

**THE LONG ISLAND RAIL ROAD COMPANY
2018 BENEFITS PACKAGE OVERVIEW
FOR RETIRED REPRESENTED EMPLOYEES**

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

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.

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)**

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 2018, the maximum out-of-pocket limit for covered in-network services under the Empire Plan is \$7,350 for Individual coverage and \$14,700 for Family coverage, split between all four lines of coverage listed above.

Out-of-Network Combined Annual Deductible: The combined annual deductible is \$1,000 for the enrollee, \$1,000 for enrolled spouse/domestic partner, and \$1,000 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 \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner, \$3,000 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;">Hospital Program (Empire Blue Cross Blue Shield)</p> <p style="text-align: center;">1-877-769-7447</p> <p style="text-align: center;">For Pre-Admission/MRI: 1-877-769-7447</p>	<p>Network Benefits: You pay only applicable copayments for services/supplies provided by a facility that is part of the network.</p> <p>Hospital Inpatient: 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>Emergency Department: \$70 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-pay waived if patient is admitted).</p> <p>Outpatient Department: \$60 copayment for outpatient surgery. \$40 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>Non-network Benefits 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, up to the combined coinsurance maximum of \$3,000 for yourself, \$3,000 for your spouse/domestic partner, and \$3,000 for all dependent children combined.</p>	<p>Coverage upon retirement until Medicare-eligible age for LIRR retiree & eligible dependents.</p> <p>Upon death of retiree, for dependent survivors, coverage continues until retiree would have been age 65.</p>	<p>LIRR pays the entire cost until Medicare-eligible age.</p> <p>Co-payments & deductibles are the responsibility of the retiree.</p> <p>Upon Medicare-eligible age, NYSHIP will terminate & retiree is eligible for \$100 single/\$200 family monthly premium allowance to purchase health coverage.</p> <p>If retiree's spouse is not Medicare eligible or eligible dependents, HIP/HMO at Company cost will be reimbursed for alternate health plan.</p>
<p style="text-align: center;">Medical/Surgical Program (UnitedHealthcare)</p> <p style="text-align: center;">1-877-769-7447</p>	<p style="text-align: center;"><u>NON-PARTICIPATING PROVIDERS</u></p> <p>Deductible of \$1000 enrollee; \$1000 enrolled spouse/domestic partner; \$1000 all dependent children.</p> <p>Coinsurance - 80% of usual & customary charger after deductible is satisfied.</p> <p>The Plan has a combined annual coinsurance maximum of \$3,000 per enrollee, \$3,000 spouse/ domestic partner, and \$3,000 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>Coverage upon retirement until Medicare – eligible age for LIRR retirees & eligible dependents.</p> <p>Upon death of retiree, for dependent survivors, coverage will continue until retiree would have attained age 65.</p>	<p>LIRR pays the entire premium cost until Medicare-eligible age.</p> <p>Co-payments & deductibles are the responsibility of the retiree.</p>

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<p style="text-align: center;">Medical/Surgical Program (Continued)</p>	<p style="text-align: center;"><u>PARTICIPATING PROVIDERS</u></p> <p><u>Doctor’s Office Visit/Office Surgery/Laboratory/Radiology</u> Each covered service is subject to \$20 co-payment per visit to a Participating Provider. Maximum of 2 co-payments per visit.</p> <p><u>Physician/Surgical</u> Surgical - \$20 co-payment for Participating Provider. Basic Medical provisions for Non-Participating Providers.</p> <p><u>Routine Physical</u> Paid –in-full benefits for preventive care services as defined in the Patient Protection and Affordable Care Act. Other covered services subject to \$20 co-payment per visit to Participating Provider.</p> <p><u>Pediatric Immunizations for Dependent Children</u> Routine pediatric immunizations and cost of injectable substances covered through Participating and Non-Participating Providers. No co-payment for Participating Providers.</p> <p><u>Hearing Aids</u> Hearing aid evaluation, fitting & purchase of hearing aids covered up to a max. Reimbursement of \$1,500, per hearing aid, once every 4 yrs; children 12 yrs. and under covered up to \$1,500 every 2 yrs. If existing hearing aid can no longer compensate for child’s hearing per ear loss. This benefit is not subject to deductible or co-insurance.</p> <p><u>Ambulatory Surgical Center</u> \$60 co-payment covers facility, the same-day on-site testing & anesthesiology charges for covered services at participating surgical centers.</p>		

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<p style="text-align: center;">Medical/Surgical Program (Continued)</p>	<p><u>Ambulance Service</u> Local, professional/commercial ambulance covered under basic medical, subject only to \$35 co-payment. Volunteer Ambulance Service: Reimbursed for donation up to \$50 for services under 50 miles; \$75 for services over 50 miles. Not subject to deductible and co-insurance.</p>		
<p style="text-align: center;">Home Care Services, Skilled Nursing Services & Medical Equipment/ Supplies</p>	<p><u>Home Care Advocacy Program (HCAP)</u> Home care services, nursing services and durable medical equipment & supplies call HCAP at 1-877-769-7447. Covered services & supplies are covered in full when HCAP pre-certifies & makes or helps make arrangements.</p>	<p>For diabetic supplies (except insulin pumps & Medijectors) call 1-888-306-7337 For ostomy supplies call 1-800-354-4054</p>	<p>You must call for prior authorization to receive paid-in-full benefits.</p>
<p style="text-align: center;">Mental Health/ Substance Abuse Program</p> <p style="text-align: center;">Beacon Health Options</p> <p style="text-align: center;">Call 1-877-769-7447 and choose the Mental Health & Substance Abuse Program (menu item 3).</p> <p style="text-align: center;">The Beacon Health Options Clinical Referral Line is available 24 hours a day every day of the year.</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><u>Network Coverage</u> <u>Inpatient:</u> Mental Health and Substance Abuse: Approved Facilities and Practitioner Treatment or Consultation are paid-in-full <u>Outpatient:</u> Mental Health: \$20 copay per visit with up to three visits per crisis paid in full. Substance Abuse: \$ 20 copay per visit.</p> <p><u>Non-Network Coverage</u> <u>Inpatient:</u> Plan pays up to 90% of usual and customary charges for covered services and up to 100% after \$3,000 coinsurance maximum per enrollee, spouse/domestic partner, dependent child(ren) combined. <u>Outpatient:</u> Plan pays up to 80% of usual & customary charges for covered services after \$1000 annual deductible is met. After maximum coinsurance of \$3,000 is met for enrollee, \$3,000 spouse/domestic partner, or \$3,000 dependent child(ren), benefits are paid at 100% of usual & customary charges for covered service.</p>	<p>Coverage upon retirement until Medicare-eligible age for LIRR retiree & eligible dependents.</p> <p>To ensure highest level of benefits, you must call Beacon Health Options before beginning any treatment including substance abuse or alcoholism.</p> <p>Call 1-877-769-7447 and press or say “3” to reach the MHSA program.</p>	<p>Co-payments & deductibles are the responsibility of the retiree.</p>

<p style="text-align: center;">Centers of Excellence</p> <p style="text-align: center;">Preauthorization Required</p> <p style="text-align: center;">1-877-769-7447</p> <p>Please see The Empire Plan “Choices for 2018” booklet for more information, on The LIRR Benefits page, or</p> <p style="text-align: center;">www.cs.state.ny.us</p>	<p>Centers of Excellence for Cancer Program</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>Centers of Excellence for Transplants Program</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>Infertility Centers of Excellence</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>Coverage upon retirement until Medicare-eligible age for LIRR retiree & eligible dependents.</p>	<p>LIRR pays the entire premium cost until Medicare-eligible age.</p>
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<p style="text-align: center;">Chiropractor/ Physical Therapist United Health Care</p> <p style="text-align: center;">1-877-769-7447</p>	<p>Managed Physical Network (MPN) Provider \$20 co-pay per visit for medically necessary chiropractic treatment or physical therapy.</p> <p>Non-Network Provider \$250 Managed Physical Medicine Program deductible, 50% co-insurance, \$1,500 annual maximum</p>	<p>Coverage upon retirement until Medicare-eligible age for LIRR retiree & eligible dependents.</p>	<p>Co-payments & deductibles are the responsibility of the retiree.</p>																
<p style="text-align: center;">HMO Various</p>	<p>HMOs are a pre-paid medical plan that provides a pre-determined medical care package.</p> <p>Contact NYSHIP for participating HMOs.</p>	<p>Coverage upon retirement until Medicare-eligible age for LIRR retiree & eligible dependents.</p>	<p>Retiree responsible for cost of HMO if greater than cost of Empire Plan, as well as Co-payments & deductibles.</p>																
<p style="text-align: center;">Prescription Drug Program CVS Caremark/Empire Plan</p> <p style="text-align: center;">1-877-769-7447</p>	<p>Prescription Drug Co-payment Chart</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;">Generic</th> <th style="text-align: center;">Preferred Brand-name</th> <th style="text-align: center;">Non Preferred Brand-name</th> </tr> </thead> <tbody> <tr> <td>Up to 30 day supply from a participating pharmacy</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$45</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;">\$50</td> <td style="text-align: center;">\$90</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;">\$50</td> <td style="text-align: center;">\$90</td> </tr> </tbody> </table> <p>Certain covered drugs do not require a copayment when using a network pharmacy, including oral chemotherapy drugs and certain drugs prescribed for the prevention of breast cancer.</p>	Supply Dispensed	Generic	Preferred Brand-name	Non Preferred Brand-name	Up to 30 day supply from a participating pharmacy	\$5	\$25	\$45	31-90 day supply from participating retail pharmacy	\$10	\$50	\$90	31-90 day supply from Mail Service pharmacy	\$5	\$50	\$90	<p>Coverage upon retirement until Medicare-eligible age for LIRR retiree & eligible dependents.</p>	<p>Co-payments & deductibles are the responsibility of the retiree.</p>
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<p style="text-align: center;">Sick Leave Buy-out</p>	<p>Employees with more than 10 years of service, upon termination, separation or retirement without fault, paid 50% of the value of all accumulated but unused sick leave days. Payment at the rate in effect on the date of separation.</p>	<p>Number of accumulated but unused sick days must be at least 50% of total number posted to bank. If employee does not qualify, new bank est. w/accrual effective 1/1/04.</p>	<p>LIRR pays the entire cost.</p>																
<p style="text-align: center;">Life Insurance MetLife</p>	<p>\$5,000 to a designated beneficiary. \$28,500 to a designated beneficiary of a Gang Foreman.</p> <p>Conversion available for balance of life insurance being lost. Contact MTA Business Service Center for more information at (646) 376-0132.</p>	<p>Effective the first day of your retirement from the LIRR. Must make application for conversion within 31 days of separation.</p>	<p>LIRR pays the entire cost.</p>																

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<p style="text-align: center;">Medicare Part A & B</p>	<p>NYSHIP regulations require that all retirees and eligible dependents must elect Medicare if offered in retirement, regardless of age.</p> <p>If dependent was eligible for Medicare Part A due to a SSA disability or age 65 when retiree was active, they must now apply for Medicare Part B when you retire.</p>	<p>Effective the first day of your retirement with the LIRR.</p> <p>Retiree must notify LIRR & show proof of Medicare eligibility.</p>	<p>Employee is reimbursed the entire cost of Medicare contribution if eligible, while under NYSHIP.</p>
<p style="text-align: center;">Premium Allowance (“Pop Up”)</p>	<p>Retirees who are Medicare eligible age shall no longer be covered by NYSHIP. Such retiree may apply to receive \$100 single/\$200 family per month premium allowance to be used to purchase health insurance.</p> <p>BLE employees hired on and after 7/1/74 and retire after 3/28/00 shall not receive the \$100/\$200 medical reimbursement (“pop up”) at Medicare eligible age.</p> <p>BLE employees hired prior to 7/1/74 shall receive “pop up” benefit upon retirement after reaching Medicare eligible age.</p> <p>If retiree’s spouse or eligible dependents are under the age of 65, HIP/HMO at Company cost will be offered. If not taken, Company cost may be reimbursed for alternate health plan.</p>	<p>Effective the first day of your retirement from the LIRR.</p> <p>Upon death of retiree, benefits are terminated.</p>	<p>\$100/\$200 paid by the LIRR, though the MTA Business Service Center. Retiree responsible for balance to obtain medical coverage.</p>
<p style="text-align: center;">Transportation Pass</p>	<p>The Company grants free transportation privileges as a benefit to its retirees and their legal spouse.</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 retirement from the LIRR.</p> <p>Surviving spouse may retain pass privilege.</p>	<p>LIRR pays the entire cost.</p>

OFFICIAL PLAN OR POLICY DESCRIPTION TAKES PRECEDENCE OVER ALL NON-OFFICIAL MATERIAL AND WILL BE THE DETERMINING DOCUMENT ON ANY QUESTIONS OF POLICY OR PRACTICE. THE COMPANY RESERVES THE RIGHT, ON ITS SOLE AND UNLIMITED DISCRETION, TO AMEND, ALTER, CHANGE, MODIFY, SUSPEND, SUBSTITUTE, REVOKE OR TERMINATE THE PLAN, IN WHOLE OR IN PART, IN ANY RESPECT, INCLUDING TO INCREASE THE LEVEL OF REQUIRED PARTICIPANT CONTRIBUTIONS, AT ANY TIME AND FOR ANY REASON, WITHOUT NOTICE TO AND WITHOUT THE CONSENT OF ANY CURRENT, FUTURE OR FORMER RETIREE.