TAKE CHARGE
Enroll for Benefits
If you want to enroll for benefits, you must enroll within 31 days of your retirement date.
If you don’t enroll, you will need to wait until the next Open Enrollment period to enroll for benefits, unless you have a qualifying life status change.
How to Enroll

Enroll for benefits within 31 days of your retirement date.

1 Know Your Options
   » Review your personalized Benefits Enrollment Worksheet included in this package. The worksheet shows the benefits you have now and your options in retirement for 2015. The worksheet is for your information only – do not return it.
   » Read this Retiree Medical Benefits Guide; it includes information to help you select the coverage option that is best for you and your family.

2 Make Your Selections
   » If you want to enroll in benefits for 2015, you must enroll within 31 days of your retirement date.

3 Enroll
   If you are enrolling your family members for benefits, you will need each person’s full name, date of birth and Social Security number.
   » **Online:** [www.AmtrakBenefits.com](http://www.AmtrakBenefits.com)
     After you log on, click on the **Start Enrollment** button. The system will lead you through the screens you need to complete. Please print your enrollment confirmation and keep it for your records.

   OR
   » **By Phone (toll-free): 800-481-4887**
     Customer Service Representatives are available Monday through Friday, except holidays, 8 a.m. – 8 p.m., Eastern Time. Choose the **2015 Enrollment** option to reach a Customer Service Representative, who can help you set up a new user ID and password and make your enrollment elections.

TAKE CHARGE

Register Online
The first time you visit [www.AmtrakBenefits.com](http://www.AmtrakBenefits.com), you’ll need to register as a new user by clicking on the **Register as a New User** link and following the instructions to create your own personalized user ID and password.
Confirming Your Elections
A few weeks after you enroll, you will receive an Enrollment Confirmation Statement of your 2015 benefit elections. Please review this statement carefully.

If your confirmation statement is incorrect, call the Amtrak Benefits Service Center at 800-481-4887. You have two weeks from the date of the confirmation statement to submit any corrections.

It's a Once-a-Year Opportunity
Your benefit elections will be effective through December 31, 2015. You cannot change your benefit elections during the year, unless you have an IRS-qualified family status change. Examples of family status changes include your marriage, divorce, birth or adoption of a child, loss of coverage and moving in or out of a network area. For a complete list of IRS-qualified family status changes, visit www.AmtrakBenefits.com or call the Amtrak Benefits Service Center at 800-481-4887.

Any changes you make to your benefits due to a family status change must be made within 31 days* of the family status event and must be relevant to the event. For example, if you have a baby, you may add your new child to your medical coverage, but you may not switch medical plans.

If you don’t make a change within 31 days*, you must wait until the next Open Enrollment period to change your benefit elections. You will be required to provide proof of the family status change, such as a marriage or birth certificate.

* Sixty days if you, your spouse or eligible child loses coverage under Medicaid or a State Children’s Health Insurance Program (S-CHIP) or becomes eligible for state-provided premium assistance. Contact the Amtrak Benefits Service Center at 800-481-4887 for more information.

Special Enrollment Rights
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with certain special enrollment rights pertaining to your healthcare coverage.

If you gain a new dependent through marriage, birth, adoption or placement for adoption, you may add this dependent to your health coverage, provided you enroll your dependent within 31 days of the marriage, birth, adoption or placement for adoption.

Federal Government-Required Notices and Certifications
You may access required notices (the Women’s Health Notice, Healthcare Reform Patient Protections, HIPAA Privacy Notice, and Your Continuation Coverage Rights Under COBRA) on www.AmtrakBenefits.com or you may request a printed copy by calling the Amtrak Benefits Service Center at 800-481-4887.

Important Notice About the Amtrak Medical Plan
The Amtrak medical plan is considered a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act).

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Amtrak Benefits Service Center at 800-481-4887. You may also contact the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, at 866-444-3272 or www.dol.gov/ebsa/healthreform. The EBSA website has a table summarizing which protections do and do not apply to grandfathered health plans.
Medical

It’s important to review your options to make sure you have the coverage that best meets your family’s needs.

In retirement, your retiree medical coverage depends on your age, Medicare eligibility and your total years of credited railroad service:

<table>
<thead>
<tr>
<th>Medical plan</th>
<th>Age</th>
<th>Service Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Retiree Medical Plan</td>
<td>60-65 (and not Medicare eligible)</td>
<td>360 credited months of total railroad service</td>
</tr>
<tr>
<td>UnitedHealthcare GA-23111 Plan P (Supplements Early Retiree Medical Plan)</td>
<td>60-65 (and not Medicare eligible)</td>
<td>360 credited months of total railroad service</td>
</tr>
<tr>
<td>Medicare Parts A, B and D</td>
<td>65 and older (or Medicare eligible)</td>
<td>None</td>
</tr>
<tr>
<td>UnitedHealthcare GA-23111 Plan F (Supplements Medicare)</td>
<td>65 and older (or Medicare eligible)</td>
<td>None</td>
</tr>
<tr>
<td>UnitedHealthcare GA-23111 Plan A, B and C (You pay the full cost)</td>
<td>Under 60 (and not Medicare eligible)</td>
<td>None</td>
</tr>
<tr>
<td>COBRA (Continuation coverage for 18 months – you pay the full cost plus 2% administrative fee)</td>
<td>No restriction</td>
<td>None</td>
</tr>
</tbody>
</table>

Couples Who Have Split Medicare Eligibility

You and your spouse may not both be eligible for Medicare at the same time. To receive coverage, you and your spouse may have to enroll in different plans, as described below.

**IF YOU ARE ELIGIBLE FOR MEDICARE, BUT YOUR SPOUSE IS NOT**

You may enroll yourself in Medicare (and Supplemental GA-23111 Plan F, if desired), while your spouse may enroll in UnitedHealthcare GA-23111 A, B or C or COBRA.

**IF YOU ARE NOT ELIGIBLE FOR MEDICARE, BUT YOUR SPOUSE IS ELIGIBLE**

If you meet the requirements for the Early Retiree Medical Plan, you may enroll yourself in this option (and Supplemental GA-23111 Plan P, if desired). If you are not eligible for the Early Retiree Medical Plan, you may enroll yourself in UnitedHealthcare GA-23111 A, B or C or COBRA.

Your spouse may enroll in Medicare (and Supplemental GA-23111 Plan F, if desired). When your spouse becomes eligible for Medicare, they are no longer eligible to participate in the Early Retiree Medical Plan or Supplemental GA-23111 Plan P.
## Medical Benefits Summary

<table>
<thead>
<tr>
<th>BENEFIT FEATURES</th>
<th>EARLY RETIREE MEDICAL PLAN</th>
<th>SUPPLEMENTAL COVERAGE (GA-23111 PLAN P)</th>
<th>MEDICARE PARTS A, B AND D</th>
<th>MEDICARE SUPPLEMENTAL COVERAGE (GA-23111 PLAN F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Monthly premium</td>
<td>Amtrak provides at no cost to retirees/dependents&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$130 per participant&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Part A: $0</td>
<td>Part A: $175 per participant&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Administrator</td>
<td>Aetna 855-5AMTRAK (855-526-8725)</td>
<td>UnitedHealthcare 800-842-5252</td>
<td>Part B: $104.90&lt;sup&gt;3,4&lt;/sup&gt;</td>
<td>UnitedHealthcare 800-809-0453</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Automatic – one month after retirement date</td>
<td>Contact UnitedHealthcare to enroll</td>
<td>Part D: Varies by plan</td>
<td></td>
</tr>
<tr>
<td>Lifetime individual maximum</td>
<td>None</td>
<td>$500,000</td>
<td>Varies by treatment</td>
<td>Varies by treatment</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>$100</td>
<td>$100</td>
<td>Part A: $1,216&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Varies by treatment</td>
</tr>
<tr>
<td>What is covered</td>
<td>Covers Major Medical expenses, including wellness and preventive care</td>
<td>Covers Major Medical expenses, and some wellness and preventive care</td>
<td>Part B: $147&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Part D: $310&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>What the Plan pays</td>
<td>Covers preventive care at 100% and most other expenses at 80% of reasonable and customary (R&amp;C)</td>
<td>Covers 70% of amount not covered by the Early Retiree Medical Plan</td>
<td>Part D: Prescription drugs</td>
<td>Varies by treatment</td>
</tr>
<tr>
<td>Prescription drug benefits</td>
<td>$2 generic</td>
<td>Not covered</td>
<td>Covered through Part D only; varies by plan</td>
<td>Not covered</td>
</tr>
<tr>
<td>Dependent coverage</td>
<td>Will cover dependents until eligible for Medicare or retiree reaches age 65</td>
<td>Will cover dependents until eligible for Medicare or retiree reaches age 65</td>
<td>Must be Medicare eligible</td>
<td>Must be Medicare eligible</td>
</tr>
</tbody>
</table>

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<sup>1</sup> FOP employees who retire on or after October 1, 2007 pay $50 per month.

<sup>2</sup> All rates are subject to change on June 1 of each year.

<sup>3</sup> 2015 information; subject to change each year.

<sup>4</sup> If your modified adjusted gross income as reported on your IRS tax return from two years ago is above a certain amount, you may pay more.
**Early Retiree Medical Plan**
The Early Retiree Medical Plan is available to Amtrak retirees who are between the ages of 60 and 65 and have at least 360 months of total credited railroad service. Coverage is provided at no cost to you (except FOP retirees pay $50 per month).

The plan is administered through Aetna and generally pays 80 percent of the reasonable and customary cost of care, after you satisfy the $100 annual deductible. You may receive care from any doctor you choose. However, when you see a provider who is part of the PPO network, the doctor or provider will charge you less for medical care. There is no benefit maximum and prescription drug coverage is included.

If you are eligible to participate in this plan, you and your eligible dependents will automatically be enrolled.

**SUPPLEMENTAL COVERAGE**
You may purchase additional coverage through UnitedHealthcare to supplement the Early Retirement Medical Plan. The Plan (GA-23111 Plan P), pays 70 percent of the remaining 20 percent that the Early Retiree Medical Plan does not pay. Coverage is provided for most major medical expenses and some wellness and preventive care. There is a $500,000 lifetime benefit maximum. This plan is not available to members who are Medicare eligible. To enroll, call 800-842-5252.

**WHEN YOU REACH AGE 65**
Once you reach age 65, you and your dependents are no longer eligible for benefits under this plan. You may be eligible for Medicare. However, your dependents who are under age 65 and not eligible for Medicare may continue coverage for up to 18 months through COBRA or elect coverage through UnitedHealthcare GA-23111 Plans A, B or C. Dependents over age 65 may be eligible for Medicare.

**Medicare**
Medicare is a government-sponsored medical benefits program that is available to eligible persons age 65 and older or those who have been certified by the U.S. Railroad Retirement Board as disabled. If you are eligible for Medicare, it will be your primary insurance coverage even if you do not enroll in Medicare. Enrollment in Medicare Part A automatically occurs when you apply for Railroad Retirement or Social Security retirement benefits. However, you must actively enroll in Medicare Part B; you should do so as soon as you are eligible to avoid possible penalties and late fees. For more information about how to enroll for Medicare, visit [www.medicare.gov](http://www.medicare.gov) or call 800-633-4227.

**TAKE CHARGE**
**Enroll for Medicare**
Your Amtrak coverage will pay benefits based on what you are eligible to receive from Medicare, even if you haven’t enrolled in Medicare. Make sure you are getting the most out of your benefits by enrolling in Medicare when you become eligible. To find out more, call **800-MEDICARE** (800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov).

**ABOUT MEDICARE PART A**
» Hospital insurance that helps pay for necessary medical care in a Medicare-certified hospital, skilled nursing facility, home health agency or hospice

» Some coverage is subject to a deductible or benefit maximums

» Qualifying seniors are automatically enrolled for these benefits at no monthly cost when you apply for U.S. Railroad Retirement Board or Social Security benefits

**ABOUT MEDICARE PART B**
» Covers 80 percent of approved major medical expenses, such as physician services, outpatient hospital services, emergency room visits, diagnostic tests, lab work and durable medical equipment, after the annual deductible

» Also pays for home health care services for which Part A does not pay, and some Part A inpatient services that exceed Part A time limits

» You must enroll and pay a monthly premium, which increases if you don’t apply when first eligible
ABOUT MEDICARE PART D

» Standard benefit covers up to 75 percent of preferred drugs, after an annual deductible

» Your out-of-pocket cost varies, and is subject to plan limitations

» You must enroll each year and pay a monthly premium

For specific information about Medicare coverage, call 800-MEDICARE (800-633-4227) or visit www.medicare.gov.

MEDICARE ADVANTAGE PLANS:

You may also participate in a Medicare Advantage plan (formerly known as Medicare Part C). With a Medicare Advantage plan, you generally get all your Medicare-covered health care, including prescription drugs, through that plan. In many cases, there are extra benefits and lower copayments than in Medicare Parts A, B and D. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

LATE ENROLLMENT PENALTIES

To avoid late enrollment penalties, you should enroll in Medicare Parts B and D when you are first eligible. (Part A enrollment is automatic when you apply for Railroad Retirement or Social Security retirement benefits.)

SUPPLEMENTAL COVERAGE

You may purchase additional coverage through UnitedHealthcare to supplement Medicare. The amount the plan pays varies by type of service. To enroll in the Plan (GA-23111 Plan F), call 800-809-0453.

Other Medical Coverage

If you are not eligible for the Early Retiree Medical Plan or Medicare, you may purchase coverage through UnitedHealthcare under one of the following plans:

<table>
<thead>
<tr>
<th>MEDICAL PLAN</th>
<th>GA-23111 PLAN A</th>
<th>GA-23111 PLAN B</th>
<th>GA-23111 PLAN C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (per person)</td>
<td>$1,000</td>
<td>$750</td>
<td>$500</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (per person)</td>
<td>$15,000</td>
<td>$10,000</td>
<td>$7,500</td>
</tr>
<tr>
<td>Lifetime Benefit Maximum (per person)</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>Medical Coverage</td>
<td>50% of eligible expenses after the deductible for most covered medical care</td>
<td>60% of eligible expenses after the deductible for most covered medical care</td>
<td>70% of eligible expenses after the deductible for most covered medical care</td>
</tr>
<tr>
<td>Monthly Cost (per person)</td>
<td>$345 (subject to change)</td>
<td>$470 (subject to change)</td>
<td>$605 (subject to change)</td>
</tr>
</tbody>
</table>

Contact UnitedHealthcare at 800-842-5252 for more information and to enroll.

Medical Coverage Through COBRA

If you or your dependents are or become ineligible for any of the Amtrak retiree medical plans, you may continue medical coverage for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act). If you elect to purchase COBRA coverage, you will have the same medical options available to active employees. However, you will pay the full cost of coverage, plus a 2 percent administrative fee. To enroll yourself and/or dependents in COBRA coverage, call CONEXIS, our COBRA administrator, at 866-206-5751.
About Medicare

Medicare Coverage – Should You Enroll? In a Word – Yes.

For retirees and dependents age 65 and older, your Amtrak retiree medical benefits will supplement the benefits you are eligible to receive through Medicare Parts A and B. Because Medicare will be your primary source of medical benefits, it is important for you to enroll in Medicare when you first become eligible (or when you actually retire, if later). Medicare enrollment is administered through the U.S. Railroad Retirement Board or Social Security Administration.

Medicare At-a-Glance

<table>
<thead>
<tr>
<th>What does it cover?</th>
<th>MEDICARE PART A</th>
<th>MEDICARE PART B</th>
<th>MEDICARE PART D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers necessary medical care in a Medicare-certified hospital, skilled nursing facility, home health agency or hospice. Some coverage is subject to a deductible or benefit maximums.</td>
<td>Covers 80% of approved major medical expenses, such as physician services, outpatient hospital services, emergency room visits, diagnostic tests, lab work and durable medical equipment, after an annual deductible. Also pays for home healthcare services for which Part A does not pay, and some Part A inpatient services that exceed Part A time limits.</td>
<td>Covers prescription drugs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does it cost?</th>
<th>MEDICARE PART A</th>
<th>MEDICARE PART B</th>
<th>MEDICARE PART D</th>
</tr>
</thead>
<tbody>
<tr>
<td>It’s free for workers age 65 and older who have 40 or more quarters of Medicare-covered employment.</td>
<td>You pay a monthly contribution established by Medicare, which is subject to change each year. If you don’t enroll when first eligible, you’ll pay extra when you do enroll.¹</td>
<td>The monthly premium depends on where you live and the coverage you select.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do I need to enroll?</th>
<th>MEDICARE PART A</th>
<th>MEDICARE PART B</th>
<th>MEDICARE PART D</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, enrollment is automatic when you apply for Railroad Retirement or Social Security benefits.</td>
<td>Yes, you must actively enroll through the Railroad Retirement Board or Social Security.</td>
<td>No. You have the option to enroll, but you may not want to. If you enroll in Part D, your Amtrak prescription drug benefits will end.²</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How does Medicare coordinate with Amtrak’s benefit coverage?</th>
<th>MEDICARE PART A</th>
<th>MEDICARE PART B</th>
<th>MEDICARE PART D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A pays first, then the Amtrak medical plan pays benefits for eligible care that is not paid by Medicare, up to the amount covered by the Amtrak medical plan.</td>
<td>Medicare Part B pays first, then the Amtrak medical plan pays benefits for eligible care that is not paid by Medicare, up to the amount covered by the Amtrak medical plan.</td>
<td>If you enroll in a Medicare Part D plan, Amtrak will not cover your prescription drugs.</td>
<td></td>
</tr>
</tbody>
</table>

¹ If you are still actively working or your spouse is still working and you elect coverage under his/her employer’s plan, you may delay enrollment in Medicare Part B without paying a penalty for late enrollment.

² Medicare-eligible individuals who currently don’t have coverage that is as good as or better than Medicare drug benefits could incur a late enrollment penalty if they do not enroll in Medicare drug benefits during this enrollment period. However, because Amtrak’s prescription drug benefits are as good as or better than Medicare drug benefits, our retirees are not subject to the late enrollment penalty if, in the future, you choose to enroll in a Medicare drug benefit plan.
Who is Eligible

You are eligible for the benefits described in this guide if you retired from Amtrak as a regular, full-time agreement employee.

Your eligible dependents may also be covered under your benefits. Your eligible dependents are your:
» Legally married husband or wife (common law marriages are not eligible) or your eligible same-sex domestic partner;
» Children age 26 or younger;
» Children age 26 or older who:
  – Are primarily dependent on you for care and financial support; and
  – Have a permanent physical or mental handicap that began before age 26; and
  – Became handicapped while covered under this plan or any other group plan; and
» Children who are otherwise eligible and who are alternate recipients under a Qualified Medical Child Support Order.

Your children include:
» Your natural children;
» Your stepchildren who live with you;
» Legally adopted children (beginning on the date the legal adoption proceedings started) and children placed for adoption;
» Your grandchildren, provided their legal residence is with you and they are dependent mainly on you for care and financial support; and
» Children of your covered same-sex domestic partner.

To be eligible, your dependents must live in the United States and have a Social Security number. You will be required to provide documentation for any dependent added to your benefits.

When you enroll a same-sex domestic partner there may be tax implications, and the income tax treatment for domestic partner coverage may differ by state. Therefore, before enrolling your partner, you should contact a tax advisor to determine the impact of imputed income on your income taxes.

At this time, domestic partner coverage for opposite-sex domestic partners is not available, except in California.

To enroll your domestic partner or get information about coverage, visit www.AmtrakBenefits.com or call the Amtrak Benefits Service Center at 800-481-4887.
Where to Go for Help

The Amtrak Benefits Service Center is available to help you enroll for benefits and answer any questions about your Amtrak benefits.

To reach the Amtrak Benefits Service Center, call 800-481-4887. Customer Service Representatives (CSRs) are available Monday through Friday, except holidays, from 8 a.m. – 8 p.m., Eastern Time. At other times, you can leave a message and a CSR will return your call by the end of the next business day.

<table>
<thead>
<tr>
<th>Administrator</th>
<th>Contact</th>
<th>Phone</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Retiree Medical Plan</td>
<td>Aetna</td>
<td>855-5AMTRAK (855-526-8725)</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>Supplemental Medical Coverage (GA-23111 Plan P)</td>
<td>UnitedHealthcare</td>
<td>800-842-5252</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Other Railroad Plans (GA-23111 Plan A, B, C)</td>
<td>UnitedHealthcare</td>
<td>800-842-5252</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Supplemental Medical Coverage (GA-23111 Plan F)</td>
<td>UnitedHealthcare</td>
<td>800-809-0453</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
</tbody>
</table>

We have made every effort to ensure the information in this booklet is as accurate and easy for you to understand as possible. However, this booklet and any oral statements are not a substitute for the official insurance policies. If there is a difference between what is in this booklet or told to you orally, and the insurance policies, the official insurance policies will govern.