MOVING FORWARD

2012 INFORMATION FOR NEW NON-AGREEMENT RETIREES

RETIREE BENEFITS GUIDE
Moving Forward:

As a reward for your years of service, we are happy to offer you a comprehensive and affordable retiree medical benefits program. This guide provides you with a summary of your Amtrak retiree medical benefits and information about how to enroll and take full advantage of our plans.

Inside Your Enrollment Package

1. Your Enrollment Guide

2. Federal Government-Required Notices and Certifications:
   > Women’s Health Notice
   > Health Care Reform Patient Protections
   > HIPAA Privacy Notice
   > Your Continuation Coverage Rights Under COBRA
   > Medicare Prescription Drug Creditable Coverage Notice (Page 10)

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 for 2012. The worksheet is for your information only – **do not return it.**
   > Read this Enrollment Guide; it includes information to help you select the coverage options that are best for you and your family.

2. Make Your Selections
   > If you want to enroll in benefits for 2012, 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**
     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–Friday, except holidays, 8:00 am–8:00 pm, Eastern Time. Choose the “2012 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.
Important Notice About the Amtrak Medical Plan

The Amtrak retiree 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.

Benefits for Your Dependents

If you wish to enroll your eligible spouse or dependent children in medical benefits, they will be enrolled in the same medical plan in which you enroll yourself. This applies even if one of you is eligible for Medicare, but the other is not.

Confirming Your Elections

A few weeks after you enroll, you will receive an Enrollment Confirmation Statement of your 2012 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 One-Time Opportunity

Your benefit elections will be effective through December 31, 2012. 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.

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 become 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 health care 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.
Paying for Benefits

For participants who are age 65 or older, Amtrak pays the entire cost of retiree medical coverage. For participants who are younger than age 65, you and Amtrak share in the cost of your medical benefits, with Amtrak paying most of the cost.

**Retirees Under Age 65**

Your contribution will be deducted from your monthly Amtrak pension check. See your personalized Benefits Enrollment Worksheet for the cost of the options available to you.

If you choose to delay the date when you receive your pension benefit or if your pension amount is less than the required monthly medical premium contribution, you must send a check, made payable to the National Railroad Passenger Corporation, to this address by the 10th of each month:

**HR Employee Service Center**  
**Attn: Retirement Transactions Specialist**  
**405 North King Street, Suite 310**  
**Wilmington, DE 19801-3717**

**Retirees 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.

Your Amtrak coverage will pay benefits based on the benefit you are eligible to receive from Medicare, regardless of whether or not you have enrolled in Medicare.
Medical

As a retiree, you may elect the same medical benefits you had as an active employee.

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

Review the medical benefits summary on the next page for a comparison of your medical benefit options.

**MOVING FORWARD COVERAGE**

With all of the Cigna medical plans, you have access to Lifestyle Management Programs to help you move your health forward. Programs include:

- **Weight Management** – Get support to help build your confidence, become more active, eat healthier, and change your habits.

- **Smoking Cessation** – Develop a personal quit plan that’s right for you.

- **Stress Management** – Use the stress management program to help you understand the sources of your stress and learn coping techniques to manage stress both on and off the job.

Once you are a Cigna participant, you can get started with the Lifestyle Management Programs online at [www.mycigna.com](http://www.mycigna.com) or call 800-Cigna24 (244-6224).
Medical Benefits Summary
(administered through Cigna)

<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>OPEN ACCESS PLUS HIGH OPTION</th>
<th>OPEN ACCESS PLUS LOW OPTION</th>
<th>OPEN ACCESS PLUS IN-NETWORK</th>
<th>TRADITIONAL CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year deductible</td>
<td>None</td>
<td>$200/person $400/family</td>
<td>None</td>
<td>$400/person $800/family</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum expenses</td>
<td>None</td>
<td>$3,000/person $6,000/family</td>
<td>None</td>
<td>$3,000/person $6,000/family</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Office visit or specialist visit</td>
<td>100% after $15 copay</td>
<td>80% after deductible</td>
<td>100% after $25 copay</td>
<td>75% after deductible</td>
</tr>
</tbody>
</table>

**PREVENTIVE CARE**

- Routine annual physical exams
  - Covered at 100%
  - Not covered
  - Covered at 100%
  - Not covered
  - Covered at 100%

- Well woman exam (includes routine mammography and Pap smears)
  - Covered at 100%
  - Not covered
  - Covered at 100%
  - Not covered
  - Covered at 100%

- Well child care
  - Covered at 100%
  - Not covered
  - Covered at 100%
  - Not covered
  - Covered at 100%

**INPATIENT HOSPITAL EXPENSES**

- Hospital room and board
  - Covered at 100%
  - 80% after deductible
  - Covered at 100%
  - 75% after deductible
  - Covered at 100%
  - 80% after deductible

**OUTPATIENT HOSPITAL EXPENSES**

- Emergency Room
  - $50 copay, then covered at 100%, waived if admitted

- Urgent care
  - 100% after $15 copay
  - 80% after deductible
  - 100% after $25 copay
  - 75% after deductible
  - 100% after $35 copay
  - 80% after deductible

- Outpatient surgical facility
  - Covered at 100%
  - 80% after deductible
  - Covered at 100%
  - 75% after deductible
  - Covered at 100%
  - 80% after deductible

- Surgery (inpatient)
  - Covered at 100%
  - 80% after deductible
  - Covered at 100%
  - 75% after deductible
  - Covered at 100%
  - 80% after deductible

---

1. Subject to reasonable and customary (R&C) limits.
2. The out-of-pocket maximum includes deductibles, but does not include penalties for not complying with Preadmission Certification/Continued Stay Review requirements. Once this limit is reached, the plan pays 100% of eligible charges for the remainder of the plan year.
3. Number of visits/screenings/exams based on an age-based schedule established by Cigna. Refer to Your Benefits At Amtrak handbook or log onto the Amtrak benefits website: www.AmtrakBenefits.com for more information.
Prescription Drug

Prescription drug benefits are administered through CVS Caremark.

You have a choice about the way you have your prescriptions filled. You may have them mailed directly to your home or pick them up at CVS or any in-network local or national retail pharmacy, including Walmart, Target, Walgreens, and most major grocery store chains.

**Maintenance Prescriptions**

If you have a prescription that you take on a regular basis, you have a choice about how you would like to fill that prescription with CVS Caremark:

> Sign up to receive CVS Caremark’s mail order service, through [www.caremark.com](http://www.caremark.com).

> Choose how to receive maintenance prescriptions – via mail or at a CVS store.

** Prescription Drug Summary**

*(administered through CVS Caremark)*

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td></td>
</tr>
<tr>
<td>(up to greater of 34-day supply or 100-unit dosage)</td>
<td></td>
</tr>
<tr>
<td>Generic:</td>
<td></td>
</tr>
<tr>
<td>Brand name preferred:</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Brand name non-preferred:</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Brand name non-preferred:</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Mail order</td>
<td></td>
</tr>
<tr>
<td>(up to 90-day supply via mail order or at CVS pharmacy)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Generic:</td>
<td></td>
</tr>
<tr>
<td>Brand name preferred:</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Brand name non-preferred:</td>
<td>$60 copay</td>
</tr>
</tbody>
</table>

**MOVING FORWARD CONVENIENCE**

With CVS Caremark, you can receive a 90-day supply of a maintenance drug at CVS for the same copay as mail order – saving you the cost of shipping and helping you get your prescriptions when you need them.
Vision

With each of the medical options, you have access to vision coverage:

> Benefits paid every 12 months for eyeglasses and contact lenses

> A robust, comprehensive network of eye care professionals

### Vision Benefits Summary
(administered through Cigna)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual eye exam</td>
<td>$15 copay</td>
<td>Plan pays up to $35</td>
</tr>
<tr>
<td>Contact lens allowance</td>
<td>$0 copay, up to a $200 allowance</td>
<td>Plan pays up to $185</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>$0 copay</td>
<td>Plan pays up to $210</td>
</tr>
<tr>
<td>Frames</td>
<td>$25 copay, up to a retail value of $130</td>
<td>Plans pays up to $35</td>
</tr>
<tr>
<td>Standard lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>$0 copay</td>
<td>Plan pays up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0 copay</td>
<td>Plan pays up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 copay</td>
<td>Plan pays up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$0 copay</td>
<td>Plan pays up to $80</td>
</tr>
<tr>
<td>Progressive</td>
<td>$65 copay</td>
<td>Plan pays up to $40</td>
</tr>
<tr>
<td>Laser vision correction</td>
<td>15% off retail price</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Moving Forward Coverage**

With all Cigna medical options, you will have access to vision coverage, with a robust network of providers.
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 Railroad Retirement Board or Social Security Administration.

Medicare At-a-Glance

<table>
<thead>
<tr>
<th></th>
<th>MEDICARE PART A</th>
<th>MEDICARE PART B</th>
<th>MEDICARE PART D</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does it cover?</td>
<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 health care 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>
</tr>
<tr>
<td>What does it cost?</td>
<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>
</tr>
<tr>
<td>Do I need to enroll?</td>
<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>
</tr>
<tr>
<td>How does Medicare coordinate with Amtrak’s benefit coverage?</td>
<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>
</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.

Moving Forward Coverage

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.
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 2012. 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 2012 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 2012, as much as or more than the standard Medicare drug coverage for 2012.

IMPORTANT: Amtrak offers Medicare-eligible participants Medicare drug coverage through its Amtrak-sponsored medical plans, described in this guide. 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 (see page 12), 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 November 15 and December 31 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.
You may continue dental coverage for 18 months through COBRA.

Your Amtrak dental coverage will continue until the last day of the month in which you retire. You may continue dental coverage for up to 18 months through COBRA (the Consolidated Omnibus Budget Reconciliation Act). Amtrak will no longer contribute toward this coverage – you will pay the full cost of coverage, plus a 2% administrative fee. With COBRA, you have access to the same dental plans:

- Delta Dental Traditional High
- Delta Dental Traditional Low
- Delta Dental HMO

For information about the monthly cost of each option, log on to www.AmtrakBenefits.com and click on “Retirement.”

If you want to continue dental coverage, you will need to elect COBRA dental benefits no more than 60 days following your retirement date. You may apply for COBRA dental coverage before you retire. For more information or to enroll, contact Conexis, our COBRA administrator, at 866-206-5751.
Who Is Eligible

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

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 who do not have access to other employer-sponsored medical coverage;

> 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.

* To be eligible, you and your domestic partner must provide the required documentation, such as a marriage license, government (state or municipality) registration of domestic partnership, or an Amtrak affidavit. Visit www.AmtrakBenefits.com for a copy of the Amtrak affidavit. Keep in mind that there are tax implications when you enroll a same-sex domestic partner 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.
When You Need Answers

Call the Amtrak Benefits Service Center at **800-481-4887**:
- To enroll for your benefits;
- For information about enrolling; or
- If you have any questions about your Amtrak benefits.

Customer Service Representatives (CSRs) are available Monday through Friday from 8:00 am to 8:00 pm 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>CONTACT</th>
<th>PHONE</th>
<th>ONLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna (Medical and Vision)</td>
<td><strong>800-244-6224</strong></td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>CVS Caremark (Prescription Drug)</td>
<td><strong>855-271-6604</strong></td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Medicare</td>
<td><strong>800-633-4227</strong></td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
</tr>
<tr>
<td>Railroad Retirement Board</td>
<td><strong>877-772-5772</strong></td>
<td><a href="http://www.rrb.gov">www.rrb.gov</a></td>
</tr>
<tr>
<td>Social Security Administration</td>
<td><strong>800-772-1213</strong></td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
</tr>
<tr>
<td>Conexis (COBRA administrator for Dental)</td>
<td><strong>866-206-5751</strong></td>
<td><a href="https://mybenefits.conexis.com">https://mybenefits.conexis.com</a></td>
</tr>
<tr>
<td>Delta Dental (Traditional Choice)</td>
<td><strong>800-932-0783</strong></td>
<td><a href="http://www.deltadental.com">www.deltadental.com</a></td>
</tr>
<tr>
<td>Delta Dental (Dental HMO)</td>
<td><strong>800-422-4234</strong></td>
<td><a href="http://www.deltadental.com">www.deltadental.com</a></td>
</tr>
</tbody>
</table>

We have made every effort to make the information in this guide as accurate and easy for you to understand as possible. However, this guide and any oral statements are not a substitute for the official insurance policies.