group, the MTA's COBRA administrator.

You are responsible for notifying the BSC of any dependents who are no longer eligible for coverage within 30 days of the qualifying event date. Upon termination of coverage your dependent will receive COBRA information from the P&A Group. For information and applications please call the MTA Business Service Center at 646-376-0123.

## **HEARING AID BENEFIT**

Hearing aids, including evaluation, fitting, and purchases are covered up to a total maximum of \$1,000 (\$500 per ear) once every three years. All expenses related to the hearing aid benefit are submitted to the BSC. The BSC will reimburse you directly and not the provider. Call the MTA Business Center at 646-376-0123 for a Hearing Aid claim form. This benefit is for active employees only.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

The basic AD&D insurance pays a benefit of \$8,000 to your designated beneficiary. This benefit is paid due to an accidental death, and a partial benefit may be paid based on the type of dismemberment.

## **MTA METRO NORTH OPTIONAL LIFE INSURANCE**

Optional life insurance benefit amounts are available in increments of \$25,000. You may purchase a minimum of \$25,000 to a maximum of \$250,000 for all crafts except ACRE. ACRE Represented employees are able to purchase a minimum of \$50,000 to a maximum of \$500,000. You may purchase the optional life insurance coverage within 31 days from your date of hire without providing evidence of insurability if the amount of your election does not exceed \$150,000 for all crafts except ACRE. ACRE represented employees are able to purchase \$50,000 without evidence of insurability if purchased within 31 days from your date of hire.

If you are electing to enroll 31 days after your date of hire and/or the amount you are electing to purchase exceeds your guarantee issue you must complete a MetLife Statement of Health questionnaire. MetLife will review your application and notify you of their determination. If approved you will be enrolled in the amount of life insurance MetLife approved. If you would like to apply for this benefit you must contact the BSC for an application.

The cost for optional life insurance is based on your age and the amount of coverage you are electing:

Supplemental Life Insurance Rates - Agreement Employees										
Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
25	\$2.23	\$4.45	\$6.68	\$8.90	\$11.13	\$13.35	\$15.58	\$17.80	\$20.03	\$22.25
30	\$2.98	\$5.95	\$8.93	\$11.90	\$14.88	\$17.85	\$20.83	\$23.80	\$26.78	\$29.75
35	\$3.53	\$7.05	\$10.58	\$14.10	\$17.63	\$21.15	\$24.68	\$28.20	\$31.73	\$35.25
40	\$4.48	\$8.95	\$13.43	\$17.90	\$22.38	\$26.85	\$31.33	\$35.80	\$40.28	\$44.75
45	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20	\$46.90	\$53.60	\$60.30	\$67.00
50	\$11.93	\$23.85	\$35.78	\$47.70	\$59.63	\$71.55	\$83.48	\$95.40	\$107.33	\$119.25
55	\$18.80	\$37.60	\$56.40	\$75.20	\$94.00	\$112.80	\$131.60	\$150.40	\$169.20	\$188.00
60	\$29.03	\$58.05	\$87.08	\$116.10	\$145.13	\$174.15	\$203.18	\$232.20	\$261.23	\$290.25
65	\$47.25	\$94.50	\$141.75	\$189.00	\$236.25	\$283.50	\$330.75	\$378.00	\$425.25	\$472.50
70	\$51.50	\$103.00	\$154.50	\$206.00	\$257.50	\$309.00	\$360.50	\$412.00	\$463.50	\$515.00
Supplement Life Insurance Rates - Agreement Employees (ACRE)										
Age	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
25	\$4.45	\$8.90	\$13.35	\$17.80	\$22.25	\$26.70	\$31.15	\$35.60	\$40.05	\$44.50
30	\$5.95	\$11.90	\$17.85	\$23.80	\$29.75	\$35.70	\$41.65	\$47.60	\$53.55	\$59.50
35	\$7.05	\$14.10	\$21.15	\$28.20	\$35.25	\$42.30	\$49.35	\$56.40	\$63.45	\$70.50
40	\$8.95	\$17.90	\$26.85	\$35.80	\$44.75	\$53.70	\$62.65	\$71.60	\$80.55	\$89.50
45	\$13.40	\$26.80	\$40.20	\$53.60	\$67.00	\$80.40	\$93.80	\$107.20	\$120.60	\$134.00
50	\$23.85	\$47.70	\$71.55	\$95.40	\$119.25	\$143.10	\$166.95	\$190.80	\$214.65	\$238.50
55	\$37.60	\$75.20	\$112.80	\$150.40	\$188.00	\$225.60	\$263.20	\$300.80	\$338.40	\$376.00
60	\$58.05	\$116.10	\$174.15	\$232.20	\$290.25	\$348.30	\$406.35	\$464.40	\$522.45	\$580.50
65	\$94.50	\$189.00	\$283.50	\$378.00	\$472.50	\$567.00	\$661.50	\$756.00	\$850.50	\$945.00
70	\$103.00	\$206.00	\$309.00	\$412.00	\$515.00	\$618.00	\$721.00	\$824.00	\$927.00	\$1,030.00

#### **METLIFE SHORT-TERM DISABILITY BENEFIT**

You are eligible to apply for short-term disability benefits after you have exhausted your sick days. The application for short-term disability benefits under MetLife can be requested from the MNR Human Resources Department by calling 212-340-2112. This claim form requires a physician's certification supporting your need for benefits. You are eligible to collect benefits for a maximum of 52 weeks. Completed forms should be faxed to 212-340-2045.

#### **RAILROAD RETIREMENT SICKNESS BENEFIT**

You are eligible to apply for sickness benefits after you have exhausted your sick days. The application for sickness benefits can be obtained by calling the RRB at 877-772-5772 or via RRB's website at [www.rrb.gov](http://www.rrb.gov).

#### **MTA DEFINED BENEFIT PENSION PLAN FOR METRO-NORTH EMPLOYEES**

If you have any questions about the MTA DB Plan for Metro-North Employees, please call the BSC at 646-376-0123.

#### **MTA METRO-NORTH DEFINED CONTRIBUTION PENSION PLAN FOR AGREEMENT EMPLOYEES**

Participation in the Metro-North Commuter Railroad Defined Contribution Pension Plan for Agreement Employees is **available only to employees who declined participation in the MTA Defined Benefit Pension Plan during the 2007 union contract renewals.** MTA Metro-North Railroad automatically makes employer contributions equal to 4% of your

gross earnings on a weekly basis to the MTA 401(K) Plan. Employer contribution increases to 7%, when you have 19 years of MTA Metro-North Railroad service.

Vesting is 5 years of service, and normal retirement age is 62. You may also retire at:

- age 60 with 15 years of participation in the plan
- or
- age 55 with 30 years of participation in the plan

## **BASIC GROUP LIFE INSURANCE - METLIFE**

Participants of the Metro-North Commuter Railroad Agreement Defined Contribution Pension Plan are covered under the basic group life insurance benefit with MetLife Insurance Company. In the event of your death, the plan pays \$100,000 to your designated beneficiary. Please be sure to keep your designated beneficiary on file with the MTA Business Service Center's Employee Benefits Department.

## **MTA 401(k) PLAN**

## **MTA 457 PLAN**

The 401(k) Plan and the 457 Plan are tax deferred plans which allow you to set money aside for retirement. Under the terms of the 401(k) Plan and 457 Plan, you may defer current income for retirement through weekly payroll deductions while reducing your tax liability.

Participation in one or both [401(k) and 457] plans allows you to tax-defer up to a maximum of \$18,500 for the 2018 plan year.

Both plans allow total contributions up to \$24,500 if you are age 50 or older, or are turning 50 during the calendar year.

In addition, the 457 Plan has a "special" catch-up option. The amount that you can contribute under "Special" catch-up allows you to make up for underutilized deferrals from years past. The "Special" 457 Plan option allows you to potentially contribute up to \$36,500 in 2018. Please contact Prudential at 877-756-4682 for further information on this option.

For additional information or to enroll contact Prudential at 877-756-4682 or visit the website at [www.prudential.com/mta](http://www.prudential.com/mta).

## **US RAILROAD RETIREMENT ACT**

The Act provides retirement and disability benefits for qualified railroad employees. Please refer to the Railroad Retirement Board's website at [www.rrb.gov](http://www.rrb.gov) for more information.

## **TIER I AND MEDICARE TAX:**

Income is taxed at a 7.65% tax rate up to a maximum compensation of \$128,400. Included in Tier I is 1.45% for Medicare which continues to be deducted after the \$128,400 is reached. Please refer to RRB's website at [www.rrb.gov](http://www.rrb.gov) for more information.

## **Tier II Tax:**

4.9% tax rate up to a maximum compensation of \$95,400. You must complete five years of creditable service to vest under Tier II. If you leave with less than five years of credited service with MTA Metro-North Railroad or any other US Railroad, you forfeit all rights to a benefit from Tier II. Please refer to RRB's website at [www.rrb.gov](http://www.rrb.gov) for more information.

## **RAILROAD UNEMPLOYMENT INSURANCE ACT (RUIA)**

The Railroad Unemployment Insurance Act provides unemployment insurance when you are not working but are ready, willing and able to work. The Railroad Retirement Board must be contacted at 877-772-5772 to apply for benefits. The "Benefit Year" runs from July 1 to June 30 if you had at least 5 months of credited service in the prior calendar year. Please refer to RRB's website at [www.rrb.gov](http://www.rrb.gov) for more information.

## TRANSPORTATION PASS

Metro-North provides free transportation privileges as a benefit to its employees on its commuter rail lines of Metro-North. Transportation privileges are also granted to your legal spouse /domestic partner and eligible dependents. The pass is the property of Metro-North and must be displayed at all times. For additional information refer to Metro-North's Operating Procedure "Identification & Rail Passes" Number 10-004 located on the intranet.

## MTA METRO-NORTH EMPLOYEE ASSISTANCE PROGRAM (EAP) 212-883-8084

EAP is a confidential counseling service that can help you deal with personal problems that may affect job performance and well-being. Some of the problems EAP can assist you with include emotional problems, marriage and family problems, substance abuse problems, stress, grief/bereavement issues, and critical incident debriefings after traumatic accidents/incidents. Contact EAP at 212-883-8084 for assistance.

## BEREAVEMENT LEAVE

Employees may take up to three days of bereavement leave per occurrence in the event of the death of a family member.

<b>Family Member</b>	Employee's spouse, domestic partner, child, sibling, parent, parent-in-law, grandparent, grandchild or domestic partner's parents.
<b>Domestic Partner</b>	An individual residing with an employee of a MTA Agency who has demonstrated to the satisfaction of the MTA Agency concerned that he/she has completed official registration and/or has filed an affidavit of domestic partner status with any appropriate governmental agency or the satisfactory equivalent.
<b>Child (children)</b>	A biological or adopted child, foster child, step-child, legal ward or a child of an employee standing in loco parentis (i.e. in place of a parent), or the child of an employee's domestic partner.
<b>Parent</b>	A biological or adopting parent, foster parent, step-parent, legal guardian (ward), or an individual standing in loco parentis (i.e. in place of a parent).
<b>Sibling</b>	A biological, adoptive, foster, half or step-brother or sister.

## JURY DUTY LEAVE

You will receive paid leave for jury duty with the submission of a copy of the notice to your department. An employee who is called to serve will be required to check the "yes" box on the court questionnaire inquiring as to their status as a "State of Local Government Employee." The "yes" answer will waive payment of jury fees paid by the court. This change will not alter the employee's responsibility for furnishing proper documentation from the court attesting to the days actually served.

## ANNUAL CANCER SCREENING

Full-time employees can receive up to four hours of paid leave to have annual breast and prostate cancer screening from a medical professional. The four hour paid leave benefit may be used for cancer screening procedures including mammography, physical examination, and blood work, as well as travel time to and from the location at which the screening is conducted. Any time taken beyond the four hours may be charged against accrued leave balances. Employees must provide at least seven days advance notice of their intent to utilize this paid leave benefit. Metro-North reserves the right to require the employee to postpone the screening based upon the business needs of the agency. Written documentation from a medical provider indicating that the employee's absence was for the purpose of breast or prostate screening must be submitted to the employee's department within 72 hours following the screening. In addition to stating the purpose of the visit, the documentation must also include the date and time of the appointment.

## FAMILY MEDICAL LEAVE ACT

The Family Medical Leave Act (FMLA) was created in an effort to ensure that employees were able to take leave from their jobs in order to care for themselves and/or their families for specific medical reasons and under certain circumstances. Please refer to the attached document entitled “Employee Rights under the Family Medical Leave Act” for detailed information.

## HOLIDAY SCHEDULE

MTA Metro-North agreement employees will observe the following holidays in 2018.

Holiday	Day Observed
New Year's Day*	Monday, January 1
Martin Luther King, Jr. Day	Monday, January 15
Presidents Day	Monday, February 19
Good Friday**	Friday, March 30
Memorial Day	Monday, May 28
Independence Day	Wednesday, July 4
Labor Day	Monday, September 3
Veterans Day***	Sunday, November 11
Thanksgiving Day	Thursday, November 22
Day after Thanksgiving Day ****	Friday, November 23
Christmas Eve	Monday, December 24
Christmas Day	Tuesday, December 25
New Year's Eve	Monday, December 31

\*\* Good Friday is a floating holiday for some unions

\*\*\* Legal Holiday for qualifying veterans

\*\*\*\* The day after Thanksgiving Days is not a holiday for all crafts.

**Note: Not all unions receive the same holidays. Please refer to your collective bargaining agreement. Please also refer to the relevant agreement to determine whether employees must work or be available to work the workday immediately preceding and following such holiday in order to qualify for holiday pay.**

## TUITION REIMBURSEMENT

Metro-North offers tuition reimbursement to employees, up to \$4,000 per calendar year, for qualifying courses and degree programs. Individual courses must be directly related to the employee's current or potential job responsibilities, and degree programs must be relevant to MTA business. The program covers courses and curricula at accredited colleges and universities, including two year community and vocational colleges; accredited vocational/trade schools & technical institutions; and professional societies or associations. Reimbursement is available to full-time employees in active pay status who have completed, by the date on which the course begins, at least six months of continuous service at MNR and any other MTA agency, or (as applicable) the probationary period specified in their craft agreement, whichever is longer.

## LIFECARE- WORK/LIFE SERVICES AND DISCOUNTS

Lifecare is a phone/internet service that provides information and referrals that support your “personal life” needs such as childcare, eldercare and pet care. This service is free to employees and their dependents. Lifecare provides educational materials, PDF downloads, web conferences, research and referrals for many personal needs including:

- Childcare
- Adult care options and services for seniors
- Prenatal care and options

- Summer care for children/teens
- Children with special needs
- Schools and academic services including colleges and academic financial aid services
- Adoption services
- Financial services (tax assistance, mortgages, debt management, etc.)
- Legal services
- Health and wellness
- Convenience/concierge services (chore services, moving, etc.)
- Discounts for various goods and services (computers, travel, movies, etc.)

To use this service, call **(800) 873-4636** (or (800) 873-1322 for hearing impaired), or visit the website at [www.lifecare.com](http://www.lifecare.com) or the MNR intranet site. In order to register online as a new user, you will need the registration code **mnrrr**; the member ID is *your* 7 digit BSC ID number. Lifecare services are free, but employees are responsible for any fees associated with the services employees elect to use

### **COLLEGE SAVINGS PROGRAM- 529 PLANS**

New York and Connecticut have tax-advantaged savings programs available to you through convenient weekly payroll deductions. To participate, please contact the savings program of your choice as follows:

- New York College Savings Program: toll free 1-877-NYSAVES (Mon. – Fri. 8am to 11pm) or [www.nysaves.org](http://www.nysaves.org)
- Connecticut Higher Education Trust (CHET): 1-888-799-CHET (1-888-799-2438).

### **PREMIUM TRANSIT CHEK**

You can elect up to \$260 /month in pre-tax deductions for commutation expenses such as the Metrocard or the TransitChek QuickPay Card (a debit card for transit tickets/passes and commuter parking at participating transit and parking locations that accept credit/debit cards). In addition to the current \$260 pre-tax deduction for commutation expenses, up to \$260/month may be deducted pre-tax for commuter parking benefits. Your total monthly deductions for both pre-tax and post-tax deductions cannot exceed \$1,000.00.

Contact the Premium TransitChek Program at [www.transitchek.com](http://www.transitchek.com) or 1-888-618-2435 (Mon. to Fri., 8am to 8pm). To set up an account as a first-time user, use company code YKU25 and your BSC ID number.

### **HEALTH CLUB MEMBERSHIPS**

Memberships at group rates through weekly payroll deductions are available to all employees in active pay status. Employees can join during open enrollment periods (twice a year in December or June/July). Choices include:

**New York Health & Racquet Club (NYH&RC)**: 9 full service health clubs in Manhattan, and 1 in Great Neck, NY the HRC Spa, two tennis clubs, a full service midtown Manhattan hotel, a private yacht, indoor golf, outdoor beach and country club, and tennis facilities. All facilities offer heated pools, saunas, Jacuzzi and services for children.

**New York Sports Clubs (NYSC)**: More than 45 full service clubs in the tri-state area including Manhattan, Croton-Harmon, White Plains, Stamford, Scarsdale, Mamaroneck, West Nyack-Palisades Center, Danbury, Carmel, all NYC boroughs, Long Island and New Jersey. For other non-payroll membership options, contact out account manager, David Cummings via phone at (917) 765-9920 or via email at [David.Cummings@tsiclubs.com](mailto:David.Cummings@tsiclubs.com)

<u>CLUB</u>	<u>TERM</u>	<u>INITIATION FEE</u>	<u>WEEKLY PAYROLL DEDUCTION</u>	<u>TOTAL</u>
NYH&RC	24 MONTHS	NO	\$14.43	\$1,500
NYSC	12 MONTHS	NO	\$13.94	\$725

The following discounted memberships are also available all year round to the below Health Clubs via monthly payments directly from the employee:

**YMCA:** Present your MNR ID to the YMCA and they will give you a discount on the membership. This discount applies to the facilities in Manhattan, Brooklyn, Bronx, Queens, Staten Island and YMCA Long Island. The YMCA discount is as follows:

- 20% off annual membership for 12 months
- 50% off initiation fee. The initiation fee is waived when you join during the city wide membership drive.
- 100% off initiation fee for YMCA Long Island

**Chelsea Piers:** Metro-North employees are invited to go in for a complimentary 1-day pass. Employee are eligible to join with no enrollment fee and pay \$125 per month for an annual membership. To activate your pass or to join contact Jennifer Marquit by phone 212-336-6076 or by email [marquj@chelseapiers.com](mailto:marquj@chelseapiers.com)

**Blink Fitness:** Metro-North Employees can contact the corporate membership liaison, Mauricio Silva via phone (646-530-2387) or via email ([mauricio.silva@blinkfitness.com](mailto:mauricio.silva@blinkfitness.com)) to sign up for one of the following membership options:

1. \$20 Month to Month- All access memberships to all Blink locations including in Manhattan with guest privileges. This option will requires a \$49 annual maintenance fee and 45 day notice to cancel.
2. \$240 One Year paid in Full- All access memberships to all Blink locations including in Manhattan with guest privileges. This option requires a 6-month minimum obligation and a 45 day notice to cancel.

Both Memberships will include a 15% discount at Modell's and \$25 off Citi Bike. Blink requires all dues to be paid by credit card. Immediate Family members are also eligible for this discount.

## SUMMARY OF TELEPHONE NUMBERS

### NYS Health Insurance Plan

#### Empire Plan

877-769-7447.....<http://www.cs.ny.gov>

NY State Dept. of Civil Service  
800-833-4344

### HMO's - (Health Maintenance Organizations)

Capital District Physicians (CDPHP)  
800-777-2273.....<http://www.cdphp.com>

Connecticare  
800-251-7722.....<http://www.connecticare.com>

Empire HMO  
800-453-0113.....<http://www.empireblue.com>

HIP of NY  
800-447-8255.....<http://www.hipusa.com>

UHC Oxford  
800-444-6222.....<http://www.oxfordhealth.com>

MVP Health Plan  
888-687-6277.....<http://www.mvphealthcare.com>

### Dental

MetLife (Group #94072)  
800-942-0854.....<http://www.metlife.com/dental>

Preferred Dentist Hotline (PDP's)  
800-474-7371

### Vision

Eyemed Vision Care (Group #9746595)  
866-799-9984.....<http://www.eyemedvisioncare.com>

### Other Service Numbers

US Railroad Retirement Board  
877-772-5772..... <http://www.rrb.gov>

Prudential  
877-756-4682.....<http://www.prudential.com/mta>

P&A Group (FSA and COBRA)  
800-688-2611.....<http://www.padmin.com>

LifeCare  
800-873-4636.....<http://www.lifecare.com>

Transit Chek Program  
888-618-2435.....[www.transitchek.com](http://www.transitchek.com)

EAP (Employee Assistance Program)  
212-883-8084

MTA Business Center  
646-376-0123 .....<http://www.bsccservice@mtabsc.org>

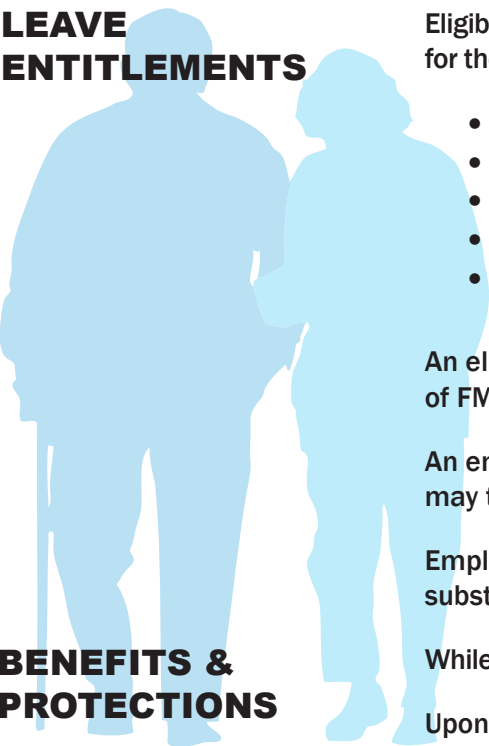
*Note that all benefits described herein are benefits that are currently in effect. These benefits are all subject to change, including termination thereof, at any time in the sole discretion of the MTA, except to the extent that they have been established by collective bargaining agreement. The summary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



# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

\*Special “hours of service” requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

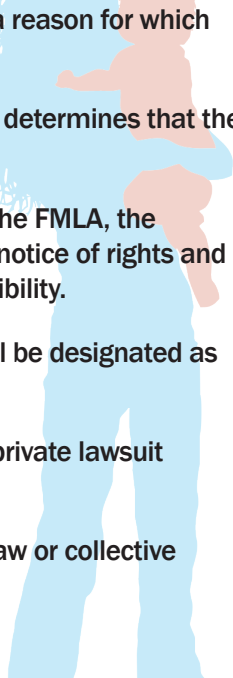
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



**MTA Metro-North Railroad (MNR)**  
**Agreement Employees**  
**Weekly Payroll Deductions as of January 1, 2018**

Code #	PLANS	<b>2018</b>	
		Individual	Family
001	Empire	\$0.00	\$0.00
050	HIP	\$23.27	\$40.23
060	MVP Health	\$0.00	\$0.00
220	<b>HIP</b> ( Formerly GHI-HMO (Upstate))	\$40.06	\$81.35
280	Empire BC/BS-Upstate	\$35.62	\$103.60
290	Empire BC/BS-Downstate	\$115.53	\$312.34
310	CDPHP-W.Hudson Valley	\$33.54	\$75.62
320	Empire BC/BS-Mid Hudson	\$112.77	\$305.18
330	MVP Health-Central	\$11.77	\$0.00
340	MVP Health-Mid Hudson	\$7.59	\$0.00
350	<b>HIP</b> (Formerly GHI-HMO(Downstate))	\$40.06	\$81.35
333	ConnectiCare	\$1.10	\$3.11
222	Oxford Health Plan	\$19.75	\$60.79

\*\*\*Please note these are insurance contribution rates are in **addition** to a two percent (2%) pre-tax contribution of your straight time earnings up to forty (40) hours per week to defray the cost of health and welfare benefits depending on your collective bargaining agreement.