



Metro-North Railroad

Summary of Employee Benefits

Agreement Employees

Check the “Weekly News” and the Benefits Website for notices about benefit plan changes, option transfer and re-enrollment periods.

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Effective 1/1/2008

This is a summary of the following company sponsored benefits.

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<p>The official plan description and official company policy takes precedence over this summary and will be the determining document on any question of policy.</p>
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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.

Your eligibility:

Medical benefits take effect the 1st day of the month following the date of full-time hire.

Who is eligible?

- Your spouse
- Your domestic partner with the appropriate documentation. Contact the Benefits Department at 212-340-2217 for complete information on eligibility and a domestic partnership package.
- Your unmarried dependents who are under 19 years of age.
- Your unmarried dependents who are age 19 or over but under age 25 if they are full-time students at an accredited secondary, preparatory school, or college.
- Your unmarried dependents that are age 19 or over but under 25 if they are permanently disabled. Contact the Benefits Department at 212-340-2217 for complete information on eligibility.

All new enrollees and dependents must provide proof of eligibility to enroll in the Empire Plan:

ORIGINAL OR OFFICIAL STAMPED DOCUMENTS ONLY.

- Marriage Certificate
- Birth Certificate
- Social Security Card
- Student Verification (unmarried dependents 19 and older up to age 25)

Life Status Events

A life status event allows you to add or delete a dependent due to the following:

- Gain of a dependent
- Loss of a dependent

You **MUST** notify Employee Benefits within 30 days of the event. Otherwise, a 30 day late enrollment waiting period applies. Contact Employee Benefits at (212) 340-2217 or see your Plan document for details.

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 takes place during the month of December to become effective on January 1 of the following year. Contact Employee Benefits for an option transfer enrollment form, otherwise you will remain with the health plan you currently have.

Providing false or misleading information about eligibility for coverage or benefits is considered fraud. Employees who fraudulently provide false or misleading information about eligibility for coverage or benefits are held financially and legally responsible for any benefits paid and are subject to disciplinary action up to and including termination of employment.

EMPIRE PLAN

Universal phone number for ALL Empire Plan coverages: **877-7-NYSHIP (877-769-7447)**

HOSPITALIZATION

EMPIRE BLUE CROSS BLUE SHIELD – 877-769-7447

No copayment, and no deductible for 365 days inpatient hospitalization.

\$35 copayment for outpatient diagnostic radiology, mammography, and diagnostic laboratory tests.

\$60 copayment for emergency room visits.

PRE-ADMISSION CERTIFICATION

You must pre-certify prior to an inpatient admission to a hospital. You must call within 48 hours after being admitted on an emergency basis.

BASIC MEDICAL PROGRAM

UNITED HEALTHCARE - 877-769-7447

You must call The Empire Plan at 877-769-7447 and choose United Healthcare if you or one of your enrolled dependents is scheduled for a MRI, unless you are having the test as an inpatient in a hospital.

Always confirm the provider's participation before you receive services.

If you choose a doctor or laboratory that is a participating provider you are responsible for a copayment of **\$18**.

Note: You can be charged a maximum of 2 copayments per visit when you combine a doctor's visit with a laboratory procedure.

A list of participating providers can be obtained by calling United HealthCare directly at **877-769-7447** or by using the website at <http://www.cs.state.ny.us>.

The lifetime maximum benefits under the basic medical program are unlimited.

NON-NETWORK PROVIDERS

If you use a non-participating provider, you must meet an annual deductible of:

\$349 employee

\$349 enrolled spouse/domestic partner

\$349 dependent children combined

The Empire Plan pays 80% of Reasonable and Customary charges for covered services after the annual deductible has been met. You are responsible for the remaining 20% of the charges.

After you have met the maximum out-of-pocket co-insurance of **\$1,676** (excluding annual deductible) per employee and covered dependents combined, the Empire Plan will pay 100% of Reasonable and Customary charges.

MYUHC.COM

You may view your most recent medical claims or search for a claim within the past eighteen months. You can also view and print your Explanation of Benefits (EOB). Your choices to access the Website to register for your personal account are:

- Log on to the Internet website at www.myuhc.com
- Log on to the Metro-North Railroad Intranet by selecting departments, click on Benefits, click on Find a Participating Doctor/or Dentist, click on Participating Doctors, click on **myuhc.com**.

MANAGED PHYSICAL NETWORK (MPN) CHIROPRACTIC CARE AND PHYSICAL THERAPY

You pay an **\$18** copayment for each office visit to a MPN provider. Always confirm the provider's participation before you receive services.

If you do not use a MPN provider, you must meet an annual deductible of:

- \$250** employee
- \$250** enrolled spouse/domestic partner
- \$250** dependent children combined

These Deductibles are separate from any other medical deductibles.

If you do not use a MPN provider, the Empire Plan pays up to 50% of the network allowance. You are responsible for the remaining charges.

HOME CARE ADVOCACY PROGRAM - (HCAP) - 877-769-7447 HOME CARE SERVICES, SKILLED NURSING SERVICES & DURABLE MEDICAL SUPPLIES

To receive a paid-in-full benefit, you must call HCAP to pre-certify. HCAP will help you make arrangements for covered services, durable medical equipment and supplies, including insulin pumps, Medijectors, and nebulizers. For diabetic supplies (except insulin pumps and Medijectors) call The Empire Plan Diabetic Supplies Pharmacy at **888-306-7337**. For ostomy supplies, call Byram HealthCare Centers at **800-354-4054**.

If you do not use HCAP, after you have met the basic medical deductible of **\$335**, the Empire Plan pays up to **50%** of the network allowance.

COMPLIMENTARY & ALTERNATIVE MEDICINE PROGRAM (CAM) 888-447-2144

You receive a 25% discount for services provided by CAM network massage therapists, acupuncturists, dieticians and nutritionists. This program is only available in New York State. Call **CAM** for providers and more information or visit the website <http://www.empireplancam.com>.

Benefits are discounted fees only and not reimbursable under the Empire Plan.

**MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM
GHI/VALUE OPTIONS - 877-769-7447**

You must contact GHI/Value Options prior to using this benefit for a referral to a network provider.

If you use a network provider, there is no annual or lifetime maximum, and no deductibles when treatment is medically necessary.

OUTPATIENT COPAYMENT - NETWORK COVERAGE

The copayments: \$18 - mental health
 \$18 - substance abuse

The maximum benefit for outpatient network coverage is unlimited when medically necessary.

INPATIENT- NETWORK COVERAGE

Mental health benefits are unlimited when medically necessary.

The maximum benefit for substance abuse benefits is 3 stays per lifetime. Additional stays may be approved on a case by case basis.

**MENTAL HEALTH & SUBSTANCE ABUSE
ANNUAL DEDUCTIBLES NON-NETWORK COVERAGE**

The annual deductibles for non-network coverage:

Outpatient \$ 500
Inpatient \$2,000

The annual deductibles are per enrollee, per spouse/domestic partner, per all covered children combined.

This deductible is separate from any other medical deductible.

ANNUAL AND LIFETIME MAXIMUM BENEFITS

	Mental Health	Substance Abuse
Annual	Unlimited	\$ 50,000
Lifetime	Unlimited	\$250,000

INPATIENT NON-NETWORK COVERAGE

After you meet the deductible, the Empire Plan pays up to **50%** of the network allowance. You will be responsible for the remaining balance.

MENTAL HEALTH

30 days per year

SUBSTANCE ABUSE

One (1) stay per year
Three (3) stays per lifetime

OUTPATIENT NON-NETWORK COVERAGE MENTAL HEALTH CRISIS INTERVENTION

Thirty (30) visits per year

NON-NETWORK COVERAGE COPAYMENT PER VISIT

After you meet the non-network deductible of \$500 for outpatient visits, and \$2,000 for inpatient services, the **Empire Plan (GHI/VALUE OPTIONS)** will pay up to **50%** of the network allowance. **You will be responsible for the deductible and the remaining balance.**

MAXIMUM NUMBER OF VISITS

Mental Health	Substance Abuse
30 visits per year	30 visits per year

PRESCRIPTION DRUG PROGRAM MEDCO/UNITED HEALTHCARE - 877-769-7447

UP TO 30 DAY SUPPLY FROM A PARTICIPATING RETAIL PHARMACY OR THROUGH MEDCO BY MAIL

Generic Drug	Preferred Brand Name (No Generic Equivalent)	Non Preferred Brand Name (No Generic Equivalent)
\$5 copayment	\$15 copayment	\$30 copayment

31 To 90 DAY SUPPLY FROM A PARTICIPATING RETAIL PHARMACY

Generic Drug	Preferred Brand Name (No Generic Equivalent)	Non Preferred Brand Name (No Generic Equivalent)
\$10 copayment	\$30 copayment	\$60 copayment

31 To 90 SUPPLY THROUGH MEDCO BY MAIL

For envelopes and refill orders call The Empire Plan at 877-769-7477 and choose The Empire Plan Prescription Drug Program.

Generic Drug	Preferred Brand Name (No Generic Equivalent)	Non Preferred Brand Name (No Generic Equivalent)
\$5 copayment	\$20 copayment	\$55 copayment

For the most current list of preferred drugs call The Empire Plan Prescription Drug Plan at 877-769-7447 or see the 2008 Empire Plan Preferred Drug List on the Benefits website.

NON-NETWORK PHARMACY

If you do not use a participating pharmacy, you must submit a claim to Medco. Contact Medco at **877-769-7447** for claim forms.

DRUGS REQUIRING PRIOR AUTHORIZATION

For the most current list of drugs requiring prior authorization, call The Empire Plan Prescription Drug Plan.

EMPIRE PLAN - HEARING AID BENEFIT

Hearing aids, including evaluation, fitting and purchase are covered up to a total maximum of \$1,500 per ear once every four years. Children age 12 and under are eligible to receive a benefit of up to \$1,500 per ear once every two years when the child's hearing has changed, and the existing hearing aid can no longer compensate. The hearing aid benefit is not subject to the annual deductible or coinsurance. All expenses related to the hearing aid benefit are submitted to United HealthCare.

HEARING AID BENEFIT - MNRR

Hearing aids, including evaluation, fitting, and purchases are covered up to a total maximum of \$1,000 (\$500 per ear) once every three years. Children and dependants are eligible for this benefit once every three years. All expenses related to the hearing aid benefit are submitted to MNRR. MNRR will reimburse you directly and not the provider. Call the Benefits Department at 212-340-2217 for a Hearing Aid claim form.

HEALTH MAINTENANCE ORGANIZATIONS (HMO'S)

A Health Maintenance Organization (HMO) is a health delivery system organized to deliver health care services in a geographic area. An HMO provides a pre-determined 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 services received from your HMO network. You must contact your HMO regarding emergency services. You are responsible for paying an employee contribution for any HMO premium, which is greater than the monthly premium paid by the company to the Empire Plan.

NEW YORK STATE HEALTH INSURANCE PROGRAM HMO'S

Aetna
Capital District Physician's Health
Empire HMO
GHI HMO Select
HealthNet
HIP Health Plan of NY
MVP Health Plan

MTA METRO-NORTH RAILROAD CONNECTICUT HMO'S

ConnectiCare
Health Net

EXTENSION OF INSURANCE BENEFITS

Your coverage ends when you are no longer eligible for the following reasons. In all extension situations, COBRA continuation of coverage will be offered.

Resignation

Your coverage will continue until the end of the month following the date last worked.

Dismissal/Suspension/Removal from Service

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

Furlough

Your coverage will continue until the end of the fourth month from the date last worked. *(For example: if the last date worked is December 28, then the benefits extension is until April 30).*

Medical Leave of Absence

Your coverage will continue for yourself and all dependents until the end of the calendar year following the calendar year of the date last worked. *(For example: if the date last worked is October 21, 2002, then the benefits extension is until December 31, 2003).* Coverage will continue for the employee only for another calendar year *(For example: the benefits extension for the employee in the example is December 31, 2004).*

Personal Leave of Absence/Absent without Leave (AWOL)

The end of the month following the date last worked.

CONTINUATION OF HEALTH COVERAGE UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Upon separation from MTA Metro-North Railroad, you are entitled to continue your current coverage at your own expense for up to 18 months. You are responsible for notifying Employee Benefits for any dependents who are no longer eligible within 60 days of the event ending eligibility. For more information and applications please call Employee Benefits, 212-340-2217.

MTA FLEXIBLE SPENDING ACCOUNTS (FSA) - WAGeworks

The FSA allows you to set aside pre-tax dollars for eligible health and dependent care expenses. All full-time employees may enroll during open enrollment. The deductions are made weekly from your paycheck. Open enrollment occurs each year in November to be effective for the next calendar year. All new hire employees (full-time) may enroll within 90 days from their date of hire. All Enrollees **must re-enroll each year during open enrollment** to maintain eligibility.

MTA METRO-NORTH RAILROAD DENTAL INSURANCE (METLIFE)

You and your eligible dependents are eligible for dental insurance **effective one year after the effective date you were eligible for medical insurance**. The dental plan covers the following services:

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

Dental Care	In-Network	Non-Network
Deductible	- 0 -	\$ 50 - Individual \$150 - Family
Preventive - Type A	100%	100%
Restorative - Type B*	80%	80%
Prosthetic - Type C*	80%	60%
Orthodontic - Type D**	80%	60%

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

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

Maximums

Types A, B, & C: Calendar Year	\$2,000	\$2,000
Type D Orthodontic Lifetime (Eligible dependents up to age 19 only)	\$2,300	\$2,300

PREFERRED DENTIST PROGRAM

The Preferred Dentist Program 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 Employee Benefits Department for dental claim forms at 212-340-2217.

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

VISION INSURANCE (COLE MANAGED VISION)

The vision plan offers Network and Non-Network Providers. If you use a provider that participated in Cole Managed Vision, most services will be covered. Both disposable and hard lens contacts are reimbursable expenses.

You must save receipts for disposable contacts and submit them under one claim when total expenses equal \$100. Network providers may bill you for the contact lens expenses that exceed the \$100 limit. The Plan provides for Vision Care visits once per calendar year. The Plan will not cover contact lenses prescribed for cosmetic purposes.

MTA METRO-NORTH SHORT TERM DISABILITY BENEFIT

After you have exhausted your sick days, you are eligible to apply for short term disability benefits. The applications for short-term disability benefits under MetLife, and Railroad Retirement sickness benefits, can be requested from Employee Benefits at 212-340-3083. Each application requires a Physician's certification concerning the illness. The Railroad Retirement application is sent directly to the Railroad Retirement Board, and the MetLife application is forwarded to the Employee Benefits Department. The short-term disability benefit is for a maximum of 52 weeks. MetLife may periodically request additional information from your doctor.

BEREAVEMENT LEAVE

Employees may take up to three days of bereavement leave per occurrence for the death of a spouse/domestic partner, child, sibling, parent, parent-in-law, grandparent, or grandchild.

JURY DUTY LEAVE

An employee will receive paid leave for jury duty with the submission of a copy of the notice to the Treasury and Payroll Departments. An employee who is called to serve on New York State Juries 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.

HOLIDAY SCHEDULE

MTA Metro-North agreement employees will observe the following holidays in 2008

HOLIDAYS

OBSERVED

New Year's Day	Tuesday, January 1
Presidents Day	Monday, February 18
Good Friday*	Friday, March 21
Memorial Day	Monday, May 26
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Veterans Day**	Tuesday, November 11
Thanksgiving Day	Thursday, November 27
Day after Thanksgiving Day*	Friday, November 28
Christmas Eve Day	Wednesday, December 24
Christmas Day	Thursday, December 25
New Year's Eve Day*	Wednesday, December 31

* Not a Holiday for all crafts, **refer to your collective bargaining agreement**

** Legal Holiday for qualifying veterans

SITE VISITS

A representative of the Employee Benefits Department makes regular visits to the various shops to update staff on new information, policies and procedures, as well as deliver forms and informational packets.

Please contact the Employee Benefits Department at 212-340-2217 for a schedule of visits.

MTA METRO NORTH OPTIONAL LIFE INSURANCE - METLIFE

This plan is offered through MetLife. You can purchase additional life insurance through payroll deductions as of the first day of your employment. If you enroll after 31 days of employment, you must complete a MetLife Statement of Health questionnaire. After MetLife approves your application, you will be enrolled. The additional life insurance benefit is 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. Your cost for the insurance is based on the following:

Age	Rates/\$1,000 of Life Insurance
<30	.108
30-34	.144
35-39	.171
40-44	.216
45-49	.324
50-54	.576
55-59	.909
60-64	1.404
65-69	2.286
70-74	3.519
75-79	5.418

MTA METRO-NORTH ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE - METLIFE

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 is paid based on the type of dismemberment.

US RAILROAD RETIREMENT ACT

The Act provides retirement and disability benefits for qualified railroad employees.

TIER I AND MEDICARE TAX:

7.65% tax rate up to a maximum compensation of \$102,000. Included in Tier I is 1.45% for Medicare which continues to be deducted after the \$102,000 is reached.

TIER II TAX:

3.9% tax rate up to a maximum compensation of \$75,900. 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.

RAILROAD UNEMPLOYMENT INSURANCE ACT (RUIA)

The Act provides unemployment insurance and sickness benefits. The Railroad Retirement Board must be contacted at 212-264-9820 to apply for benefits. Employees who begin working for a railroad in 2007 will not be eligible for unemployment or sickness benefits until July 1, 2008, provided they have a minimum of five months of creditable service in 2007. The "Benefit Year" runs from July 1 to June 30. All benefits paid during that time are based on the previous calendar year.

MTA DEFINED BENEFIT PENSION PLAN FOR METRO-NORTH EMPLOYEES

Metro-North participants of the MTA Defined Benefit Pension Plan (DB Plan), both **represented and non-represented**, are eligible for an unreduced retirement benefit at the 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. In addition, a retirement benefit is payable on 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 provides for death and disability benefits.

Employees must complete five years of credited service in order 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.

Other features of the plan:

- A defined pension benefit is based on the final average salary and years of credited service
- An active employee participating in the plan is eligible for a death benefit of one year's salary after one year of service, two times annual salary after two years of service and three times annual salary after three years of service (subject to reductions after age 60). However, for a period of 36 months from ratification of your respective union contract, additional benefits may apply.
- A participant is eligible to receive a reduced retirement allowance as early as age 55 (certain restrictions apply)
- A participant is eligible to apply for a disability retirement (certain criteria must be met)
- A participant is eligible for a post retirement death benefit that remains in effect for participant's lifetime (subject to a calculation)
- A participant may select from several types of payment options that will provide for his/her beneficiary upon death of participant
- Regardless of the option elected, a participant will receive a payment from the MTA Defined Benefit Pension Plan for the participant's lifetime

If you have any questions about the MTA DB Plan for Metro-North Employees, call the MTA DB Plan office at (212) 878-4742.

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 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. When you have 19 years of MTA Metro-North Railroad service, the employer contribution increases to 7%. 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, and at age 55 with 30 years of participation in the plan.

MTA METRO-NORTH 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 Employee Benefits Department. Due to the confidentiality of your file, we request that you come to the Employee Benefits Department at 347 Madison Avenue, 3rd Floor, to fill out the necessary forms.

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 are allowed to 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 \$15,500 for 2008.

The plans will allow contributions up to an additional \$5,500 if you are age 50 or older by the end of calendar year 2008.

The 457 Plan has two different types of catch-up options.

The "regular" 457 Plan option allows you to contribute up to \$31,000 in 2008. The amount that you can contribute under "regular" catch-up will depend upon contributions you could have made in previous years but did not. Alternatively, you may contribute under the "Age 50 +" catch up provision. You may not contribute under both catch up provisions in the same calendar year.

For additional information, please call 212-340-2217. To enroll, call FASCore at 866-MTA-PLNS (866- 682-7567). Or, visit their website at <http://www.mtadefcomp.com>.

U.S. SAVINGS BONDS

You can purchase Series EE U.S. Savings Bonds through payroll deductions. Deductions are taken every third pay period of the month.

Savings Bonds are as secure as the U.S. Treasury. You are paid the principal and interest due you when you cash your bond. The interest you earn on your Series EE Bonds is exempt from State and local taxes. You can defer Federal Income Tax until you redeem the bonds or they stop earning interest after 30 years.

Savings Bonds interest rates are tied to the Treasury securities that are actively traded in the market. Your bonds earn rates that change every six months and your investment always tracks the Treasury market's yield. Savings Bonds can be registered under your name or can be designated as co-owners. For example, the bond can be registered under the name of your child as co-owner.

MTA Metro-North offers the following:

Series EE Purchase Price	U.S. Savings Bond Face Value
\$ 50.00	\$ 100.00
\$100.00	\$ 200.00
\$250.00	\$ 500.00
\$500.00	\$1000.00

For more information please contact 212-340-4992 or 4993.

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 <http://www.lifecare.com/> or the HR Services [intranet](#) site. For new users to register online, use registration code **mnrrr**; the member ID is *your* 6 digit employee 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 <http://www.nysaves.org>
- Connecticut Higher Education Trust (CHET): 1-888-799-CHET (1-888-799-2438).

MTA METRO-NORTH EMPLOYEE ASSISTANCE PROGRAM (EAP) 212-340-2792

EAP is a confidential counseling service that helps employees 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 for assistance.

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 January or June/July). If you miss open enrollment, you can get on a "waiting list" and will be contacted when a membership is available for transfer. Choices include:

<u>CLUB</u>	<u>TERM</u>	<u>INITIATION FEE</u>	<u>WEEKLY PAYROLL DEDUCTION</u>	<u>DIRECT PAY</u>	<u>TOTAL</u>	<u>FAMILY</u>
NYH&RC	24 months	NO	\$13.47	N/A	\$1,400.00	Yes
NYSC	24 months	NO	\$14.81	N/A	\$1,540.00	Yes
Ballys Sports Clubs	12 months	NO	\$ 9.62	N/A	\$ 500.00	Yes
Ballys Premier	12 months	NO	\$ 4.33	N/A	\$ 225.00	Yes
Equinox - Select	12 months	NO	\$22.13	N/A	\$1,150.00	Yes
Equinox-Corporate Access	12 months	NO	\$26.84	N/A	\$1,395.00	Yes
Crunch Fitness	24 months	NO	\$11.32	N/A	\$1,176.00	Yes
YMCA (Manhattan) *varies by location	12 months	50% off	N/A	20% off	N/A	Yes

Rates are subject to change. Please contact Vera LaPorte, HR Services, at 212-340-4910 for additional information.

The official plan description and official company policy takes precedence over this summary and will be the determining document on any question of policy.

SUMMARY OF TELEPHONE NUMBERS

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

United Healthcare
Medical Benefits Program

Empire Blue Cross Blue Shield
Hospital Benefits Program

United HealthCare-Medco
Prescription Drug Program

GHI/Value Options
Mental Health and Substance Abuse Program

HCAP (Home Care Equip/Skilled Nursing)

Managed Physical Network/Physical Therapy (MPN)

COBRA Unit (NY State Dept. of Civil Service)
800-833-4344

LabCorp
888-522-2677

HMO's - (Health Maintenance Organizations)

Aetna
800-323-9930.....<http://www.aetna.com>

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>

GHI HMO Select
877-244-4466.....<http://www.ghihmo.com>

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

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

Health Net
800-441-5741.....<http://www.health.net>

Dental

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

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

Vision

Cole Managed Vision Group 30473
800-334-7591..... <http://www.colemanagedvision.com>

Other Service Numbers

US Railroad Retirement Board
212-264-9820..... <http://www.rrb.gov>

FASCore
866-682-7567..... <http://www.mtadefcomp.com>

WAGeworks (FSA Flexible spending accounts)
877-924-3967..... <http://www.wageworks.com>

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

Dependent Care Counseling
800-873-4636

EAP (Employee Assistance Program)
212-340-2792