

Benefit Plan Comparison - Amtrak

	Amtrak Benefit Changes 5/1/08 If Contract Ratified			Amtrak Health and Welfare Currently		
	CHCB	MMCP - in network	MMCP out of network	CHCB	MMCP - in-network	MMCP - out-of-network
Employee Contribution 7/1/07-12/31/07	On pre-tax basis, \$166.25; in future, based on 15% of Amtrak payments for medical, life, AD&D, dental & vision plans; in 2010 lower of 15% formula or \$200; 2010 amounts continued but do not increase under this contract	On pre-tax basis, \$166.25; in future, based on 15% of Amtrak payments for medical, life, AD&D, dental & vision plans; in 2010 lower of 15% formula or \$200; 2010 amounts continued but do not increase under this contract	On pre-tax basis, \$166.25; in future, based on 15% of Amtrak payments for medical, life, AD&D, dental & vision plans; in 2010 lower of 15% formula or \$200; 2010 amounts continued but do not increase under this contract	None	None	None
Opt-Out Provisions	An employee with other insurance (or if husband & wife are both RR employees) employee can opt-out of medical coverage and not pay cost-sharing. Employee still retains other coverage (vision, dental, etc), and can opt back into to medical coverage later.	An employee with other insurance (or if husband & wife are both RR employees) employee can opt-out of medical coverage and not pay cost-sharing. Employee still retains other coverage (vision, dental, etc), and can opt back into to medical coverage later.	An employee with other insurance (or if husband & wife are both RR employees) employee can opt-out of medical coverage and not pay cost-sharing. Employee still retains other coverage (vision, dental, etc), and can opt back into to medical coverage later.	Not available	Not available	Not available
Annual Deductible	\$200 Individual/\$400 Family	N/A	\$300 individual/\$900 Family	\$100individual/\$300 family	N/A	\$100individual/\$300 family
Annual Out-of-Pocket Maximum	\$2,000 individual/ \$4,000 Family	N/A	\$2,000 individual \$4,000 Family	\$1,500 individual \$3,000 Family	N/A	\$1,500 individual \$3,000 Family
Dependent eligibility in addition to spouse and immediate children limited to "other children related by blood or marriage."	Applies	Applies	Applies	Dependent eligibility somewhat less restricted.	Dependent eligibility somewhat less restricted.	Dependent eligibility somewhat less restricted.
Reduced coinsurance for CHCB if employee resides in existing network area	Coinsurance reduced to 75% if employee resides in MMCP area and chooses CHCB.	N/A	N/A	Does not Apply; coinsurance at 85%	N/A	N/A
Emergency Room	85%, after deductible	\$50 copay - waived if admitted	75%, after deductible	85%, after deductible	\$15 copay (waived if admitted)	75%, after deductible
Physician Office Visit	85%, after deductible	\$20 copay	75%, after deductible	85%, after deductible	\$15 copay	75%, after deductible
Specialist Office Visit	85%, after deductible	\$35 copay	75%, after deductible	85%, after deductible	\$15 copay	75%, after deductible
Urgent Care Center Visit	85%, after deductible	\$25 copay	75%, after deductible	85%, after deductible	\$15 copay	75%, after deductible

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Preventive Care/Routine physicals	100% of the first \$150 and 75% in excess of \$150 for an annual physical, diagnostic testing and immunizations in connection with the examination. Deductible not required.	100%, no deductible, after a \$20 co-payment for routine physical exam. Also, one routine well-woman exam per calendar year, including mammogram or breast exam, pelvic exam, stool blood slide, digital rectal exam, and pap smear	75%, after deductible for child immunization (up to age 6), annual pap smear, digital rectal exam, stool blood slides, scheduled mammograms and proctosigmoidoscopy.	85%, after deductible for child immunization (up to age 6), annual pap smear, digital rectal exam, stool blood slides, scheduled mammograms and proctosigmoidoscopy.	100%, no deductible, after a \$15 co-payment for routine physical exam. Also, one routine well-woman exam per calendar year, including mammogram or breast exam, pelvic exam, stool blood slide, digital rectal exam, and pap smear	75%, after deductible for child immunization (up to age 6), annual pap smear, digital rectal exam, stool blood slides, scheduled mammograms and proctosigmoidoscopy.
Infant PKU testing as covered benefit	Applies	Applies	Applies	Not Covered	Not Covered	Not Covered
Office visit for Allergy Shots	85%, after deductible	100%; no copay required	75%, after deductible	85%, after deductible	100% after \$15 copay per visit	75%, after deductible
Speech Therapy	85%, after deductible Coverage for conditions to restore speech. In addition, coverage for children to age 3 for infantile autism, development delay, or cerebral palsy, hearing impairment or major congenital anomalies that affect speech	100%, if in office setting \$35 copay applies. Coverage for conditions to restore speech. In addition, coverage for children to age 3 for infantile autism, development delay, or cerebral palsy, hearing impairment or major congenital anomalies that affect speech	75%, after deductible Coverage for conditions to restore speech. In addition, coverage for children to age 3 for infantile autism, development delay, or cerebral palsy, hearing impairment or major congenital anomalies that affect speech	85%, after deductible Limited to specific conditions only to restore speech	100%, if in office setting \$35 copay applies. Limited to specific conditions to restore speech	75%, after deductible Limited to specific conditions to restore speech
Cochlear Implants	85%, after deductible	100% after \$35 copay for office visits	75%, after deductible	Not Covered	Not Covered	Not Covered
Hearing Benefit for testing and/or hearing aids	85%, up to \$600 maximum	100% up to \$600 maximum	75%, for routine hearing exams, testing and hearing aids covered up to \$600 per year	Not Covered	Not Covered	Not Covered
Increase Prescription Drugs Co-pays	Retail Co-pays: (21 day) \$10 Generic \$20 Preferred Brand Name \$30 Non-Preferred Brand Name Mail Co-pays (22 - 90 day): \$20 Generic \$30 Preferred Brand \$60 Non-Preferred Brand	Retail Co-pays: (21 day) \$10 Generic \$20 Preferred Brand Name \$30 Non-Preferred Brand Name Mail Co-pays (22 - 90 day): \$20 Generic \$30 Preferred Brand \$60 Non-Preferred Brand	Retail Co-pays: (21 day) \$10 Generic \$20 Preferred Brand Name \$30 Non-Preferred Brand Name Mail Co-pays (22 - 90 day): \$20 Generic \$30 Preferred Brand \$60 Non-Preferred Brand	Retail Co-pays: (21 day) \$2 Generic \$6 Brand Name Mail Co-pays (22 - 90 day): \$5 Generic \$5 Brand	Retail Co-pays: (21 day) \$2 Generic \$6 Brand Name Mail Co-pays (22 - 90 day): \$5 Generic \$5 Brand	Retail Co-pays: (21 day) \$2 Generic \$6 Brand Name Mail Co-pays (22 - 90 day): \$5 Generic \$5 Brand
Off-Track Vehicle Insurance	Loss of life or limbs increased up to \$300,000	Loss of life or limbs increased up to \$300,000	Loss of life or limbs increased up to \$300,000	Loss of life or limbs up to \$150,000	Loss of life or limbs up to \$150,000	Loss of life or limbs up to \$150,000

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Supplemental Sickness Plans	Ratio of benefits to wages brought up to date; time limit to file claim extended to 60 days	Ratio of benefits to wages brought up to date; time limit to file claim extended to 60 days	Ratio of benefits to wages brought up to date; time limit to file claim extended to 60 days	Lower benefits; not updated	Lower benefits; not updated	Lower benefits; not updated
Life and AD&D Insurance for active employees	Life: \$20,000; AD&D: \$16,000	Life: \$20,000; AD&D: \$16,000	Life: \$20,000; AD&D: \$16,000	Life: \$10,000; AD&D: \$8,000	Life: \$10,000; AD&D: \$8,000	Life: \$10,000; AD&D: \$8,000
Improve Vision Care Plan Networks	VSP Standard Network Plan (Larger); Frames: up to \$90-\$135 retail (\$45 wholesale); Contact Lens: up to \$105 with prior authorization plus 15%	VSP Standard Network Plan (Larger); Frames: up to \$90-\$135 retail (\$45 wholesale); Contact Lens: up to \$105 with prior authorization plus 15%	VSP Standard Network Plan (Larger); Frames: up to \$90-\$135 retail (\$45 wholesale); Contact Lens: up to \$105 with prior authorization plus 15%	No improvement; smaller network	No improvement; smaller network	No improvement; smaller network