

### 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
<b>Employee Contribution 7/1/07-12/31/07</b>	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
<b>Opt-Out Provisions</b>	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
<b>Annual Deductible</b>	\$200 Individual/\$400 Family	N/A	\$300 individual/\$900 Family	\$100individual/\$300 family	N/A	\$100individual/\$300 family
<b>Annual Out-of-Pocket Maximum</b>	\$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
<b>Dependent eligibility in addition to spouse and immediate children limited to "other children related by blood or marriage."</b>	Applies	Applies	Applies	Dependent eligibility somewhat less restricted.	Dependent eligibility somewhat less restricted.	Dependent eligibility somewhat less restricted.
<b>Reduced coinsurance for CHCB if employee resides in existing network area</b>	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
<b>Emergency Room</b>	85%, after deductible	\$50 copay - waived if admitted	75%, after deductible	85%, after deductible	\$15 copay (waived if admitted)	75%, after deductible
<b>Physician Office Visit</b>	85%, after deductible	\$20 copay	75%, after deductible	85%, after deductible	\$15 copay	75%, after deductible
<b>Specialist Office Visit</b>	85%, after deductible	\$35 copay	75%, after deductible	85%, after deductible	\$15 copay	75%, after deductible
<b>Urgent Care Center Visit</b>	85%, after deductible	\$25 copay	75%, after deductible	85%, after deductible	\$15 copay	75%, after deductible

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<b>Preventive Care/Routine physicals</b>	100% of the first \$150 and 75% in excess of \$150 for an annual physical, diagnostic testing and immunizations in connection with the examination. <b>Deductible not required.</b>	100%, no deductible, after a <b>\$20</b> 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 <b>\$15</b> 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.
<b>Infant PKU testing as covered benefit</b>	Applies	Applies	Applies	Not Covered	Not Covered	Not Covered
<b>Office visit for Allergy Shots</b>	85%, after deductible	100%; <b>no copay required</b>	75%, after deductible	85%, after deductible	100% after \$15 copay per visit	75%, after deductible
<b>Speech Therapy</b>	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
<b>Cochlear Implants</b>	85%, after deductible	100% after \$35 copay for office visits	75%, after deductible	Not Covered	Not Covered	Not Covered
<b>Hearing Benefit for testing and/or hearing aids</b>	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
<b>Increase Prescription Drugs Co-pays</b>	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
<b>Off-Track Vehicle Insurance</b>	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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<b>Supplemental Sickness Plans</b>	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
<b>Life and AD&amp;D Insurance for active employees</b>	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
<b>Improve Vision Care Plan Networks</b>	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