



*Caltrain Union*



## *2014 Benefits Enrollment Guide*

YOUR BENEFITS • YOUR CHOICE

## **Benefits for You and Your Family**

This booklet is designed to explain the many benefits that are offered to you. The following benefit programs are detailed in this packet:

- Medical Insurance – UMR (using the UnitedHealthcare Options PPO network)
- Dental Insurance – Guardian
- Vision Insurance – Guardian (using the VSP network)
- Employee Assistance Program – New Directions Behavioral Health
- Spending Accounts – WageWorks
- Commuter Reimbursement Accounts – WageWorks
- Life and AD&D Insurance – Guardian
  - Off-Track Coverage
- 401(k) Savings Plan – Mass Mutual

## **Eligibility**

You are eligible for the benefits outlined in this booklet if you are a regular, full-time employee of TransitAmerica Services, Inc. and are covered by a collective bargaining agreement. As a new hire, you are eligible for Dental, Vision and 401(k) benefits effective first of the month following 365 days of employment. You are eligible for all other benefits effective first of the month following the completion of 7 days of employment.

To ensure no delay to your benefits coverage, you must make your benefit elections within 30 days of your hire date. If you would like to waive benefits under TransitAmerica Services, Inc., please call the Manager of Employee Development & Benefits to confirm your waiver of coverage. In order to waive, you must provide proof of other coverage. Upon receipt of other coverage documentation, TransitAmerica Services, Inc. will add an additional \$100 per month to your paycheck.

## **When and How Do I Enroll?**

Open enrollment will be conducted November 18, 2013 - November 26, 2013.

All 2013 benefits except for enrollment in the Flexible Spending Account will roll over into the 2014 plan year. No action is needed unless you want to make changes. If you would like to make a change to your benefits for 2014, please do the following:

- Fill out the enrollment form
- Please return the enrollment form to the Manager of Employee Development & Benefits

## **Life Events**

Throughout the year you may experience a life, or qualifying, event. You'll need to consider your benefits if you experience a life, or qualifying, event and take any appropriate actions in relation to your benefits. Below are just a few of the many life events that could occur and the options available to you. When in doubt, please reach out to TransitAmerica Services, Inc. to discuss your options. In most cases you must notify the Manager of Employee Development & Benefits within 30 days to make any changes to your benefits.

**New Address:** You must notify TransitAmerica Services, Inc. as soon as possible to update your records. You may be eligible to change enrollment in your spending accounts or the commuter reimbursement accounts.

**Marriage:** You must notify the Manager of Employee Development & Benefits no later than 30 days after your marriage. You will then have the opportunity to add your new spouse to the plans. You may also be eligible to enroll in the spending accounts or change your spending account elections. All changes must be consistent with the family status change. Please be sure to revisit your beneficiary designation at this time as well.

**Birth or Adoption:** You must notify the Manager of Employee Development & Benefits no later than 30 days after the birth or adoption. You will then have the opportunity to add your new dependent(s) to the plans. You may also be eligible to enroll in the spending account or change your spending account elections. All changes must be consistent with the family status change. Please be sure to revisit your beneficiary designation at this time as well.

**Loss of eligibility for a Child:** You must notify the Manager of Employee Development & Benefits no later than 30 days after your dependent loses eligibility by reaching maximum age for coverage or ceases to be your dependent. Your dependent will be removed from the benefits and will receive a notice to continue coverage through COBRA. You may make a corresponding change to your spending account contributions.

ENROLLMENT DATES: ***November 18, 2013 - November 26, 2013***

**Divorce:** You must notify the Manager of Employee Development & Benefits no later than 30 days after your final divorce or annulment. Your ex-spouse will be removed from the benefits and will receive a notice to continue coverage through COBRA. If you were enrolled through your spouse's plan, and you wish to enroll yourself and/or your dependents in the TransitAmerica Services, Inc. plan, you may do so within the 30-day window. You may make a corresponding change to your spending account contributions or enroll for the first time. Please also notify TransitAmerica Services, Inc. if you experience a name change due to the divorce or annulment as this will need to be updated in your records. In addition, please notify us of any change in beneficiary.

## Medical Insurance

Medical coverage is designed to help protect you and your family from the high cost of medical care. You have two medical options to choose from. The medical plans are administered by UMR using the UnitedHealthcare Options PPO network. To check for participating providers in your area, please visit [www.umar.com](http://www.umar.com) and search for providers under the UnitedHealthcare Options PPO Network. The summary below highlights the benefits.

	PPO PLAN		COMPREHENSIVE PLAN
	In-Network	Out-of-Network	
<b>Lifetime Maximum</b>	None	None	None
<b>Annual Deductible</b>			
Per Person	None	\$300	\$200
Per Family	None	\$900	\$400
<b>Annual Out-of-Pocket Maximum</b>			
Per Person	None	\$2,000	\$2,000
Per Family	None	\$4,000	\$4,000
<b>Preventive Services</b>	100%	75% after Deductible	100%
<b>Office Visit:</b>			
PCP	\$20 Copay	75% after Deductible	85% after Deductible
Specialist	\$35 Copay		
<b>Inpatient Hospital Expenses</b>	100% (Unlimited Days)	75% after Deductible	85% after Deductible
<b>Outpatient Hospital Expenses</b>	100% (Unlimited Days)	75% after Deductible	85% after Deductible
<b>Emergency Services</b>	\$50 Copay, then covered 100%	\$50 Copay, then covered 100%	85% after Deductible
<b>Diagnostic X-Ray and Lab</b>	100%	75% after Deductible	85% after Deductible
<b>Urgent Care</b>	\$35 Copay	75% after Deductible	85% after Deductible
<b>PRESCRIPTION DRUGS-MEDTRAK RETAIL PROGRAM</b>			
<b>Copay per prescription or refill:</b>			
Generic	\$10	75% after Deductible	\$10
Preferred Brand	\$20		\$20
Non-Preferred Brand	\$30		\$30
<b>PRESCRIPTION DRUGS-MEDTRAK MAIL ORDER PROGRAM</b>			
<b>Copay per prescription or refill:</b>			
Generic	\$20	Not Covered	\$20
Preferred Brand	\$30		\$30
Non-Preferred Brand	\$60		\$60

*This is a summary of the medical plan and is not intended to be a complete description. Please refer to the plan booklet for complete information. If this summary does not match the plan booklet, the plan booklet prevails.*

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## On-Duty Injury Coverage

TransitAmerica Services, Inc. provides medical benefits for you in the event you are injured on the job or suffer from an occupational illness. This coverage provides the same level of benefits as what you receive through your medical plan.

### What you should do if you incur an on-duty injury or occupational illness:

- Contact your supervisor immediately.
- Your supervisor must report your injury to TransitAmerica Services, Inc. and documentation will be started on your on-duty injury/illness. TASI will contact the medical claims administrator, UMR, and alert them that there may be claims coming related to on-duty injury/illness.
- At that point you may receive medical care from any provider you wish. If you don't have a primary care provider, a representative from the claims administrator can help you find one. You are never required to get pre-authorization for health care services related to an on-duty injury.
- When obtaining services please present the same medical ID card that you use for your traditional care. In those instances when you are required to pay for some, or all, of your on-duty injury medical expenses, send all bills and receipts to UMR. Please remember to keep copies of all bills and receipts for your own records.

If your claim is not paid, or you disagree with the payments made, please reach out to UMR and a review of your claims will be conducted. If additional information is needed as part of the review process, UMR will contact your provider for this information and re-evaluate your claim. If you are not satisfied with the decision about your claim, you may appeal this decision.

## Dental Coverage

Dental coverage is important so you and your family can receive the care needed to maintain good dental health. This chart gives a brief example of how the services are covered under the Guardian dental plan when using in-network providers. Coverage is provided for routine services as well as basic, major and child orthodontia. A listing of providers can be found at [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

PLAN DETAILS FOR IN-NETWORK COVERAGE	
<b>Annual Deductible</b>	
Individual	\$50
Family	\$100
<b>Annual Maximum Benefit</b>	\$1,500 Per Enrolled
<b>Preventive Services</b>	100% (no deductible applies)
<b>Basic Services</b>	80% after Deductible
<b>Major Services</b>	50% after Deductible
<b>Orthodontia</b> (children to age 19)	50% (lifetime max of \$1,000)

*This is a summary of the dental plan and is not intended to be a complete description. Please refer to the plan booklet for complete information. If this summary does not match the plan booklet, the plan booklet prevails.*

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## Vision Coverage

Eye exams are an important part of routine preventive health care. Regular exams help maintain good vision and prevent permanent vision loss by early detection. This chart gives a brief glance at the amounts you pay when you use in-network providers under the Guardian vision plan using the VSP network. You do have the option to go out of the VSP network; however you will have to file a paper claim and may not receive the same level of benefit.

PLAN DETAILS FOR IN-NETWORK COVERAGE	
<b>Copayment</b> (Exam and/or Materials)	None
<b>Eye Exam</b>	Covered in Full
<b>Lenses</b> (Basic lenses are covered in full. You are responsible for cosmetic options)	Covered 100%
<b>Frames</b> (\$115 Retail Allowance for Frames)	Covered 100%
<b>Contacts*</b> (\$105 Maximum Allowance)	Covered in Full
Frequency of Services	Exams Every 12 Months Lenses every 24 Months Frames every 24 Months Contacts every 24 Month

*\*The contact lens allowance includes the Contact lens exam (Fitting & Evaluation) and Contact lens materials. Only the Contact Lens Fitting & Evaluation is discounted by 15% – the actual Contact Lens materials are not discounted.*

*This is a summary of the vision plan and is not intended to be a complete description. Please refer to the plan booklet for complete information. If this summary does not match the plan booklet, the plan booklet prevails*

## Employee Assistance Program

The New Directions Employee Assistance Program (EAP) is a voluntary and confidential service that provides employees and their families with professional counseling and referral services. This program is fully paid by TransitAmerica Services, Inc. and is available to you at no cost.

They can help you with a variety of issues including:

- Day-to-day stresses
- Depression and anxiety
- Difficult life circumstances
- Problems with co-workers or supervisor
- Marital and family issues
- Drug and alcohol issues
- Elder care consultation with an elder care specialist
- Legal consultation with an attorney
- Financial consultation with a professional

The EAP website is available at [www.ndbh.com](http://www.ndbh.com). We encourage you to go out and explore the resources available to you. To enter the EAP member section, use the company pass code (Caltrain). While there, check Personal Directions – a substantial resource containing thousands of information articles, planners, assessments, calculators, videos, and national search services for dependent care, legal, and financial services.

The EAP is available 24/7 to provide confidential assistance and appointments as needed. They can be reached at 1-800-624-5544.

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## ***Spending Accounts***

Spending Accounts provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income. Please be advised that any funds left in your account at the end of the plan year that cannot be reimbursed using qualified receipts will be forfeited back to the plan. It is important that you know your account balance and use that money so you do not lose it.

### ***Health Care Spending Account***

This program lets you pay for certain IRS-approved health care expenses not covered by your insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the Health Care Spending Account is \$2,500. Some examples of eligible expenses include:

- Copays and deductible amounts
- Hearing services including hearing aids and batteries
- Dental services and orthodontia
- Vision services including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Chiropractic services/acupuncture
- Prescription drug copayments

### ***Dependent Care Spending Account***

The Dependent Care Spending Account lets you use pre-tax dollars towards qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care Spending Account is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

### ***Commuter Reimbursement***

Commuter Reimbursement Accounts allow you, as the employee, to pay for certain commuter expenses on a tax-free basis. There are two Commuter Reimbursement Accounts.

The Transportation Reimbursement Account helps you pay for qualified mass transit or van pooling expenses. Examples include:

- Transit passes, fare cards, vouchers or similar items that allow you to travel on mass transit or in a commuter highway vehicle
- Van pooling or similar transportation between your home and where you work in a commuter highway vehicle

The Parking Reimbursement Account helps you pay for qualified parking expenses. Some examples include:

- Parking at or near work locations
- Parking near a location from where you carpool, van pool, or take mass transit (such as a bus, t rain, or subway)

Please keep in mind that unlike spending accounts, there is no "use it or lose it" rule with Commuter Reimbursement Accounts. If you don't use the money in your account, you may roll it over to the next month.

### ***Contribution Limits***

There are limits on the amounts that may be reimbursed each month from the accounts. The Internal Revenue Service (IRS) has set the following limits for 2013:

- \$245.00 per month for qualified mass transit and van pooling expenses
- \$245.00 per month for qualified parking expenses

In any given month, you will be reimbursed for any expenses up to the above limits. As a reminder, any money remaining in your account at the end of the month will roll over – still tax-free – to the following month to pay for eligible expenses.

## Life and AD&D Insurance

TransitAmerica Services, Inc. provides you with the following coverage:

**Life Insurance** – An amount of \$20,000 will be provided for active employees.

**Accidental Death & Dismemberment (AD&D) Insurance** – Eligible employees receive the following benefit provided to your beneficiary if you are injured or killed as the result of an accident. The following chart shows how AD&D benefits are paid:

TYPE OF LOSS	BENEFIT AMOUNT
<b>Your life</b>	\$16,000 paid to your beneficiary
<b>Both hands and feet or sight of both eyes</b>	\$16,000 paid to you
<b>Combination of any two losses (hand, foot, eye)</b>	\$16,000 paid to you
<b>One hand, foot or sight in eye</b>	\$8,000 paid to you

Your beneficiary is the person, or persons, whom you designate to receive your Life and AD&D Insurance in the event of your death. It's important that you elect the beneficiary that best fits your family situation. You may name more than one person as your beneficiary, splitting the benefit, however, in no instance can your percentages equal more than 100%. Your beneficiary(ies) will be the same for both Life and AD&D Insurance. You may change your beneficiary at any time. Please remember to keep your beneficiary information as up to date as possible.

**Off-Track Coverage** – When employees sustain personal injuries or death resulting from riding in, boarding, or alighting from off-track vehicles authorized by the carrier, TransitAmerica Services, Inc. will provide an additional benefit of up to \$300,000.

## 401(k) Retirement Plan

TransitAmerica Services, Inc. is committed to helping you achieve your retirement goals. As such, we offer a 401(k) Retirement Plan through Mass Mutual. Under this plan you can set aside money from your paycheck on a pre-tax basis and invest in the fund(s) of your choosing.

When you become eligible to join the 401(k) plan, you will receive an enrollment packet separately from Mass Mutual. This packet will detail for you the steps to take to enroll or decline in the 401(k) plan.

## Important Telephone Numbers and Websites

### General Benefits Questions:

TransitAmerica Services, Inc.  
Dewayne Quock  
Manager of Employee Development & Benefits  
1-408-961-4358  
dquock@tasi.com

*Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.*

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
<b>Medical Insurance</b>	UMR	1-800-826-9781	www.umar.com
<b>Prescription Drug Insurance</b>	MedTrack	1-800-771-4648	www.medtrakservices.com
<b>Employee Assistance Program</b>	New Directions Behavioral Health	1-800-624-5544	www.ndbh.com
<b>Dental Insurance</b>	Guardian	1-888-600-1600	www.guardiananytime.com
<b>Vision Insurance</b>	Guardian	1-888-600-1600	www.guardiananytime.com
<b>Spending &amp; Commuter Accounts</b>	WageWorks	1-877-924-3967	www.wageworks.com
<b>Life and AD&amp;D Insurance</b>	Guardian	1-888-600-1600	www.guardiananytime.com
<b>401(k) Savings Plan</b>	Mass Mutual	1-800-743-5274	www.retiresmart.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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**IMPORTANT**  
Employee Benefits  
Information