Enclosed are government-required notices:

- Women's Health and Cancer Rights Notice
- Health Care Reform Patient Protections
- HIPAA Privacy Notice
- Your Continuation Coverage Rights Under COBRA
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Prescription Drug Creditable Coverage Notice
- Health Insurance Marketplace Coverage Options and Your Health Coverage

Please review this document carefully – it contains important information about your employee benefits. Keep this document in a safe place in the event you need it in the future.

October 2014
Women’s Health and Cancer Rights Notice

Amtrak’s medical benefits provide coverage for mastectomy-related services and conditions, including:

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy (including lymphedema).

This care is covered in the same manner as other medical care, and deductibles, copays and coinsurance may apply.

Health Care Reform Patient Protections

In the event your Amtrak medical plan requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the applicable Amtrak medical benefits administrator may designate one for you. For information on how to select a primary care provider and for a list of the participating primary care providers, contact Member Services at the number shown on your medical ID card.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the applicable Amtrak medical benefits administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Member Services at the number shown on your medical ID card.
HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations impose new privacy and security requirements upon the use and disclosure of protected health information. Protected health information (PHI) is information created, received or maintained by Amtrak’s group health plans that relates to an individual’s physical or mental health or condition, the provision of medical care for that individual or the payment for that individual’s medical care, which identifies or may be used to identify the individual to whom it relates. It’s the policy of Amtrak to comply fully with HIPAA’s requirements and to protect the privacy of such PHI. Accordingly, all members of Amtrak’s workforce who have access to PHI must comply with Amtrak policy and procedures on the use and disclosure of PHI. A full description of Amtrak’s privacy practices can be found in Amtrak Privacy Practices and Procedures on Use and Disclosure of Protected Health Information, posted on the Amtrak Intranet.

This notice describes how PHI about you and your family may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Amtrak’s Privacy Officer.

Purpose

Amtrak is committed to protecting health information about you and your family by ensuring that employees who have access to PHI comply with the privacy and security requirements of HIPAA. HIPAA’s privacy regulations require Amtrak to keep PHI about you and your family private, to give you notice of our legal duties and privacy practices, and to follow the terms of this notice. This notice outlines uses and disclosures of PHI that may be made by Amtrak, as well as your individual rights and Amtrak’s legal obligations with respect to PHI.

Amtrak’s Legal Obligations

The federal privacy regulations require us to keep PHI about you private, to give you notice of our legal duties and privacy practices and to follow the terms of the notice currently in effect.

Protected Health Information (PHI)

PHI is information created, received or maintained by Amtrak’s group health plans that relates to an individual’s physical or mental health or condition, the provision of medical care for that individual or the payment for that individual’s medical care, which identifies or may be used to identify the individual to whom it relates.

Amtrak’s workforce includes employees, contractors, volunteers, trainees and other persons whose work performance is under the direct control of Amtrak. The term “employee” includes all of these types of workers.

Use and Disclosure of Protected Health Information

The following categories summarize ways that Amtrak may use and disclose PHI. Some of the categories include examples, but every type of disclosure in a category is not listed. The term "you" generically refers to you and your family member(s). For a more detailed listing of uses and disclosures of PHI, please contact the Privacy Officer who will provide you with the complete Privacy Practices and Procedures on Use and Disclosure of Protected Health Information (Privacy Practices and Procedures), which may also be found on the Amtrak Intranet. Except for the purposes described below and in the complete Privacy Practices and Procedures, we will use and disclose PHI only with your written permission. If you grant permission to use and disclose PHI for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time by contacting the Privacy Officer.

In accordance with HIPAA, Amtrak may use and disclose PHI for the following purposes:

- **For Treatment**: Amtrak may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are injured due to an accident and are unable to provide your medical history to the medical provider, Amtrak may advise an emergency room physician about the types of prescription drugs you currently take.

- **For Payment**: Amtrak may use and disclose PHI so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may use and disclose PHI to assist employees with denied claims.

- **For Health Care Operations**: Amtrak may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary for our operation and management purposes. For example, we may use PHI for purposes of assessing health care plan service, quality or performance or for analyzing associated costs. We may also use PHI for plan enrollment/eligibility purposes on behalf of an employee, or for assisting an employee with correcting benefits problems and understanding plan coverage/terminology.
**IMPORTANT BENEFIT NOTICES FOR 2015**

- **Health-Related Benefits and Services:** For assessment and referral purposes, Amtrak may use PHI to manage the Employee Assistance Program.

- **As Required by Law:** Amtrak will disclose PHI when required to do so by federal, state or local law.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, Amtrak may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process.

- **Law Enforcement/National Security and Intelligence Activities:** Amtrak may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also disclose PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- **To a Business Associate:** Certain services are provided to Amtrak by third-party administrators known as “business associates.” The Plan requires its business associates, through contract, to appropriately safeguard your health information.

- **Military and Veterans:** If you are or become a member of the U.S. Armed Forces, Amtrak may release medical information about you as deemed necessary by military command authorities.

- **To Avert Serious Threat to Health or Safety:** Amtrak may use and disclose your PHI, when necessary, to prevent serious threat to your health and safety or the health and safety of the public or another person.

**Individual Rights**

You have the following rights regarding PHI that Amtrak maintains about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care, payment for your care or for your health care operation. You may request access to your health records in an electronic format if they are available electronically. You may request that your electronic health records be transmitted directly to you or someone you designate. You may be charged a fee for access to electronic health records, but this amount must be limited to the cost of labor involved in responding to your request. To inspect and copy your PHI, in paper or electronic form, you must make your request in writing to the Privacy Officer, through the Human Capital Department.

- **Right to Amend:** If you feel that PHI Amtrak has is incorrect or incomplete, you may ask Amtrak to amend the information. You have the right to request an amendment for as long as the information is kept by or for Amtrak. To request an amendment, you must make your request, in writing, to the Privacy Officer through the Human Capital Department. We may deny the request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you request amendment of information that:
  - Was not created by Amtrak, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the PHI kept by Amtrak;
  - Is not part of the information that you are permitted to inspect and copy;
  - Is without question accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI that is not one for treatment, payment or health care operations. This includes an accounting of disclosures of electronic health records, even those used for treatment, payment and health care operations. For these requests, you must submit your request, in writing, to the Privacy Officer through the Human Capital Department. You may request an accounting of disclosures for the previous six years (previous three years, if it was a disclosure of electronic health records).

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. In addition, you have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not disclose your PHI to your spouse. In addition, you have the right to restrict disclosure of PHI to the health plan for payment or health care operations (but not for carrying out treatment) or in situations where you have paid the health care provider out-of-pocket in full. To request a restriction, you must make your request, in writing, to the Privacy Officer through the Human Capital Department. We are not required to agree to your request unless it involves a situation described above where you paid a provider out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to disclose the information in certain emergency treatment situations.
Important Benefit Notices for 2015

Right to Request Confidential Communications:
You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you can ask that you be contacted only at work or by mail. To request confidential communications, you must make your request, in writing, to the Privacy Officer through the Human Capital Department. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask for a paper copy of this notice, as well as the full Privacy Policy and Procedures, at any time. To obtain a paper copy of this notice and/or the full Privacy Policy and Procedures, please contact the Privacy Officer through the Human Capital Department.

Breach of Unsecured PHI
You must be notified in the event of a breach of unsecured PHI. A “breach” is the acquisition, access, use or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to the individual’s reputation or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

Privacy Officer
Questions, concerns or complaints about the privacy of PHI should be directed to the following:

Amtrak Privacy Officer
The Assistant Vice-President, Human Capital
60 Massachusetts Avenue, NE
Washington, DC 20002
1-800-638-3425 (1-800-NET-DIAL)

Complaints
If you believe your privacy rights have been violated, you may file a complaint with Amtrak’s Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with Amtrak’s Privacy Officer, please direct correspondence to:

Amtrak Privacy Officer
The Assistant Vice-President, Human Capital
60 Massachusetts Avenue, NE
Washington, DC 20002
1-800-638-3425 (1-800-NET-DIAL)

To file a complaint with the Department of Health and Human Services, please direct correspondence to:

Department of Health and Human Services,
Office for Civil Rights
Hubert H. Humphrey Building
Mail Stop 506F
200 Independence Avenue, SW
Washington, DC 20201
Phone: (202) 205-8725
Email: OCRComplaint@hhs.gov

All complaints, whether submitted to the Amtrak Privacy Officer or the Department of Health and Human Services, must be made in writing. You will not be penalized or otherwise retaliated against for filing a complaint.

Changes to This Notice
Amtrak may change the terms of this notice and privacy policies at any time. The revised or changed policies will be effective for all PHI maintained at that time as well as for PHI received in the future. A copy of the current notice and privacy policies can be found on the Amtrak Intranet.
Your Continuation Coverage Rights Under COBRA

As a participant in Amtrak's benefits (comprising medical, dental, vision and Health Care FSA plans), you are receiving this notice that describes your right to COBRA continuation coverage.

COBRA, or the Consolidated Omnibus Budget Reconciliation Act of 1985, is a federal law affecting most employers who offer group health coverage to their employees. Under this law, you and other members of your family may have the right to temporarily continue the group health benefits when you would ordinarily lose coverage. This document describes your right to this COBRA continuation coverage, when it may become available to you and your family and what you must do to protect your right to receive it.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

What Is COBRA Continuation Coverage?

COBRA continuation coverage extends your health plan coverage when it would otherwise end because of a life change (also known as a "qualifying event").

After a qualifying event (examples of qualifying events are discussed below), COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of a qualifying event.

Under the plan, qualified beneficiaries who elect COBRA continuation coverage are required to pay for it. As an employee covered by the plan, you will become a qualified beneficiary if you lose your plan coverage because:

- Your hours of employment are reduced and you are no longer eligible for benefits, or
- Your employment ends for any reason except for gross misconduct on your part.

As the spouse of a covered employee, you will become a qualified beneficiary if you lose your plan coverage for any of the following reasons:

- Your spouse loses his or her life.
- Your spouse's hours of employment are reduced and he/she is no longer eligible for benefits.
- Your spouse's employment ends for any reason other than gross misconduct.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both).
- You become divorced or legally separated from your spouse.

As a dependent child of a covered employee, you will become a qualified beneficiary if you lose your plan coverage for any of the following reasons:

- Your employee-parent loses his or her life.
- Your employee-parent's hours of employment are reduced and you are no longer eligible for benefits.
- Your employee-parent's employment ends for any reason other than gross misconduct.
- Your employee-parent becomes entitled to Medicare benefits (Part A, Part B or both).
- Your parents become divorced or legally separated.
- You cease to be a "dependent child" under the terms of the plan.

Filing for bankruptcy under Title 11 of the United States Code can also be a qualifying event. If Amtrak were to file for bankruptcy and that bankruptcy resulted in the loss of coverage for a retired person under the plan, the retired employee would become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse and dependent children would also become qualified beneficiaries if this bankruptcy were to result in the loss of their coverage under the plan.

When Is COBRA Coverage Available?

You are eligible for COBRA continuation coverage only after the plan administrator has been notified that a qualifying event has occurred.
Who Is Responsible for Notifying the Plan Administrator of a Qualifying Event?

Amtrak is responsible for notifying the plan administrator if the qualifying event is one of the following:

- Your termination or a reduction in your hours of employment and as a result, you are no longer eligible for benefits.
- Your death.
- You become entitled to Medicare (under Part A, Part B or both).
- A filing for bankruptcy under Title 11 of the U.S. Code by Amtrak.

You are responsible for notifying the plan administrator that a qualifying event has occurred when the event is one of the following:

- You become divorced or legally separated from your spouse.
- Your dependent child ceases to be eligible under the plan.

You must notify the plan administrator within 60 days after the qualifying event has occurred. Provide this notice, in writing, to:

Amtrak Benefits Service Center
P.O. Box 563908
Charlotte, NC 28256

Once the plan administrator has received notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each person will have an independent right to elect or decline the coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouse, and parents may elect the coverage on behalf of their children.

How Long Does COBRA Continuation Coverage Last?

COBRA continuation coverage is temporary coverage. Generally, it lasts only up to 18 months when the qualifying event is a reduction in your hours of employment or your employment ends.

COBRA continuation coverage can last up to 36 months when the qualifying event is one of the following:

- You lose your life.
- You become entitled to Medicare benefits (Part A, Part B or both).
- You and your spouse become divorced or legally separated.
- Your dependent child ceases to be eligible under the plan.

An 18-month coverage period can be extended in two ways: through 1) disability or 2) a second qualifying event.

Disability Extension

If the Railroad Retirement Board (RRB) or Social Security Administration (SSA) determines that you or another covered individual in your family is disabled and you notify the plan administrator within 60 days of the RRB/SSA’s determination, you and your family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started sometime before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

A Second Qualifying Event

If your family experiences a second qualifying event during its 18-month period of COBRA continuation coverage, your covered spouse and dependent children can obtain an additional 18 months of coverage, for a maximum of 36 months if the plan administrator is notified of one of these second events in a timely manner:

- You lose your life.
- You become entitled to Medicare benefits (under Part A, Part B or both).
- You become divorced or legally separated from your spouse.
- Your dependent child ceases to be an eligible dependent under the plan.

A "second qualifying event" extension may be available to your spouse and dependent children only if the event would have caused them to lose coverage under the plan had the first qualifying event not occurred.

Protect Your Rights

- Always keep the plan administrator informed of any address change for any family member.
- Whenever you correspond with the plan administrator, keep a copy for your records.
- For answers to your questions about your group health plan, review your Summary Plan Description or contact the plan administrator.
- For answers to questions concerning your rights under COBRA, ERISA, HIPAA and other laws affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor’s Employee Benefits Security Administration, or visit the EBSA Web site at www.dol.gov/ebsa.
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2014. You should contact your State for further information on eligibility –

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<tr>
<th>ALABAMA – Medicaid</th>
<th>COLORADO – Medicaid</th>
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<tr>
<td>Website: <a href="http://www.medicaid.alabama.gov"> Medicaid Website</a></td>
<td>Medicaid Website: <a href="http://www.colorado.gov">www.colorado.gov</a></td>
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<tr>
<td>Phone: 1-855-692-5447</td>
<td>Medicaid Phone (In state): 1-800-866-3513</td>
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<td>ALASKA – Medicaid</td>
<td>Medicaid Phone (Out of state): 1-800-221-3943</td>
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<td>Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/"> Medicaid Website</a></td>
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<tr>
<td>Phone (Outside of Anchorage): 1-888-318-8890</td>
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<tr>
<td>Phone (Anchorage): 907-269-6529</td>
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<td>ARIZONA – CHIP</td>
<td>FLORIDA – Medicaid</td>
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<td>Website: <a href="http://www.azahcccs.gov/applicants"> Medicaid Website</a></td>
<td>Website: <a href="https://www.flmedicaidpricecovery.com/">https://www.flmedicaidpricecovery.com/</a></td>
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<tr>
<td>Phone (Outside of Maricopa County): 1-877-764-5437</td>
<td>Phone: 1-877-357-3268</td>
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<tr>
<td>Phone (Maricopa County): 602-417-5437</td>
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<td>GEORGIA – Medicaid</td>
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<tr>
<td>Website: <a href="http://dch.georgia.gov/"> Medicaid Website</a></td>
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<td>Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
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<tr>
<td>Phone: 1-800-869-1150</td>
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<td>State</td>
<td>Medicaid Website</td>
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<td>Idaho</td>
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<td>Indiana</td>
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<td>Iowa</td>
<td>Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></td>
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<td>Kentucky</td>
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<td>Louisiana</td>
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<td>Maine</td>
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<td>Minnesota</td>
<td>Website: <a href="http://www.dhs.state.mn.us/Click">http://www.dhs.state.mn.us/Click</a> on Health Care, then Medical Assistance</td>
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<td>Missouri</td>
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<td>Nebraska</td>
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<td>Nevada</td>
<td>Medicaid Website: <a href="http://dwss.nv.gov">http://dwss.nv.gov</a></td>
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<td>New Jersey</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
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## IMPORTANT BENEFIT NOTICES FOR 2015

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<th>OKLAHOMA – Medicaid and CHIP</th>
<th>UTAH – Medicaid and CHIP</th>
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<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a></td>
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<tr>
<td>Phone: 1-888-365-3742</td>
<td>Phone: 1-866-435-7414</td>
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<td>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
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<td><a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a></td>
<td>Phone: 1-800-250-8427</td>
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<tr>
<td>Phone: 1-800-692-7462</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
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<td>Medicaid Phone: 1-800-432-5924</td>
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<td>CHIP Website:</td>
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<td></td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
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<td>CHIP Phone: 1-855-242-8262</td>
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<tr>
<th>RHODE ISLAND – Medicaid</th>
<th>WASHINGTON – Medicaid</th>
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<tr>
<td>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a></td>
<td>Website:</td>
</tr>
<tr>
<td>Phone: 401-462-5300</td>
<td><a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a></td>
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<td>Phone: 1-800-562-3022 ext. 15473</td>
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<tr>
<th>SOUTH CAROLINA – Medicaid</th>
<th>WEST VIRGINIA – Medicaid</th>
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<tr>
<td>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>Website:</td>
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<tr>
<td>Phone: 1-888-549-0820</td>
<td><a href="http://www.dhhr.wv.gov/bms/">http://www.dhhr.wv.gov/bms/</a></td>
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<td>Phone: 1-877-598-5820, HMS Third Party Liability</td>
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<tr>
<th>SOUTH DAKOTA - Medicaid</th>
<th>WISCONSIN – Medicaid</th>
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<tr>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>Website:</td>
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<tr>
<td>Phone: 1-888-828-0059</td>
<td><a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a></td>
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<td></td>
<td>Phone: 1-800-362-3002</td>
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<th>TEXAS – Medicaid</th>
<th>WYOMING – Medicaid</th>
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<tr>
<td>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a></td>
<td>Website:</td>
</tr>
<tr>
<td>Phone: 1-800-440-0493</td>
<td><a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a></td>
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<tr>
<td></td>
<td>Phone: 307-777-7531</td>
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To see if any more States have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

**U.S. Department of Labor**
Employee Benefits Security Administration
www.dol.gov/absa
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)
Medicare Prescription Drug Creditable Coverage Notice

This notice applies to those employees who are currently eligible for Medicare or will become eligible for Medicare in 2015. For information about Medicare eligibility, contact Medicare at 800-MEDICARE (800-633-4227).

IMPORTANT: If you enroll in Medicare Part D prescription drug coverage approved by Medicare that offers prescription drug coverage, you may need to give a copy of this notice when you join to show you are not required to pay a higher premium.

About This Notice
Please read this notice carefully. This notice has information about your current prescription drug coverage and the prescription drug coverage available through Medicare. Your 2015 Amtrak prescription drug coverage is creditable coverage, based on our determination. This means Amtrak expects to pay, on average for all plan participants covered by the plan in 2015, as much as or more than the standard Medicare drug coverage for 2015.

IMPORTANT: Amtrak offers Medicare-eligible participants Medicare drug coverage through its Amtrak-sponsored medical plans. This means that you do not have to enroll separately for Medicare Part D prescription drug coverage.

Your Prescription Drug Coverage Options
If you qualify for Medicare drug benefits and you meet the eligibility requirements for Amtrak medical benefits, you have the option of continuing your existing prescription drug coverage through Amtrak’s coverage or enrolling in Medicare prescription drug coverage.

If you choose to enroll in Medicare prescription drug coverage, you must enroll when first eligible or during the Medicare prescription drug open enrollment period (between October 15 and December 7 of each year). However, because your existing prescription drug coverage is creditable coverage, you can choose to join a Medicare prescription drug plan later without having to pay a higher premium due to late enrollment.

IMPORTANT: Even though your current Amtrak prescription drug coverage is creditable, if you drop it and have a break in creditable coverage of 63 days or more before enrolling in the Medicare prescription drug coverage, you could be subject to higher premiums for coverage. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a 60-day special enrollment period. Please contact Medicare for more information.

Limited Income Assistance
For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this additional help is available from the Social Security Administration. For more information about this extra help, visit www.socialsecurity.gov or call 800-772-1213 (TTY: 800-325-0778).

More Information about This Notice
If you need further information about this notice, contact:

Social Security Administration
800-772-1213
www.socialsecurity.gov

Medicare
800-MEDICARE (800-633-4227)
www.medicare.gov

Amtrak Benefits Service Center
800-481-4887

You may receive this notice at other times in the future, such as before the next enrollment period for Medicare prescription drug coverage or if this coverage changes. You also may request a copy of this notice.
Health Insurance Marketplace Coverage Options
and Your Health Coverage

Through the Affordable Care Act (ACA), you have the option to buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and your coverage through Amtrak.

About the Health Insurance Marketplace
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. People who do not have access to affordable employer coverage may be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 15, 2014 for coverage in 2015.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
For the majority of Amtrak employees, you will not save money if you enroll in a Marketplace plan. Since the coverage you receive from Amtrak meets certain standards – Amtrak pays at least 60 percent of the total cost of coverage – you are not eligible for the tax credit provided to those who do not have access to affordable healthcare.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Amtrak, then you will lose the employer contribution towards your Amtrak coverage. Also, this employer contribution – as well as your contribution to your Amtrak coverage – is excluded from your income for federal and state income tax purposes. Payments for coverage through the Marketplace are made on an after-tax basis.

For More Information
For more information about your Amtrak coverage, contact the Amtrak Benefits Service Center at 800-481-4887.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Visit HealthCare.gov for more information.

Amtrak will continue to provide the latest information on how the Patient Protection and Affordable Care Act (PPACA) legislation may impact you and your family.

Employer
National Railroad Passenger Corporation (Amtrak)

Employer Identification Number
52-0910053

Employer Address
60 Massachusetts Avenue, NE
Washington, DC 20002

Contact
Amtrak Benefits Service Center
800-481-4887