

**THE LONG ISLAND RAIL ROAD COMPANY  
2014 BENEFITS PACKAGE OVERVIEW  
FOR REPRESENTED EMPLOYEES**

<b>BENEFIT COVERAGE &amp; INSURER</b>	<b>PLAN DESCRIPTION</b>	<b>ELIGIBILITY</b>	<b>COST/EMPLOYEE</b>
<p><b>Hospital Program (Empire Blue Cross Blue Shield)</b></p> <p><b>1-877-769-7447</b></p> <p><b>Call for Pre-Admission/MRI: 1-877-769-7447</b></p> <p><b>Please Note:</b> Pre-admission certification is required before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission or for admission or transfer to a skilled nursing facility.</p>	<p><u>Network Benefits</u> <b>In Hospital:</b> Paid-in-full benefits for inpatient hospital, hospice or skilled nursing facility care at a network facility. Services provided by an anesthesiologist, radiologist or pathologist that are related to your hospital service but billed separately are paid in full. <b>Out-Patient:</b> \$70 co-payment for emergency medical care (within 72 hours for accidental injury, within 24 hours for illness). Includes hospital, staffed &amp; salaried emergency room physician, AND providers who administer or interpret radiological exams, electrocardiograms and pathology services. (co-pay is waived if patient is admitted) \$40 co-payment for outpatient diagnostic lab tests, diagnostic radiology, mammography screening, administration of Deferral for Cooley's Anemia. No co-payment for outpatient radiation therapy, hemodialysis or chemotherapy. <b>Non-network Benefits</b> <b>In Hospital:</b> Reimbursement for 90% of charges. Remaining 10% paid by member until co-insurance maximum of \$3,000 for yourself, \$3,000 for spouse, and \$3,000 for all dependent children. <b>Out-Patient:</b> Emergency or urgent care services payment direct to member and is not subject annual co-insurance. Member pays emergency room co-payment.</p>	<p>Effective the first day of the next month after your employment with LIRR for active employees &amp; eligible dependents.</p>	<p>For represented employees, LIRR pays the entire premium cost.  Co-payments &amp; deductibles are the responsibility of the employee.</p>
<p><b>Medical/Surgical Program (UnitedHealthcare)</b></p> <p><b>1-877-769-7447</b></p>	<p><b>NON-PARTICIPATING PROVIDERS</b> Deductible of \$1000 enrollee; \$1000 enrolled spouse/domestic partner; \$1000 all dependent children.  Co-insurance - 80% of R&amp;C after deductible is met.  If in a calendar year \$3,000 of Major Medical expenses, including co-payments for Participating Providers, are paid by the employee and his/her dependents, 100% of R&amp;C for remainder of year for the employee and dependents.</p>	<p>Effective the first day of the next month after your employment with the LIRR for active employees &amp; eligible dependents.</p>	

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<p><b>Medical/Surgical Program (Continued)</b></p>	<p align="center"><b>PARTICIPATING PROVIDERS</b></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 services subject to \$20 co-payment per visit to Participating Provider. For Non-Participating Providers, routine exams are covered once every calendar year for employees age 50 or older, and for covered spouse/domestic partner 50 or older.</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 &amp; purchase of hearing aids covered up to a maximum reimbursement of \$1,500, per hearing aid, once every 4 yrs; children 12 yrs. and under covered up to \$1,500, per hearing aid, every 2 yrs., if existing hearing aid can no longer compensate for child's hearing 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 &amp; anesthesiology charges for covered services at participating surgical centers.</p> <p><u>Infertility Treatment</u> Call United HealthCare at 1-800-638-9918 for prior authorization &amp; a list of qualified procedures for treatment prior to receiving services. Lifetime maximum for authorized qualified procedures is \$50,000 per covered person.</p>	<p>Effective the first day of the next month after your employment with the LIRR for active employees &amp; eligible dependents.</p>	<p>Co-payments &amp; deductibles are the responsibility of the employee.</p>

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<p><b>Medical/surgical Program (Continued)</b></p>	<p><b>Ambulance Service</b> Local, professional/commercial ambulance covered under basic medical, subject only to \$35 co-payment. <b>Volunteer Ambulance Service:</b> 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>Co-payments &amp; deductibles are the responsibility of the employee.</p>
<p><b>Home Care Services, Skilled Nursing Services &amp; Medical Equipment/Supplies</b></p>	<p><b>Home Care Advocacy Program (HCAP)</b> Home care services, nursing services, and durable medical equipment &amp; supplies call HCAP at 1-877-769-7447. Covered services &amp; supplies are covered in full when HCAP pre-certifies &amp; makes or helps make arrangements.</p>	<p>For diabetic supplies (except insulin pumps &amp; 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 benefit.</p>
<p><b>Mental Health/ Substance Abuse Program</b> <b>OptumHealth</b> <b>Call 1-877-769-7447 and choose the Mental Health &amp; Substance Abuse Program.</b> <b>The OptumHealth Clinical Referral Line is available 24 hours a day every day of the year.</b></p>	<p><b>Network Coverage</b> <b>Inpatient:</b> Mental Health and Substance Abuse: Approved Facilities and Practitioner Treatment or Consultation Paid-in-Full <b>Outpatient:</b> Mental Health: \$20 copay per visit with up to three visits per crisis paid in full Substance Abuse: \$ 20 copay per visit. <b>Non-Network Coverage</b> <b>Inpatient:</b> Plan pays up to 90% of billed charges for covered services 100% after \$3,000 coinsurance maximum per enrollee, spouse/domestic partner, and dependent child combined. <b>Outpatient:</b> Plan pays up to 80% of reasonable &amp; customary charges for covered services after \$1000 annual deductible is met. After maximum coinsurance of 3,000 is met for enroll, \$3,000 spouse/domestic partner, or \$3,000 dependent child combined, benefits are paid at 100% of reasonable &amp; customary charges for covered service.</p>	<p>To ensure highest level of benefits, you must call OptumHealth before beginning any treatment including substance abuse or alcoholism.</p>	<p>Co-payments &amp; deductibles are the responsibility of the employee.</p>

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<p><b>Empire Plan Nurse Line</b> (Available 24/7)</p>	<p>Call the Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Empire Plan NurseLine for health information and support.</p>		<p>N/A</p>
<p><b>Centers of Excellence</b> <b>1-877-769-7447</b></p> <ul style="list-style-type: none"> <li>• Cancer Services</li> <li>• Transplants Program</li> <li>• Infertility Benefits</li> </ul> <p>Please see The Empire Plan "Choices for 2014" booklet for more information, on the LIRR Benefits intranet page or at <a href="http://www.cs.state.ny.us">www.cs.state.ny.us</a></p>	<p>Call the Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447) and choose United HealthCare (UHC) for pre-authorization and listing of Qualified Procedures before receiving services. The lifetime maximum for authorized Qualified Procedures received under the hospital and/or medical/surgical programs is \$25,000 per covered person.</p> <p>Paid-in-full benefit, subject to the lifetime maximum for Qualified Procedures, when you choose a Center of Excellence for Infertility Treatment. A travel allowance is available in the Center of Excellence benefit.</p> <p>If a Qualified Procedure is authorized but you do not use a Center of Excellence, you will receive inpatient/outpatient hospital coverage and/or medical/surgical coverage</p>	<p>Effective the first day of the next month after your employment with the LIRR for active employees &amp; eligible dependents.</p>	<p>Co-payments &amp; deductibles are the responsibility of the employee.</p>

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<p><b>Chiropractor/ Physical Therapist United Health Care 1-877-769-7447</b></p>	<p><u>Managed Physical Network (MPN) Provider</u> \$20 co-pay per visit for medically necessary chiropractic treatment or physical therapy. <u>Non-Network Provider</u> \$250 Managed Physical Medicine Program deductible. 50% co-insurance after you meet the annual deductible.</p>	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.</p>	<p>Co-payments &amp; deductibles are the responsibility of the employee.</p>																
<p><b>HMO Various</b></p>	<p>HMOs are a pre-paid medical plan that provides a pre-determined medical care package.  Participating HMOs include: <b>Actna, Blue Choice, HMO Blue, Empire BlueCross BlueShield HMO, Independent Health, Preferred Care, Univera Health Care, Capital District Physicians' Health Plan, MVP Health Care, GHI HMO, HIP Health Plan of New York, Vytra</b></p>	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.  <b>Open Enrollment November/December</b></p>	<p>Employee contribution varies based on the HMO premium cost.  Co-payment &amp; deductibles are the responsibility of the employee.</p>																
<p><b>Empire Plan Prescription Drug Coverage Administered by CVS Caremark Retail Pharmacy or through Mail Order</b></p>	<p><b>Prescription Drug Co-payment Chart</b></p> <table border="1"> <thead> <tr> <th>Supply Dispensed</th> <th>Generic</th> <th>Preferred Brand-name</th> <th>Non Preferred Brand-name</th> </tr> </thead> <tbody> <tr> <td>Up to 30 day supply from a participating pharmacy</td> <td>\$5</td> <td>\$25</td> <td>\$45</td> </tr> <tr> <td>31-90 day supply from participating retail pharmacy</td> <td>\$10</td> <td>\$50</td> <td>\$90</td> </tr> <tr> <td>31-90 day supply from CVS Caremark Mail Service</td> <td>\$5</td> <td>\$50</td> <td>\$90</td> </tr> </tbody> </table>	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 CVS Caremark Mail Service	\$5	\$50	\$90	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.</p>	<p>If you choose to purchase a brand-name drug, which has a generic equivalent, you pay the non-preferred brand-name co-payment plus the difference in cost between the brand-name drug and the generic.</p>
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 CVS Caremark Mail Service	\$5	\$50	\$90																
<p><b>Medical Opt-Out Incentive Program</b></p>	<p>Employees who have other coverage and elect to waive NYSHIP coverage for one year beginning January 1, will receive an incentive payment in January of the following year.</p> <ul style="list-style-type: none"> <li>\$550 if currently enrolled in individual coverage</li> <li>\$1,100 if currently enrolled in family coverage</li> </ul> <p>Employees who opt-out during the year will receive a pro-rated reimbursement. Payments subject to applicable federal, state &amp; local taxes.</p>																		

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<p>Life Insurance Metropolitan Life</p>	<p><i>Life Insurance Provided as Listed Below</i> TCU (Hired prior to 1/1/88) BLE, BRS - \$28,000 per employee. UTU &amp; YDM \$100,000 per employee. F&amp;O, IAM, SMW &amp; IBEW - \$50,000 per employee. GANG FOREMEN - \$92,000 per employee.</p>	<p>Effective after two months of service with the LIRR. TCU members not eligible unless hired prior to 1/1/88.</p>	<p>LIRR pays the entire cost.</p>
<p>Accidental Death &amp; Dismemberment Metropolitan Life</p>	<p>\$10,000 in addition to life insurance.</p>	<p>Effective after two months of service with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p>Dependent Life Insurance Metropolitan Life</p>	<p>Your spouse and each of your eligible dependents 14 days or older are eligible for the following amounts: TCU (Hired prior to 1/1/88) Spouse - \$4,000 Children 14 days - 6 months - \$400 Children 6 months - 19 years - \$2,000</p>	<p>Effective after two months of service with the LIRR. TCU members not eligible unless hired prior to 1/1/1988</p>	<p>LIRR pays the entire cost.</p>
<p>Hearing Aid LIRR</p>	<p>The purchase of hearing aid for each ear if medically necessary once in every 3 calendar years.</p> <ul style="list-style-type: none"> <li>• Basic comprehensive Audiological evaluation</li> <li>• Complete hearing aid reflecting the latest state-of-the-art technology</li> <li>• \$500 per hearing aid each ear once every 3 calendar years</li> </ul>	<p>Effective after two months of service with the LIRR. Employee must first submit application through NYSHIP and then to the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p>Dental Metropolitan Life 1-800-942-0854 Group # 90443</p>	<p>Paid as per schedule of benefits listed in the SPD. No deductible. BLE - Max for prosthetics per calendar year-\$1,100. Max for Orthodontia-\$1650. BRS - Max for prosthetics per calendar year-\$1,210. Max for Orthodontia-\$1,815 F&amp;O, IAM, IBEW, SMW, TCU, UTU, YDM &amp; GANG FOREMEN Max for prosthetics per year-\$1,331 Max for Orthodontia\$1,997</p>	<p>Effective after two months of service with the LIRR. Dependent children covered until age 19, or 23 if full-time student.</p>	<p>LIRR pays the entire cost.</p>
<p>Vision EyeMed Vision Plan Plan 9745753 1-800-334-7591</p>	<p>BLE - Complete eye exam add 1 pair of glasses per individual, per calendar year - Max \$39. Plan # 9745761 BRS, F&amp;O, IAM, IBEW, SMW, TCU, UTU, YDM &amp; GANG FOREMEN - Complete eye exam and 1 pair of glasses per individual, per calendar year - Max \$50.</p>	<p>Effective after two months of service with the LIRR. Dependent children covered until age 19.</p>	<p>LIRR pays the entire cost.</p>

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<p><b>MTA Flexible Spending Account (FSA) P &amp; A Group</b></p>	<p>The FSA allows you to set aside pre-tax dollars for eligible health and dependent health care expenses for the calendar year.</p>	<p>Open Enrollment November/December with an effective date of January 1<sup>st</sup>.</p>	<p>The LIRR pay the administrative cost. Employee contributes weekly through payroll deductions.</p>
<p><b>NY College Savings Program U-Promise</b></p>	<p>Provides tax benefits &amp; professional investment management to save for your children's, grandchildren's, relatives', and/or friends' college education through payroll deduction.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes monthly through payroll deductions.</p>
<p><b>Bereavement Leave</b></p>	<p>Represented employees may request and will be allowed up to a maximum of three (3) working days off without loss of pay at the time a death occurs in their immediate family. Proof of death in family is required in the form of a death certificate or note from the funeral director.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p><b>Jury Duty</b></p>	<p>A Represented employee required to be absent from work in order to perform jury duty will have their pay continued. Employees have the responsibility to show their supervisor the summons to serve on a jury at least three days prior to the date they are scheduled to serve. After completion of jury duty, the employee should furnish his supervisor with evidence of having served (certificate of service) during the time claimed. Employees will not be required to perform work duties and responsibilities during the normal period of jury duty assignment. Employees on jury duty are expected to report for work at any time they are temporarily or finally excused during the scheduled period of such service.</p>	<p>Effective after one year of service with the LIRR.</p>	<p>LIRR pays the entire cost.</p>

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<p><b>Employee Assistance Program</b></p>	<p>A confidential and comprehensive counseling and referral program for work related and/or personal issues is available for LIRR employees and their families.</p> <p>The Employee Assistance Office is located at: 300 Old Country Road, Suite 103, Mineola, NY 11501 The Phone Number is: 516-248-3434</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p><b>Tuition Reimbursement</b></p>	<p>The program is designed to develop employee advancement through attainment of specific degree programs in fields relevant to their current or potential future job responsibilities.</p> <p>The program covers courses and curricula at accredited colleges and universities, including two year community and vocational colleges; accredited vocational/trade schools &amp; technical institutions; and professional societies or associations.</p> <p>Employees hired may be reimbursed for educational expenses up to a maximum of \$4,000 in a calendar year (January – December).</p>	<p>Represented applicant must have completed twelve months of continuous service before the date on which the class commences.</p> <p>The Department Head must deem the proposed course of study program to be job-related/career related.</p> <p>Your application must be approved before the class begins.</p>	<p>LIRR may provide payment to employees upon submission of:</p> <p>(1) original bursar's receipt for all eligible expenses; (2) original official grade report(s) or a registrar's transcript.</p> <p>Receipts &amp; other documentation must be presented within six (6) months of receipt of final grade.</p>
<p><b>Transportation Pass</b></p>	<p>The Company grants transportation privileges to employees, their spouse/domestic partner, and dependent children, consistent with Corporate Policy 003-001.</p> <p>For spouse/dependents, the pass is for "occasional use, and NOT to be used for the purpose of daily commutation to a place of employment.</p>		



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<p>Railroad Retirement Act Railroad Retirement Board 1400 Old Country Road Suite 204 Westbury, NY 11590-5130  877-772-5772  www.rrb.gov</p>	<p>A Federal Law that provides Retirement and Disability Annuities for qualified railroad Employees, Spousal Annuities and Survivor benefits for the families of deceased employees who were insured under the Act.  Benefits are paid at the following levels: Age 65-67 (100%)* for employees with less than 360 months of service. Age 62 (70-80%)* for employees with less than 360 months of service. Age 60 (100%)* for employees with 360 or more months of service.  Spousal Annuities are payable upon meeting the required age requirements.  *Benefit levels and contribution levels are set by the Railroad Retirement Board in accordance with the appropriate law.</p>	<p>Effective the first day of your employment with the LIRR.  Five years (60 months) of creditable service rendered after 1995 for a Service &amp; Age Annuity  Five years (60 months) of creditable service rendered after 1995 for a Total &amp; Permanent Disability Annuity  or  Twenty years (240 months) of creditable service for an Occupational Disability Annuity</p>	<p>Shared Cost LIRR/Employee <b>Tier I – (2014)</b> 6.2% rate until \$117,000 of compensation. Annual amount each - \$7,254 maximum.  Upon reaching Tier I max. of 117,000, the Medicare tax rate of 1.45% will continue with no max. limit on compensation.  <b>Tier II – (2014)</b> 4.40% tax rate until \$87,000 for Employee.</p>
<p><b>Railroad Unemployment Insurance Act (RUIA)</b></p>	<p>Provides unemployment insurance or railroad sickness insurance benefits. The Railroad Retirement Board must be contacted for unemployment and sickness benefits.  The level of benefits provided is subject to change by the Railroad Retirement Board.</p>	<p>Benefit Year-July 1 – June 30 Benefits are payable to you if you had at least 5 Months of Credited Service in the prior calendar year which is called the "base year".</p>	<p>LIRR pays the entire cost.</p>

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<p>Long Island Rail Road Company Pension Plan</p> <p align="center">&amp;</p> <p>Long Island Rail Road Company Plan for Additional Pensions</p>	<p><u>THE LONG ISLAND RAIL ROAD DEFINED BENEFIT PLAN</u> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired prior to 12/31/87)</p> <p>Benefit Formula: 2% of final average earnings times years of service (maximum of 25 years), plus 1.5% of final average earnings times years of service in excess of 25.</p> <p>At age 65 offset for Railroad Retirement at a rate of 25% or 50% depending on date of hire.</p>	<p>Current Employees Age 65 &amp; 5 years of service or Age 50 &amp; 20 years of service or Age 65 and vestee with at least 10 years of service, but less than 20 years.</p>	<p>LIRR pays the entire cost, except a 3% contribution is required for those employees hired after 7/1/78.</p>
<p>Long Island Rail Road Money Purchase Pension Plan (BLE Emps. Only)</p>	<p><u>MONEY PURCHASE PENSION PLAN</u> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired after January 1, 1988). Retirement benefits are based on the amount (Employee &amp; Employers) in the participant's account at the time of retirement. No Railroad Retirement Offset.</p>	<p>Age 55 &amp; 30 years of service or Age 60 &amp; 15 years of service or Age 65 &amp; 10 years of service</p>	<p>Employee contributes 3% of compensation with an additional 5% employer contribution.</p>
<p>MTA Defined Benefit Pension Plan</p>	<p><u>MTA DEFINED BENEFIT PENSION PLAN</u> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired after January 1, 1988)</p> <p>Benefit Formula: 1.67% of Final Average Compensation (FAC) (highest 3 consecutive years in last 10 years) times years of credited service up to 20 years. If over 20 years, 2.0% of FAC times years of credited service up to 30 years, plus 1.5% of FAC times years of credited service in excess of 30 years.</p> <p>Offset by Tier II Railroad Retirement Annuity when Tier II benefit payable.</p>	<p>Age 60 &amp; 5 years of service For employees hired prior 1/31/08  Or  Age 62 &amp; 5 years of service For employees hired after 1/31/08  Age 55 &amp; 30 years of service  or  Reduced pension available at age 55 with minimum of 10 years of service but less than 30 years.</p>	<p>LIRR pays the entire cost except a 3% employee contribution is required for 10 years from the date of participation in the Pension Plan for those employees prior 1/31/08</p> <p>LIRR pays the entire cost except a 4% employee contribution is required for 10 years from the date of participation in the Pension Plan for those employees after 1/31/08</p>

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<p><b>401(k) Plan</b> <b>Prudential</b> (877) 756-4682 <a href="http://www.retirement.prudential.com">www.retirement.prudential.com</a></p>	<p>This is a tax-deferred retirement savings plan. You may defer income by electing any percentage of your annual salary through payroll deductions up to a maximum of \$17,500 per year. Participants who will be age 50 or over in 2014 may contribute an additional \$5,500. Include Pre-Tax and Roth options.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes through weekly payroll deductions.</p>
<p><b>457 Plan</b> <b>Prudential</b> (877) 756-4682 <a href="http://www.retirement.prudential.com">www.retirement.prudential.com</a></p>	<p>This is a tax-deferred retirement savings plan. You may defer income by electing any percentage of your annual salary through payroll deductions up to a maximum of \$17,500 per year. Participants who will be age 50 or over in 2014 may contribute an additional \$5,500. The plan allows participants to "catch up" on underutilized deferrals up to a maximum of double the normal dollar limit each year during the last three years prior to retirement. Includes Pre-Tax and Roth options.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes weekly through payroll deductions.</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.

