

Amtrak 2010 Employee Benefits

Amtrak Benefits Package – Dependable and Reliable

Amtrak provides a total benefits package that will help you manage your health, protect your income, and prepare for the future. We're proud to offer this generous benefits package that compliments your paycheck, especially when many other employers are cutting back or even eliminating benefits.

Throughout the last several years, we've made relatively few changes to our benefits. Your Amtrak benefits package has been stable and steadfast – a package you can count on. During this year's Open Enrollment, review your options to make sure you're taking full advantage of the plans we offer. They are a significant part of your compensation and too important to take for granted.

A TOTAL PACKAGE

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Benefits 2010

Open Enrollment

October 26 – November 13, 2009

What's New for 2010?

Most Benefits Staying The Same

Generally, your benefits package for 2010 will remain the same, except for the following.

New Prescription Drug Card

You will receive a prescription drug card from CVS/Caremark to use when you have your prescriptions filled at a retail pharmacy starting on January 1, 2010. Present this card to your retail pharmacist to verify your eligibility for prescription drug benefits and get you on your way faster!

Mental Health and Substance Abuse Care

Beginning on January 1, 2010, benefits for mental health and substance abuse (MHSA) care will be covered the same as any other medical care. There will not be separate benefit copays, co-insurance, limits, or maximums for MHSA care. All MHSA benefits – under both Network and Comprehensive Plans – are administered through United Behavioral Health (UBH), with a higher level of benefits paid when you see a UBH network provider.

Mental Health and Substance Abuse Care	Network Plan Benefits Starting in 2010	
	In-Network	Out-of-Network
Inpatient mental health care	Plan pays 100%	Plan pays 75%, after deductible
Outpatient mental health care	Plan pays 100%, after \$20 copay	Plan pays 75%, after deductible
Inpatient substance abuse treatment	Plan pays 100%	Plan pays 75%, after deductible
Outpatient substance treatment	Plan pays 100%, after \$20 copay	Plan pays 75%, after deductible

Dependent Students on Medical Leave of Absence

Health care coverage will be extended for up to one year for a dependent child who is a full-time student, but takes a medical leave of absence due to a serious illness or injury. You must provide written certification of the illness from the dependent's physician.

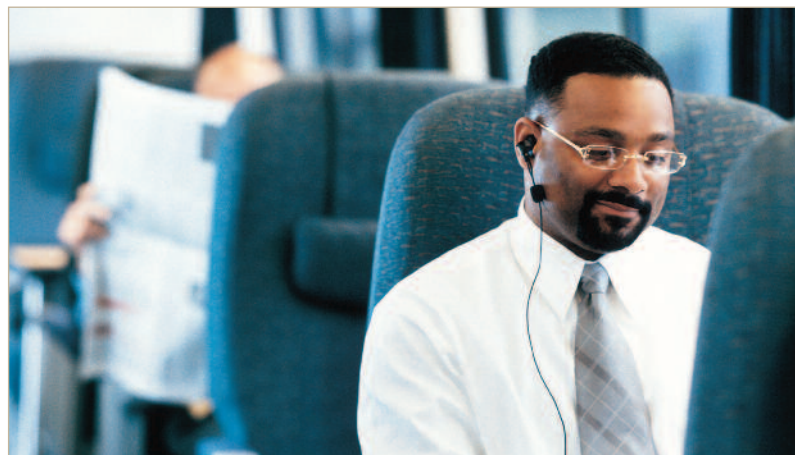
During the medical leave of absence, your dependent will continue to be covered under your benefits until the earlier of the following:

- Your dependent reaches the maximum eligibility age (25th birthday for full-time students) or otherwise becomes ineligible; or
- The maximum 12 months of extended coverage expires.

This change takes effect for medical leaves that begin on or after January 1, 2010.

Domestic Partner Benefits Expanded

Starting on January 1, 2010, Amtrak will offer domestic partner health care coverage in these states, plus the District of Columbia: CA, CT, IA, MA, ME, NH, NV, NY, NJ, OR, RI, VT, and WA. Please see page 15 for information about eligibility requirements and possible effect on income taxes.



Open Enrollment:

October 26th – November 13th

Go to www.amtrakbenefits.com; or
Call the Amtrak Benefits Service
Center at **1-800-481-4887**

Monday through Friday, except holidays,
8:00 am – 8:00 pm, Eastern Time

Open Enrollment For 2010 Benefits

Open enrollment for 2010 benefits will take place between October 26 and November 13, 2009. Included with this booklet is your personalized **Benefits Enrollment Worksheet** that shows the benefits you have now and the options you have for 2010. This worksheet is for information purposes only.

DO NOT RETURN THE WORKSHEET.

If you wish to make changes to your benefits or elect new plans, see the instructions below. If you wish to keep your benefits the same, you do not have to do anything. Your benefits will remain the same for 2010 – with one exception. **To participate in a Health Care or Dependent Day Care FSA in 2010, you must enroll, even if you are a current participant.**

The Enrollment Process: Two Ways To Enroll



Online

www.amtrakbenefits.com

Screen Name What You Need To Do

- Welcome** After reading the instructions on the Welcome screen, **click "continue."**
- Logon**
- **Enter** your eight-digit Amtrak Personnel Number.
 - **Enter** your six-digit Personal Identification Number (PIN).
 - **Click** "Logon."
- Main Menu** - **Click** on "Annual Enrollment." The system will lead you through the screens you need to complete.

Please Note: When making your selections online, **do not** use the 'back' and 'forward' buttons on your browser; instead, use the buttons at the bottom of each page.



By Phone

Toll-free: **1-800-481-4887**

What You Need To Do

- **Dial** 1-800-481-4887 toll-free Monday – Friday, except holidays, 8:00 am – 8:00 pm, Eastern Time.
- **Enter** your eight-digit Amtrak Personnel Number when prompted.
- **Press the * (star) key** to be transferred to a Customer Service Representative who can help you through your enrollment choices.

Also, during the year, you may use either method to make family status changes, change dependent information, or get information about your benefits.

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.

Opting Out Of Coverage

If you have medical coverage from another source (such as coverage through a spouse's employer), you may opt out of Amtrak Medical plan coverage (including prescription drug and mental health/substance abuse benefits). If you choose to do so, you may remain covered under the Dental and Vision plans, as long as you meet the eligibility requirement of those plans.*

To opt out of Medical plan coverage, you will need to provide proof that you have other coverage that includes medical, prescription drug, and mental health/substance abuse benefits.

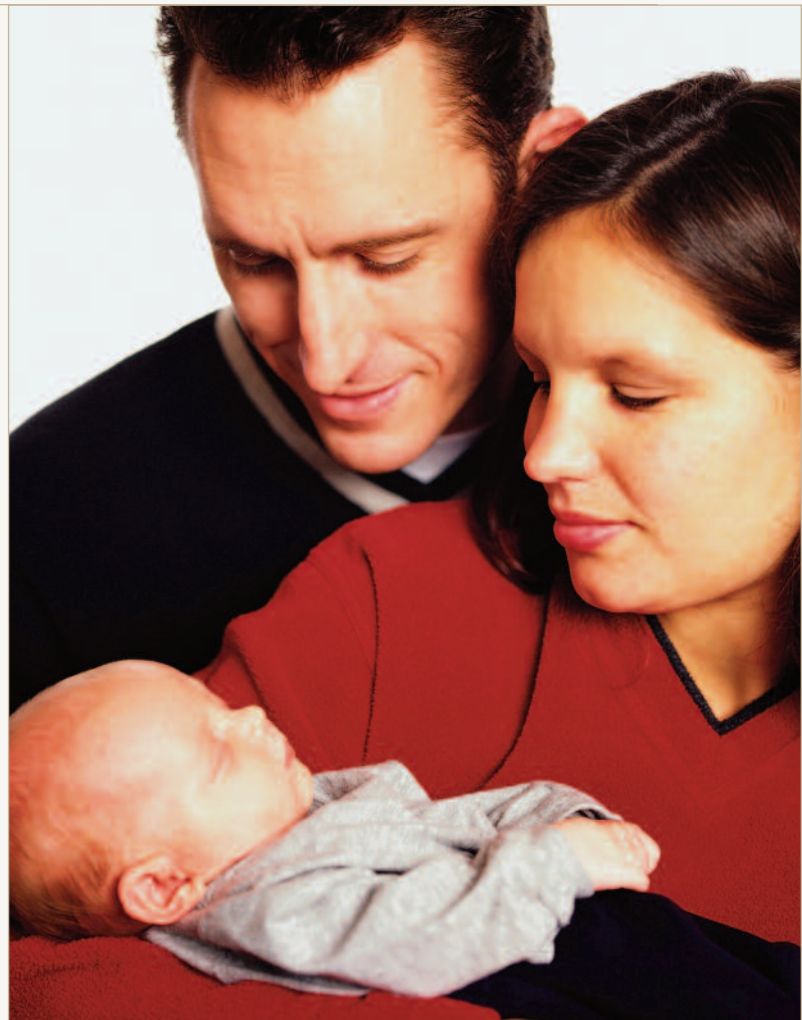
Contact the Amtrak Benefits Service Center at 1-800-481-4887 for more information.

* The opt-out option for Fraternal Order of Police members includes medical, dental, and vision.

Changes To Your Elections During The Year

Your benefit elections will become effective on January 1, 2010 and remain in effect until December 31, 2010. You cannot make a change to your benefits 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. Please refer to *Your Benefits At Amtrak* handbook (updated July 2009) for a complete list of IRS-qualified family status changes. For a copy of the handbook, go to www.amtrakbenefits.com or contact the Amtrak Benefits Service Center at **1-800-481-4887**.

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.



Information To Have Handy

Completing the enrollment process should only take a few minutes. Have the following information available to make enrollment even easier.

- Your personalized **Benefits Enrollment Worksheet** (included with this booklet).
- Your eight-digit **Amtrak Personnel Number** (which can be found on your **Benefits Enrollment Worksheet**). If this number is not eight digits, add zeros to the beginning of the number until the number is **eight digits long**. For example, if your number is 12345, you would enter 00012345.
- Your six-digit **Personal Identification Number (PIN)** for online enrollment only. If you do not remember your PIN, you can reset your PIN through the Amtrak Benefits website (www.amtrakbenefits.com) or you can call the Amtrak Benefits Service Center at **1-800-481-4887**. If this is your first time using the system, your PIN will be the month and year of your birth. For example, if your birthday is March 4, 1961, your PIN will be 031961. For security reasons, you will be **required** to change your PIN to another six-digit number after the first use. Your PIN must be numbers, not letters.

Important Notice!

Please take the time to review the dependent information shown on your personalized **Benefits Enrollment Worksheet**. If this information is not correct or if your dependent is no longer eligible for coverage, as explained on page 15 of this booklet, please make this change immediately through the Amtrak Benefits website: www.amtrakbenefits.com or by calling the Amtrak Benefits Service Center at **1-800-481-4887**.

Amtrak reserves the right to request verification of dependent eligibility. Please take time now to correct any inaccurate information.

- **Social Security Numbers** for you and any eligible dependents (over the age of one year) you wish to enroll.
- The **Primary Care Physician (PCP) ID** number if you enroll in the Network Plan administered through Tufts. For a list of PCP ID numbers, visit the Tufts Health Plan website: www.tuftshealthplan.com or call Tufts Member Services at **1-800-462-0224**. Be sure to enter all numbers correctly, including zeros.

Confirmation Statement

No matter which method you use to enroll (online or telephone), a few weeks after you enroll, you will receive an **Enrollment Confirmation Statement** of your benefits for 2010. Please review this statement carefully. If your confirmation statement is correct, do nothing.

If this statement is not correct, do one of the following:

- Mark changes directly on the statement and **FAX** it to the Amtrak Benefits Service Center at **1-515-875-0599**; or
- **CALL** the Amtrak Benefits Service Center at **1-800-481-4887** and speak with a Customer Service Representative who will make the changes for you.

No Changes After December 31

Please review your confirmation statement carefully and make any corrections ASAP. Changes to your benefit selection will **not** be accepted after December 31, 2009.

Paying For Benefits

Amtrak pays most of the cost of your Medical, Dental, Vision, and Life and Accidental Death & Dismemberment (AD&D) insurance benefits for you. Agreement-covered employees are required to make a monthly benefit contribution for medical benefits. The amount of your contribution will be shown on your personalized **Benefits Enrollment Worksheet**.

Tax-Free Contributions

Contributions for medical benefits will be deducted from your pay tax-free – you will not pay federal, state, or payroll taxes on these contributions. If you participate in a tax-free reimbursement account (such as a Flexible Spending Account or Commuter Reimbursement Account), you will contribute to these accounts on a tax-free basis.

You Should Know That...

Tax-free contributions you make to your benefits (including FSAs and CRAs) will reduce the amount of salary on which your eventual retirement benefits from the Railroad Retirement Board will be based. This may result in a reduction in the amount of Railroad Retirement benefits you may receive when you retire. However, in most cases, the amount of taxes you save will be more than any reduction in Railroad Retirement benefits. For additional information, consult with a tax advisor.



Preventive Care – It’s An Investment With Big Returns

We all want to get good value for the money we spend and the time we invest. And, there is no better long-term investment than your health.

Most health care experts agree that preventive care should be a frequent and regular part of your health care routine. How often you receive recommended tests and screenings is usually based on your age and medical history. The following chart provides

a schedule you and your family members can use to make sure you stay on track for the preventive care you need.

Preventive and well care does require some effort on your part. But, in these challenging economic times, it’s an investment with a guaranteed positive return – your good health.

Well-Child Visits (birth to age 18)	Preventive Schedule
Wellness exam	Standard incremental infant check-ups for the first 12 months; then every 12 months from ages 1–18 years
Visual screening	Every 12 months for ages 3–5, then at ages 6, 8, 10, 12, and 15
Hearing screening	Every 12 months for ages 4–6, then at ages 8, 10, 12, and 15
Immunizations (includes standard childhood immunizations and expanded age ranges for some immunizations)	At doctor-recommended ages for each childhood immunization; expanded adult immunizations for at-risk patients

Adult Visits (age 19+)	Preventive Schedule
Physical exam	Every 12 months
Pelvic and breast exam	Every 12 months
Pap test	Every 1–3 years, based on history
Mammogram	Every 12 months after age 39
Prostate cancer screening	Every 12 months after age 50
Urinalysis, venipuncture, and CBC	Every 12 months
Lipid panel	Every 5 years after age 20
Glucose testing (for high-risk patients)	Every 3 years after age 45
Bone mineral density screening	Every 2 years if high risk for osteoporosis
Colorectal cancer screening	As directed by physician if high-risk, or: Fecal occult blood test – every 12 months after age 50 Screening with flexible sigmoidoscopy or double contrast barium enema – every 5 years after age 50 Colonoscopy – every 10 years after age 50

This chart is based on recommendations from the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics. Refer to page 8 for information about Amtrak’s benefit coverage for preventive care. Frequency and age limits may apply. Call the Amtrak Benefits Service Center (1-800-481-4887) for more information.

Helpful Hint: Benefits for preventive care are highlighted in **red** on the pages that follow.

	Network Plan		Comprehensive Plan
Medical Benefit Descriptions	In-Network	Out-of-Network*	Amtrak Comprehensive Plan ^a
Calendar year deductible	None	\$300 per person \$900 per family	\$200 per person \$400 per family
Annual out-of-pocket maximum expenses**	None	\$2,000 per person \$4,000 per family	\$2,000 per person \$4,000 per family
Lifetime maximum benefit	None	\$1 million per person	\$1 million per person

Preventive Care

PCP office visit	\$20 copay, then covered at 100%	75%, after deductible	85%, after deductible
Specialist office visit	\$35 copay, then covered at 100%	75%, after deductible	85%, after deductible
Routine physical exams	\$20 copay, then covered at 100%	Pap smears, mammograms, rectal exams, PSA testing, and proctosigmoidoscopy screenings covered at 75%, after deductible (cost of exam not covered)	100% of R&C up to \$150, then 75% of the R&C cost of one routine exam, including diagnostic testing and immunizations in connection with such exam
Well child care	\$20 copay, then covered at 100%	Routine childhood immunizations covered at 75%, after deductible (cost of exam not covered)	100% of R&C up to \$150, then 75% of the R&C cost of one routine exam, including diagnostic testing and immunizations in connection with such exam
Well woman exam (includes routine mammography and Pap smears)	\$20 copay, then covered at 100%	Pap smears and mammograms covered at 75%, after deductible (cost of exam not covered)	100% of R&C up to \$150, then 75% of the R&C cost of one routine exam, including diagnostic testing and immunizations in connection with such exam

Inpatient Hospital Expenses

Hospital room and board	100% for unlimited days	75%, after deductible	85%, after deductible
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Outpatient Hospital Expenses

Emergency room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	85%, after deductible
Outpatient surgical facility	100%	75%, after deductible	85%, after deductible
Surgery	100%	75%, after deductible	85%, after deductible

* Subject to reasonable and customary (R&C) limits.

** Annual out-of-pocket maximums do not include deductibles, copays, or any penalties for failure to contact Care Coordination, if required.

^a The amount the Comprehensive Plan covers will be reduced to 75%, after the deductible, if you live in an area serviced by the Network Plan.

For more information about your medical benefit coverage, call the Amtrak Benefits Service Center at **1-800-481-4887**.

	Network Plan		Comprehensive Plan
Medical Benefit Descriptions	In-Network	Out-of-Network*	Amtrak Comprehensive Plan ^a

Prescription Drugs

Retail (up to 21-day supply)	Generic: \$10 copay Brand name preferred: \$20 copay [‡] Brand name non-preferred: \$30 copay [‡]	75%, after deductible	Generic: \$10 copay Brand name preferred: \$20 copay [‡] Brand name non-preferred: \$30 copay [‡]
Mail order (up to 90-day supply)	Generic: \$20 copay Brand name preferred: \$30 copay [‡] Brand name non-preferred: \$60 copay [‡]	75%, after deductible	Generic: \$20 copay Brand name preferred: \$30 copay [‡] Brand name non-preferred: \$60 copay [‡]

* Subject to reasonable and customary (R&C) limits.

^a The amount the Comprehensive Plan covers will be reduced to 75%, after the deductible, if you live in an area serviced by the Network Plan.

[‡] If a generic is available, you pay your applicable copay, plus the difference between the cost of the generic and the brand name drug, unless your physician writes "dispense as written" on the prescription.

Dental Benefits

Coverage Level

Annual deductible	\$50 per person/\$100 per family
Annual maximum benefit (except orthodontia)	\$1,500 per person

Services

Plan Pays*

Type A – Preventive (such as exams and X-rays, and sealants for children under age 14)	100%, after deductible
Type B – Basic (such as fillings)	80%, after deductible
Type C – Restorative (such as dentures and implants)	50%, after deductible
Orthodontia (children only)	50%, no deductible \$1,000 lifetime maximum benefit per child

*Plan pays a percentage of the prevailing Reasonable and Customary (R&C) charges for the geographic area in which you receive care.

Vision Benefits

See a VSP Provider

See a Non-VSP Provider

Eye exam (every 12 months)	Covered in full	Reimbursed up to \$35
Lenses (one set every 24 months) • Single • Bifocal • Trifocal • Lenticular	Covered in full ¹ Covered in full ¹ Covered in full ¹ Covered in full ¹	Reimbursed up to: \$25 \$40 \$55 \$80
Frames (one pair every 24 months)	Covered up to \$115	Reimbursed up to \$35
Contact lenses (every 24 months) ^{2,3} • Medically necessary contacts ⁴ • Elective contacts ⁵	Covered in full Covered up to \$105	Reimbursed up to \$210 Reimbursed up to \$105

¹ Basic lenses are covered in full. Cosmetic options are your responsibility.

² Contact lenses are in lieu of your frame and lenses benefit.

³ Your allowance is applied to both the contact lens exam (fitting and evaluation) and the contact lenses. The contact lens exam is a special exam for ensuring proper fit of your contacts and evaluating your vision with the contacts.

⁴ Medically necessary contact lenses are covered in full, if required for certain medical conditions that prevent you from wearing eyeglasses. Medically necessary contacts must be approved by VSP.

⁵ Participating doctors offer a 15% discount on professional services for contact lenses.

Tips and Hints

These days everyone is looking for ways to save money. Here are a few ways to stretch your budget and make your health care dollar go farther.

The Right Care From The Right Provider

Going to the emergency room when it's not a true medical emergency isn't a good use of your time or money. You'll spend more money and wait much longer for care you could have gotten at your doctor's office or an urgent care center. Of course, in a true emergency, seek care immediately. But, if it's not a true emergency, call your doctor first—he or she can tell you the best way to get care.

Network Plan In-Network Copay Comparison

Doctor's Office	Urgent Care Center	Emergency Room
\$20	\$35	\$50

Low Cost Generic Drugs While You Shop

Your Amtrak medical plan provides generous prescription drug benefits. But, many grocery, department, and discount stores offer generic drugs at ultra-low costs. For example, some stores, such as Walmart, Sam's Club, and Target, offer thousands of generic and over-the-counter medicines for as little as \$4. You may also receive a 90-day supply for \$10. And, some even offer free antibiotics from time to time.

Not all stores offer these discounts in their pharmacies, so you should call ahead or check their website before you go.

Another Option for Convenient Healthcare

Many major pharmacy chains (such as Target, CVS, Rite Aid, and Wal-Mart) offer clinics where you can receive care from a credentialed nurse practitioner. These facilities provide simple health services, such as treating colds, flu, ear infections, sinus infections, and sore throats. And, you don't need an appointment. Call the Amtrak Benefits Service Center for a location near you and to confirm they accept Amtrak's medical coverage.

Four Ways to Cut Your Pharmacy Bill

Make Small Adjustments

Ask your doctor about non-drug ways to manage your condition to get the same results you hope to get from your medication. Some people can control high cholesterol, blood pressure, sleep apnea, and pre-diabetes with diet, lowering salt intake, weight loss, and exercise.

Know What You Take

Review all your medications with your doctor once a year. Know why you take what you take. Assess which drugs are still needed. Questions to ask: Can one new drug do the work of two or three that I currently take? Is there a less expensive medicine that will work as well?

Go Generic

Generic drugs are required by the Food and Drug Administration to be as safe as their brand name counterparts.

Take As Prescribed

Many people don't take their medicines as directed and risk complicating their conditions. Complications may result in having to see a doctor or worse and could require more medicines.

Benefits That Protect Your Income

To help you protect your family's finances if you should die while an Amtrak employee or retiree, your Life and Accidental Death and Dismemberment (AD&D) insurance provides this coverage:

COVERAGE TYPES & AMOUNTS

Union	Employee Life Insurance	Employee AD&D	Retiree Life Insurance
FOP Members	\$10,000	\$8,000	\$2,000
Members of all other unions	\$20,000	\$16,000	\$2,000

Life Insurance Beneficiary: Complete a **Beneficiary Designation Form** to designate or change your Life Insurance beneficiary. You may print the form from www.amtrakbenefits.com or request it from the Amtrak Benefits Service Center at **1-800-481-4887**.



Benefits That Lower Your Taxes

Through special tax-free accounts, you can save money on health care, dependent care, parking, and mass transit expenses. These accounts are known as **Flexible Spending Accounts (FSAs)** and **Commuter Reimbursement Accounts (CRAs)**.

ELIGIBLE EXPENSES

There are many everyday expenses that can be reimbursed from one of these tax-free accounts:

Health Care FSA

Most over-the-counter medicines, laser eye surgery, hearing aids, chiropractor visits, contact lens solutions, acupuncture, orthodontia, copays, deductibles, co-insurance, and other health care that may not be fully covered by insurance.

Dependent Day Care FSA

Licensed day care, in-home care, elder care, day camp, and nursery school.

Transit CRA

Transit passes, fare cards, vouchers, and vanpooling.

Parking CRA*

Parking at work or a location from where you take mass transit or vanpool.

This is a partial list of eligible expenses. For a more complete list, go to www.wageworks.com.

* If you park at Washington, DC Union Station and have parking expenses deducted automatically from your paycheck, you don't have to do anything differently. You will continue to have a payroll deduction for parking, but your deductions will be made on a tax-free basis.

HOW THESE ACCOUNTS SAVE YOU MONEY

The money you contribute into these accounts is deducted from your paycheck before federal, state*, and Railroad Retirement/Social Security taxes are calculated. While the amount of pay you receive isn't less, the amount of taxes you pay will be! In some cases, your tax savings can be significant.

Visit the WageWorks website at www.wageworks.com/employee/calculators.htm to calculate your savings.

* Dependent Day Care FSA contributions are subject to state taxes in Pennsylvania.

Think these accounts won't work for you? Amanda saved \$435 in 2009 with a Health Care FSA.

"I've got small kids, so we're constantly at the doctor. We spent \$150 on office copays alone this year. Then, when you add in the \$250 for prescription drugs, \$180 for my contact lenses, \$175 for over-the-counter medicines, and another \$1,000 for my root canal, I used up my \$1,500 account balance in no time. My contribution is \$125 a month, but with the tax savings, only \$88.75** comes out of my paycheck.

And, getting reimbursed is a snap with the new debit card! It comes out of my account right at the drug store or doctor's office. No more forms or waiting for a check."

** Estimated tax savings. Consult with a tax advisor about your situation.

Benefits That Help You Build Wealth

To help you save money for retirement, you may contribute from 1% to 40% of your salary tax-deferred, up to IRS limits, into the **Retirement 401(k) Savings Plan**. In 2009, the IRS limits* are:

- \$16,500 for employees under age 50; and
- \$22,000 for employees age 50 and older.

*Subject to change each year.

Through the Annual Increase Program, you may establish regular annual increases to your contributions.

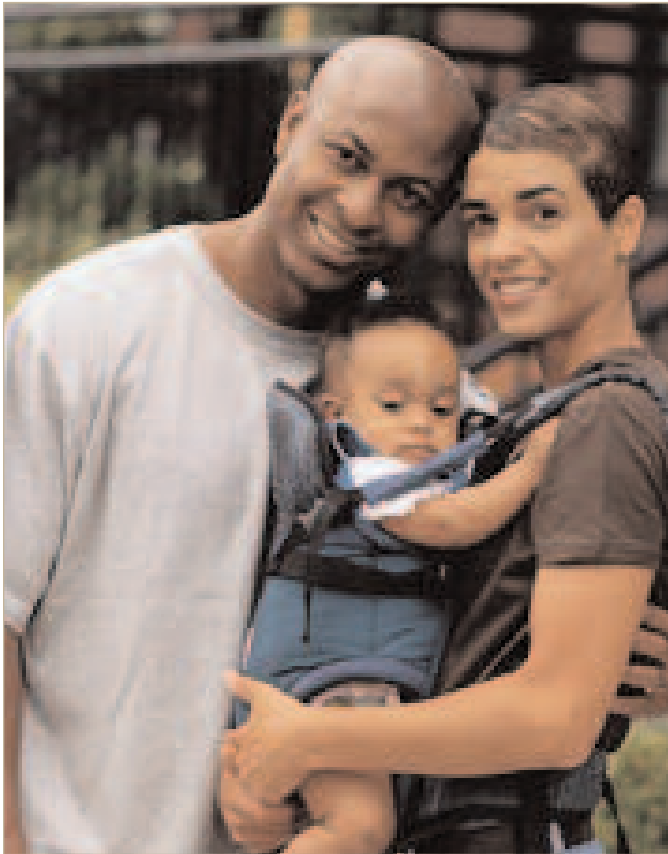
You have several fund choices in which to invest your contributions.

You can enroll or make changes to your elections in the Retirement 401(k) Savings Plan at any time of the year, not just during Open Enrollment. To enroll, increase your contributions, or access information about the plan, please log onto **www.mysavingsatwork.com** or call Fidelity at **1-877-477-AMTK (2685)**.

Moving?

It's not just the Post Office that needs to know your new address. Be sure to keep your local Human Resources representative up-to-date on any future address changes. This is the best way to be sure you receive important benefits information on a timely basis.

Who Is Eligible For Benefits?



You are eligible for the benefits described in this booklet if you:

- Are a regular, full-time employee of Amtrak;
- Are covered by a collective bargaining agreement; and
- Have a certain amount of compensated service or vacation during the previous calendar month. The amount of compensated service required depends on your union:
 - Amtrak Service Workers Council (ASWC) and United Transportation Union (UTU) Stewards – **56 hours**
 - All other unions – **7 days**

You continue to be covered during the month following each month in which you render compensated service in the amount shown above.



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);
- Unmarried children age 18 or younger who are primarily dependent on you for care and financial support, until midnight of the day before the child's 19th birthday;
- Unmarried children from age 19 until midnight of the day before the child's 25th birthday who:
 - Are registered students attending school full-time; **and**
 - Are primarily dependent on you for care and financial support;
- Unmarried children age 19 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 19; **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.

Keep in mind, in the future, Amtrak may conduct an audit to confirm the status of eligible dependents. Please review the dependent information on your personalized **Benefits Enrollment Worksheet** to make sure this information is accurate and up-to-date. To make changes, log onto www.amtrakbenefits.com or call **1-800-481-4887**.

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; and
- Your grandchildren, provided their legal residence is with you and they are dependent mainly on you for care and financial support.

To be eligible, your dependents must live in the United States.

Domestic Partner Coverage

Eligible employees may cover a legally-married husband or wife (common law marriages are **not** eligible) or same-sex domestic partner, civil union partner, or spouse if the relationship is recognized by and entered into in accordance with the laws of one of the following states: CA, CT, IA, MA, ME, NW, NY, OR, RI, VT, WA, and the District of Columbia. You may enroll eligible dependents as defined above in Amtrak medical, dental, and vision benefits.

Also, keep in mind, there are tax implications when you enroll a domestic partner. Therefore, before enrolling your partner, you should contact a tax advisor or the Amtrak Benefits Service Center to determine the impact on your income taxes. To enroll your domestic partner or get information about taxes or needed documentation, contact the Amtrak Benefits Service Center at **1-800-481-4887**.

Important Contact Information

The Amtrak Benefits Service Center: 1-800-481-4887

Call the Amtrak Benefits Service Center:

- To enroll for your benefits;
- To obtain 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.

ADMINISTRATION COMPANIES' NUMBERS

UnitedHealthcare

(Network and Comprehensive Medical Plans)
1-888-675-RAIL (7245)
www.myuhc.com/groups/amtrak

Tufts Health Plan

(Network Medical Plan – Massachusetts Only)
1-800-462-0224
www.tuftshealthplan.com

United Behavioral Health

(Mental Health and Substance Abuse Benefits)
1-800-562-2532
www.liveandworkwell.com

CVS Caremark

(Prescription Drug Benefits)
1-800-378-0182
www.caremark.com

Alere®

(SmartCare Program)
1-888-779-1316
www.alere.com

Aetna Dental

(Railroad Employees National Dental Plan)
1-877-277-3368

Delta Dental (Police Only)

1-800-932-0783
www.deltadental.com

Vision Service Plan

(Vision Benefits)
1-800-877-7195
www.vsp.com

WageWorks

(Spending Accounts and
Commuter Reimbursement Accounts)
1-877-924-3967
www.wageworks.com

Aetna

(Life and AD&D Insurance)
1-800-523-5065

Fidelity Investments

(Retirement 401(k) Savings Plan)
1-877-477-AMTK (2685)
www.mysavingsatwork.com

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