

2025

Metro-North Railroad Summary of Benefits – Agreement Employees



Check the MyMTA portal for notices about
Benefit plan changes, option transfer and re-
enrollment periods.

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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 MTA Business Service Center (BSC)

You should contact the MTA Business Service Center (BSC) to make inquiries or request services related to your benefits programs, pension, job application, pre-employment communications, pre-employment testing, Payroll, Information Technology: PeopleSoft Access/ Reports, etc., and HRIS, employment verification, direct deposit, tax forms, change of address, garnishments, child support, and employment 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 important BSC numbers and contact information:

- Hours: Monday – Friday 8:30 AM – 5:00 PM
- Phone: 646-376-0123
- Website: www.mymta.info
- Email (general): bscservice@mtabsc.org
- Fax (general): 212-852-8700
- Fax (IT forms): 212-852-8701

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
- 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 1st first day 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 begin 90 days after your date of hire.
- Dental and Vision benefits begin on the first day 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 the 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 be rolled into your 401(k) or 457 account.

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 refer to the 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

Emblem Health (HIP) HIP Health Plan of NY
MVP Health Plan
Capital District Physician's Health

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

CONNECTICUT HMO'S

Cigna
Please refer to the Cigna benefits summary 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 <https://www.mymta.info>.

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.

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.

2025 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, deductibles, eyeglasses, etc. The annual maximum contribution for the Health Care account is \$3,300.
- Dependent Care Account – you can use this account to pay for certain dependent care expenses. The 2025 annual maximum contribution for the Dependent Care account is \$5,000 for single taxpayers and married couples filing jointly and \$2,500 for married individuals filing separately.

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 1st to December 15th to be effective for January 1st 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 15th day of the month, medical benefits terminate the last day of the month in which you last worked.
- If your employment ends after the 15th day of the month, medical benefits terminate the last day of the month following the month in which you last worked.
- Vision and dental coverage will terminate the last day of 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 6, 2025, then your benefits will continue through July 31, 2025, terminating effective August 1, 2025).*

Medical Leave of Absence

Your medical and dental 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 20, 2024, then the last day of active benefits is December 31, 2025).*

Medical coverage will continue for the employee only for another calendar year *(For example: if the last day worked is October 20, 2024, then the last day of active benefits is December 31, 2025).*

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, or you are deemed as absent without permission.

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

The BSC will also mail 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 the Consolidated Omnibus Budget Reconciliation Act ("COBRA") at your own expense for up to 18 months. Enrollment and premium costs will be mailed to your home address by WEX Inc, 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 WEX. For information and applications please call the MTA Business Service Center at 646-376-0123.

Qualifying Events Maximum Coverage Period

- Reduced Work Hours: 18 months
- Termination of Employment: 18 months
- Death of Employee: 36 months
- Divorce/Legal Separation: 36 months
- Termination of Benefits for Overage Child: 36 months

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 (AD&D) 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 METRONORTH 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 can 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 guaranteed 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 – ACRE Agreement Employees										
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 disability 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.

MTA DEFINED BENEFIT PENSION PLAN FOR METRO-NORTH EMPLOYEES (Represented)

Metro-North participants of the MTA Defined Benefit Pension Plan (DB Plan), are eligible for an unreduced retirement benefit at:

- age of **62** with the completion of **five years** of defined benefit pension plan credited service; or
- age **55** with the completion of **thirty years or more** of credited defined benefit pension plan service or
- a permanently reduced basis at age **55** if the participant has at least **ten years** of credited defined benefit pension plan service.

The DB Plan also provides for death and disability benefits.

Employees must complete five years of credited service to be considered vested in the DB Plan. If an employee leaves Metro-North with less than five years of credited service, all rights to a benefit from the plan are forfeited.

The plan requires a mandatory deduction of **3% of all represented** participants' gross salary on a weekly basis based on the date you joined the DB Plan and your collective bargaining agreement.

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.

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

Participation in one or both 401(k) and 457 plans allow you to defer up to a maximum of \$23,500 of your income for the 2025 plan year.

Each plan allows total contributions up to \$31,000 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 \$47,000 in 2025. Please contact the Plans' recordkeeper, Empower (formerly Prudential) at 877-756-4682 for further information on this option.

For additional information or to enroll contact Empower (formerly Prudential) at 877-756-4682 or visit the website at 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 for more information.

TIER I and MEDICARE TAX:

Income is taxed at a 7.65% tax rate up to a maximum compensation of \$176,100.00. Included in Tier I is 1.45% for Medicare and 6.2% for employee and employer tax rate which continues to be deducted after the \$176,100.00 is reached. Please refer to RRB's website at www.rrb.gov for more information.

TIER II TAX:

4.9% employee tax rate up to a maximum compensation of \$130,800.00. 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 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 for more information.

TRANSPORTATION PASS

Metro-North Railroad 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.

Agreement employees are also eligible for a MetroCard for commutation on the NYC Transit system. This pass may not be shared or transferred.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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. EAP is located at 110 East 42nd Street New York, NY 10017, Suite 1301.

BEREAVEMENT LEAVE

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

Family Member	Employee's spouse, domestic partner, child, sibling, parent, parent-in-law, grandparent, grandchild, or domestic partner's parents.
Domestic Partner	An individual residing with an employee of an 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.
Child (children)	A biological or adopted child, foster child, stepchild, 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.
Parent	A biological or adopted parent, foster parent, stepparent, legal guardian (ward), or an individual standing in loco parentis (i.e. in place of a parent).
Sibling	A biological, adoptive, foster, half or stepbrother 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 to their supervisor or department administrator from the court attesting to the days served.

ANNUAL CANCER SCREENING

Full-time employees can receive up to four (4) hours of paid leave to have annual cancer screening during their regularly scheduled work hours. The four (4) hours paid leave benefit may be used towards examination for cancer of any kind, including, but not limited to physical examination, laboratory tests, imaging procedures, and genetic testing, 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 (7) days advance notice of their intent to utilize this paid leave benefit and obtain supervisor approval for scheduled absence. Metro-North reserves the right to require the employee to postpone the screening based on the business needs of the agency. Written documentation from a medical provider indicating that the employee’s absence was for the purpose of cancer screening must be submitted to the employee’s supervisor or department administrator 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. Please refer to the All-Agency Policy Directive #11-058 – Leave for Cancer Screening and contact your HR Leave Administrator for detailed information.

BONE MARROW OR ORGAN DONATION LEAVE

Employees are provided paid leave time for donating bone marrow or serving as an organ donor. Employees can receive up to seven (7) days of paid leave to undergo a medical procedure to donate bone marrow and up to thirty (30) days of paid leave to serve as an organ donor. Employees must provide their supervisor at least fourteen (14) days prior written notice of an intent to utilize such leave unless a medical emergency exists. Employees must provide written verification from their physician documenting the purpose and length of each leave requested to the department's HR Leave Administrator. Please refer to the All-Agency Policy Directive #11-057 – Leave for Bone Marrow or Organ Donation and contact your HR Leave Administrator for detailed information.

BLOOD DONATION LEAVE

Full-time employees (working an average of 20 hours per week or more) can either:

- Receive two (2) times a year, paid leave to donate blood and recover from donating at an on-premises blood drive during work hours without using their accumulated leave time.
- Receive up to three (3) hours of unpaid leave per calendar year during their regular work schedule to make off-premises and non-MTA blood donation(s). Employees may choose to charge against their accrued leave balances to receive paid leave to make an off-premises blood donation. Employees requesting unpaid leave for an off-premises and non-MTA blood donation must submit documentation of the blood drive to their department administrator.
- In the event of an emergency which requires an Employee to donate blood for their surgery or that of a family member, a shorter notice period will be allowed. Employees must submit supporting medical documentation to their department's HR Leave Administrator.

Employees must provide at least three (3) working days’ notice (up to ten (10) working days’ notice may be required if the employee is in an essential operations position) unless a medical emergency exists. Metro-North reserves the right to require the employee to postpone the screening based upon the business needs of the agency. Please refer to the All-Agency Policy Directive #11-059 – Blood Donation Leave and contact your HR Leave Administrator for detailed information.

ELECTION DAY LEAVE

All Metro-North Railroad employees who are registered to vote and who do not have sufficient time outside working hours may take up to two (2) hours at the beginning or end of their shift, with pay, to allow for time to vote. Sufficient time is defined as four (4) consecutive hours either between the opening of the polls and the beginning of the employees' shift or between the end of the employees' shift and the closing of the polls. Employees must notify their supervisor in writing no more than ten (10) working days and at least two (2) working days before the day of the election that they will need to take time off. Additional time taken may be charged to vacation, compensatory time, or personal leave accrued with supervisor approval. Please refer to the All-Agency Policy Directive #11-056 – Election Day Leave and contact your HR Leave Administrator for detailed information.

FAMILY MEDICAL LEAVE ACT (FMLA)

The Family Medical Leave Act (FMLA) is a federal law that allows eligible employees up to 12 weeks leave and is job protected. FMLA was created 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 eligibility criteria and detailed information.

Family medical leave is administered by Workpartners. To request a new leave or to report time off under an existing approved leave, you must call Workpartners at 833-804-0480.

HOLIDAY SCHEDULE

MTA Metro-North agreement employees will observe the following holidays in 2025.

New Year's Day	Wednesday, January 1
Martin Luther King, Jr. Day	Monday, January 20
Presidents Day	Monday, February 17
Good Friday*	Friday, April 18
Memorial Day	Monday, May 26
Juneteenth**	Thursday, June 19
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Thanksgiving Day	Thursday, November 27
Day after Thanksgiving Day***	Friday, November 28
Christmas Eve	Wednesday, December 24
Christmas Day	Thursday, December 25
New Year's Eve Day****	Wednesday, December 31

* Good Friday is not a holiday for all unions.

** Juneteenth is a non-contractual holiday, which has previously been unilaterally afforded on a non-precedential basis. While it is anticipated this holiday will be provided in 2025, no official decision has been made. Additionally, if afforded, CBA provisions covering holiday observance and associated pay requirements do not apply, but standard holiday requests and managerial approval remain in effect. If needs of service do not allow an employee to observe the holiday, the employee will work their regularly assigned position at the straight time rate of pay. The employee will be given an alternative day off, treated in a manner equivalent to a floating day.

*** The Day after Thanksgiving is not a holiday for all unions. Please see the attached table for more information.

**** New Year's Eve Day is not a holiday for all unions. Please see the attached table for more information.

Note: As per New York Public Officers Law §63 Tuesday, November 11:2025 is a legal holiday for qualifying veterans. Entitled employees scheduled to work on November 11th may request the day off.

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 or www.nysaves.org
- Connecticut Higher Education Trust (CHET): 1-888-799-CHET (1-888-799-2438)

COMMUTER BENEFIT PLAN

The Edenred Commuter Benefit program allows you to use pre-tax money to pay for your commuting costs (up to \$325 a month each for transit and parking). You may register and enroll at www.login.edenredbenefits.com/, choose Employee, click next, and then click on “New User Sign Up.” Enter METRO when asked for the Company ID and click next to create your log-in. Review your order to ensure accuracy. Your order will show on your dashboard as soon as you log-in. You can place an order for a debit card (which can be used to pay for parking or transit expenses), for a specific transit pass (MetroCard, LIRR tickets, etc.), or for a “pay me back account” (which can be used for reimbursement of qualified out of pocket parking expenses). The cost of your order will be deducted from the 4th weekly paycheck of the preceding month, and your order will be fulfilled by Edenred just before the start of the month (money will be added to your card/account or a pass will be mailed to your home). The first \$325 of the cost of your monthly transit order and the first \$325 of the cost of your monthly parking order will be deducted from your pay on a pre-tax basis. Monthly costs over the \$325 for each benefit will be deducted from your pay after-tax.

SUMMARY OF TELEPHONE NUMBERS

Empire Plan
877-769-7447.....<http://www.cs.state.ny.us>

HMO's - (Health Maintenance Organizations)

Capital District Physicians (CDPHP)
800-777-2273.....<http://www.cdphp.com>
Cigna 800-244-6224 (Medical) and 888-353-2653 (Vision).....<http://www.myCigna.com>
HIP of NY
800-447-8255.....<http://www.hipusa.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>
Empower (Formerly Prudential)
877-756-4682.....<http://www.empower.com/mta>
P&A Group (FSA)
800-688-2611.....<http://www.padmin.com>
Edenred Commuter Benefit Program
1-888-235-9223.....<http://www.login.edenredbenefits.com> EAP (Employee Assistance Program)
212-883-8084

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.

**MTA Metro-North Railroad
Agreement Employees*
Medical Contribution Rates as of January 1, 2025**

Weekly Medical Insurance Contributions					
Code #	PLANS	2024		2025	
		Individual	Family	Individual	Family
PPO					
001	NYS EMPIRE PLAN (All States)	\$0.00	\$0.00	\$0.00	\$0.00
HMO					
050	HIP of New York (Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk & Westchester)	\$46.66	\$72.84	\$75.58	\$143.39
060	MVP Health Plan - East (Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren & Washington)	\$0.00	\$0.00	\$0.00	\$0.00
220	HIP - Formerly GHI-HMO (Upstate) (Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren & Washington)	\$61.82	\$109.97	\$109.24	\$225.89
310	CDPHP (Dutchess, Orange and Ulster counties)	\$24.96	\$0.00	\$42.36	\$34.25
330	MVP Health Plan - Central (Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga & Tompkins)	\$0.00	\$0.00	\$7.65	\$0.00
333	CIGNA (Formerly ConnectiCare) (Connecticut Residents <u>ONLY</u>)	\$1.47	\$4.17	\$1.54	\$4.38
340	MVP Health Plan - Mid Hudson (Dutchess, Orange, Putnam, Rockland, Sullivan & Ulster)	\$0.00	\$0.00	\$8.61	\$0.00
350	HIP (Formerly GHI HMO Select) (Delaware, Dutchess, Orange, Putnam, Sullivan & Ulster)	\$47.79	\$75.61	\$67.61	\$123.88

In addition to the above contributions based on the plan selected, certain agreement employees contribute on a pre-tax basis, two percent (2%) of straight time earnings up to forty (40) hours per week to defray the cost of health benefits.

Locomotive Engineer and Conductor Craft employees contribute on a pre-tax basis, three percent (3%) of straight time earnings up to forty (40) hours per week to defray the cost of health benefits.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

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

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

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.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

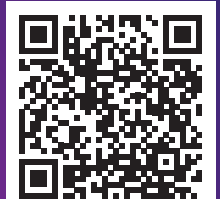
Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME





Qualifying FMLA leave reasons include:

Your own serious health condition.

The birth, adoption, or placement of a foster child.

The need to care for your spouse, child, or parent with a serious health condition.

Military caregiver status.

Child Bonding.

A qualifying Military exigency.

To request a new FMLA leave,
visit workpartners.com/portal or
call Workpartners at 1-833-804-0480.

You must notify Workpartners for each day you are absent for an intermittent leave.

Customer service is available 24 hours a day, 7 days a week.

Send paperwork to **Workpartners:**

To login or register visit workpartners.com/portal and click **Absence Management Dashboard**.

Email: MNRFMLA@workpartners.com

Address: PO Box 2840, Pittsburgh, PA 15230

Phone: 1-833-804-0480 **Fax:** 1-844-531-4854



Scan the QR code to sign in/register to the portal.

