



RETIREE BENEFITS



2023 BENEFITS GUIDE FOR RETIRED AGREEMENT EMPLOYEES [CLICK TO BEGIN >](#)

Your Amtrak benefits

Our people have made us America's Railroad and a great way to travel. That's why investing in people, including our continued support of retired Amtrak employees, is important.

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Please read this guide. It can help you make enrollment decisions and know how to use Amtrak benefits. Details are in official benefit plan documents available to you on [AmtrakBenefits.com](https://www.amtrakbenefits.com); those documents govern in the event of any discrepancy with these highlights.

Who is eligible

Amtrak benefits are available during retirement if you retired as an agreement-covered employee and meet age and service requirements.

Your Eligibility

Your eligibility for Amtrak post-retirement medical coverage depends on your age and total years of credited railroad service at the time of your retirement.

AGE	SERVICE	MEDICAL COVERAGE
Age 60-65 and NOT yet eligible for Medicare	30 total years of credited railroad service	Amtrak Early Retiree Medical Plan and UnitedHealthcare GA-23111 Plan P Supplements Early Retiree Medical Plan

In addition to the Amtrak coverage you may qualify for, you may be eligible for coverage through the National Railroad plans administered by UnitedHealthcare.

AGE	MEDICAL COVERAGE
Age 60-65 and NOT yet eligible for Medicare	UnitedHealthcare GA-23111 Plan A, B and C
Age 65+ or eligible for Medicare, regardless of age	UnitedHealthcare GA-23111 Plan F

Covering Dependents

Your eligible dependents may also be covered under your benefits. Eligible dependents are your:

- Legally married husband or wife or your eligible domestic partner, civil union partner, or your common law spouse (as defined by applicable state law);
- Children up to age 26; and
- Children age 26 or older who:
 - Are primarily dependent on you for care and financial support; and
 - Have a permanent physical or mental disability that began before age 26; and
 - Became disabled while covered under this plan or any other group plan.
- 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;
- Legally adopted children (beginning on the date the legal adoption proceedings started) and children placed for adoption;
- Your foster children;
- Your biological grandchildren, provided their legal residence is with you and they are dependent mainly on you or your domestic partner for care and financial support; and
- Children of your covered 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.



ENROLLING YOUR DOMESTIC PARTNER

You may cover a domestic partner or civil union partner, regardless of where you live. Documentation, such as an Amtrak Affidavit of Domestic Partnership (available from the Amtrak Benefits Center), is required to enroll your domestic partner in Amtrak benefits. Covering a domestic partner has tax implications that can differ by state; before enrolling your domestic partner, you should speak with a tax advisor. For more information or to enroll your domestic partner, contact the Amtrak Benefits Center.



Enrolling in benefits

Amtrak benefits can continue healthcare coverage during retirement.

AMTRAK BENEFITS CENTER CONNECT



[AmtrakBenefits.com](https://www.amtrakbenefits.com)
800-481-4887

GET THE AMTRAK BENEFITS CENTER APP
POWERED BY ALIGHT MOBILE



APPLE STORE



GOOGLE PLAY



When You First Retire

You can enroll in post-retirement benefits when you first retire. You must enroll within 31 days of your retirement date. Coverage will begin on the first day of the second month following your retirement date. For example, if you retire June 21, your coverage will begin August 1.



During Annual Enrollment

You can review your benefits and make changes during Annual Enrollment each year. The benefits you elect will be effective from January 1 through December 31 of the following year.



Following a Status Change

During the year, you can only change most benefits if you have an IRS-qualified family status change – such as your marriage or divorce. The Amtrak Benefits Center has a complete list of IRS-qualified family status changes.

Changes due to a family status change must be made within 31 days¹ of the event and must be consistent with the event. You will be required to provide proof of the family status change, such as a marriage or birth certificate.

¹ Sixty days if you, your spouse or eligible child loses coverage under Medicaid or a State Children's Health Insurance Program (S-CHIP) or becomes eligible for state-provided premium assistance. Contact the Amtrak Benefits Center at 800-481-4887 for more information.

How to Enroll

You can enroll via the Amtrak Benefits Center:

ONLINE: [AMTRAKBENEFITS.COM](https://amtrakbenefits.com)



After you log on, click on the Enroll Now button. The system will lead you through the screens you need to complete. Please print your enrollment confirmation and keep it for your records.

BY PHONE: 800-481-4887



Customer Service Representatives are available Monday through Friday, except holidays, 8 a.m. – 8 p.m., Eastern Time.

THROUGH THE AMTRAK BENEFITS CENTER APP POWERED BY ALIGHT MOBILE



Download the Alight Mobile app to your Apple or Android device and log into your account to make your benefit elections.

Confirming Your Elections

A few weeks after you enroll, you will receive an enrollment confirmation statement in the mail. Review it carefully. You have two weeks from the date of the statement to call the Amtrak Benefits Center and submit corrections.

Important Benefits Notices

Benefit notices that are required by Federal law, including information about privacy practices and patient protections, are distributed annually to participants in Amtrak benefit plans. These notices are also available on the Amtrak Benefits Center.



HEALTH AND WELLBEING

Medical

It's important to review your healthcare coverage and use it wisely.



WHEN YOU TURN 65

The first of the month in which you reach age 65, Medicare (Parts A and B) becomes your primary insurer with supplemental coverage through UnitedHealthcare.

Coverage Before Age 65

Eligible retirees under age 65 have access to Amtrak's Early Retiree Medical Plan. This plan is administered by Aetna and includes prescription drug coverage administered by CVS Caremark. It covers a comprehensive range of medical services, including preventive care from in-network providers with no deductible or out-of-pocket cost to you.

It generally pays 80 percent of reasonable and customary costs for other care, after you satisfy the plan's annual deductible. You may receive care from any doctor; however, costs are less when you see providers who are part of the Aetna Open Choice POS II network.

Care you receive out of network is subject to a separate deductible and generally will cost you more.

Age 65 and Over

Your eligibility for coverage under the Early Retiree Medical Plan ends the first of the month in which you turn age 65 or you become eligible for Medicare, whichever occurs first.

Coverage for any enrolled dependents would also end at the time you lose eligibility due to age. Dependents would be eligible for COBRA continuation coverage and will receive a COBRA continuation packet in the mail or can contact the Amtrak Benefits Center for additional information. Coverage for any enrolled dependent also ends on the earlier of first of the month in which they turn age 65 or become eligible for Medicare.

MEDICARE ELIGIBILITY

Enrollment in Medicare Part A automatically occurs when you apply for Railroad Retirement or Social Security retirement benefits. However, you must actively enroll in Medicare Part B; you should do so as soon as you are eligible to avoid possible penalties and late fees.

Medical Options at a Glance

	EARLY RETIREE MEDICAL PLAN ADMINISTERED BY AETNA IN-NETWORK	SUPPLEMENTAL COVERAGE (GA-23111 PLAN P) (THROUGH UNITEDHEALTHCARE) ¹
Your Monthly Contribution	Amtrak provides at no cost to retirees ²	\$190 per plan participant ³
Lifetime Individual Maximum	Unlimited	\$500,000
Annual Deductible	\$100	\$100
What Is Covered	Covers major medical expenses, including wellness and preventive care	Covers major medical expenses, including some wellness and preventive care
What The Plan Pays	Covers preventive care at 100% and most other expenses at 80% of reasonable and customary (R&C)	Covers 70% of amount not covered by the Early Retiree Medical Plan
Lifetime Individual Maximum	Unlimited	\$500,000
PRESCRIPTION DRUGS		
Generic	\$2	Not covered
Brand Name	\$6	Not covered
Mail Order	\$5	Not covered

¹ The Supplemental Coverage is not an Amtrak plan. This summary information is provided on an illustrative basis for your convenience. These plans are not sponsored or administered by Amtrak. These plans fall under the National Railroad Plan and are administered by UnitedHealthcare. Contact UnitedHealthcare for plan details.

² FOP employees who retire on or after October 1, 2007 pay \$50 per month.

³ All rates are subject to change on June 1 of each year.

Aetna Lifestyle Programs

Amtrak medical plans are administered by Aetna, a leader and one of the most respected companies in the healthcare industry. Our partnership with Aetna also gives you access to tools, resources and programs at no added cost that can help you achieve your health goals, including:

Simple Steps to a Healthier Life – A health assessment to give you a fresh perspective on your health, and personalized recommendations.

24-Hour Nurse Line – When you have health questions, call **800-556-1555** to speak with a nurse.

Smoking Cessation – Aetna’s comprehensive smoking cessation program includes coaches, medications and 24/7 peer support. It’s confidential and free to all Amtrak medical plan members – call **866-213-0153**.

AETNA ONE® CHOICE

Whether you’re managing a chronic condition or dealing with other complex health challenges, Aetna One® Choice offers you focused, expert resources. A nurse can work with you one-on-one to put together a plan, help you understand your benefits and answer your health-related questions. Your Aetna nurse can also collaborate with multidisciplinary service teams to help you achieve your health goals.

ABLETO

Aetna’s AbleTo offers behavioral health support tailored to specific needs. Each program includes eight weeks of support by video conference or telephone, including a weekly session with a licensed therapist and another weekly session with a behavior coach for seven weeks, followed by a final consultation with the therapist in the eighth week.

Teladoc

Aetna’s Teladoc services give you 24/7 access to a network of licensed doctors, pediatricians, psychologists, and therapists for phone and online video consultations on a wide range of non-emergency conditions, mental health and dermatology. Teladoc is a great resource for sore throats, allergies, sinus infections, managing stress and anxiety.

Teladoc physicians can diagnose, treat and even write prescriptions. You can be seen by a doctor without having to leave home, you’re not inconvenienced by having to get out and drive to a doctor’s office and you’re not exposed to other patients waiting to be seen. Also, you’re not limited to the hours of an office or clinic and your cost is far less than an emergency room visit for non-emergency care.

For medical visits, go to **member.teladoc.com/aetna** or call **855-835-2362**.

BEHAVIORAL HEALTH

Behavioral health telemedicine visits are available as outlined below:

BEHAVIORAL HEALTH TELEMEDICINE

RESOURCE	SERVING
MDLIVE 855-824-2179 Mdlive.com/BHCOMM	All states
Array AtHome Care 800-442-8938 Insightportal.mahlerhealth.com	California Delaware Missouri New Jersey New York Pennsylvania Virginia
Telemynd 866-991-2103 Telemynd.com	All other states

Prescription Drugs

Prescription drug coverage administered by CVS Caremark is included with your medical coverage. The benefits are designed to give you access to effective medications and make your prescriptions convenient to fill.

You can pick up prescriptions at CVS pharmacies in most CVS stores and many participating Target stores. Additional in-network national and local retailers include participating Walgreens and most grocery store chains. Prescriptions can also be delivered directly to your home using CVS Caremark's mail order service.

FILLING PRESCRIPTIONS FOR MAINTENANCE MEDICATIONS

If you take a medicine daily for a chronic condition, that's a maintenance medication. Filling these prescriptions with a 90-day supply has both cost and convenience advantages, so that is required by Amtrak's medical plans.

- You can get 90-day fills (and automatic refills) of maintenance medicines delivered to your home via mail order from CVS Caremark.
- You can get 90-day fills at select CVS and retail pharmacies that participate in the CVS 90-day program.

When you are newly prescribed a medication for a chronic condition, you must use the 90-day program no later than the third fill.



MEDICATION SAFETY REMINDER

Some prescriptions, over-the-counter medicines and/or supplements have impairing side effects by themselves or in combination. Make sure your treating doctor or pharmacist knows about everything you take – medicines and supplements – to make sure there are no side effects that might impact your safety.

Preventing Healthcare Fraud

Healthcare fraud is a multi-billion dollar problem that is costly to all of us. Help prevent healthcare fraud by protecting your medical ID card like you would any credit card. Also, being aware of the most common types of fraud can help you take measures to avoid and prevent these abuses:

- Doctors billing for services they did not provide
- Doctors performing procedures you do not need
- Doctors billing non-covered services (e.g., cosmetic surgery) as a covered service
- Being offering money or incentives to go to a specific provider or to refer coworkers, family, or friends to a specific provider
- Providers waiving patient coinsurance, copays, or deductibles that apply in accordance with plan provisions

If you suspect fraudulent activity, notify Aetna by calling their fraud hotline at **800-338-6361** or email **AetnaSIU@aetna.com**.

About Medicare

Medicare benefits provide the foundation for your healthcare coverage at age 65.

You and/or your eligible dependents must enroll in Medicare when first eligible. If you fail to enroll when first eligible, you may be subject to penalty surcharges for late enrollment so it is important that enroll timely. For specific information about Medicare coverage, call **800-MEDICARE** (800-633-4227) or visit **medicare.gov**.

When a participant becomes eligible for Medicare, their eligibility for the Amtrak Early Retirement Medical Plan ends. In addition, when the Amtrak Retiree becomes eligible for Medicare at age 65, eligibility for coverage ends for both the retiree and their covered dependents. Covered dependents may be eligible to continue their Amtrak coverage through COBRA coverage continuation. Contact Amtrak Benefits Center for more information on COBRA coverage.

You may be able to purchase additional coverage to supplement Medicare through the National Railroad UnitedHealthcare plans. Contact **UnitedHealthcare** at **800-842-5252** for more information.



Medicare at a Glance

	MEDICARE PART A	MEDICARE PART B	MEDICARE PART D
What does it cover?	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.	Covers 80% of approved major medical expenses, such as physician services, emergency room visits, diagnostic tests, lab work and durable medical equipment, after an annual deductible. Also pays for home healthcare services for which Part A does not pay, and some Part A inpatient services that exceed Part A time limits.	Covers prescription drugs.
What does it cost?	It's free for workers age 65 and older who have 40 or more quarters of Medicare-covered employment.	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.	The monthly premium depends on where you live and the coverage you select.
Do I need to enroll?	No, enrollment is automatic when you apply for Railroad Retirement or Social Security benefits.	Yes, you must actively enroll through the Railroad Retirement Board or Social Security.	Maybe. It depends on the coverage you choose. You can purchase a stand-alone Medicare Part D Prescription Drug Plan (PDP) and pair it with a Medicare Supplement Plan or Medicare Advantage Plan of your choosing. Some Medicare Advantage Plans will also offer Part D prescription drug coverage as a part of their benefit package.



MEDICARE ADVANTAGE PLANS

You may also participate in a Medicare Advantage plan. With a Medicare Advantage plan, you generally get all your covered health care, including prescription drugs, through that plan. In many cases, there are extra benefits and lower copayments than in Medicare Parts A, B and D. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

Other medical coverage

If you are not eligible for the Early Retiree Medical Plan or Medicare, you may purchase coverage through UnitedHealthcare. Call 800-842-5252 for more information and to enroll.

UnitedHealthcare Medical Plan Benefits Summary

	GA-23111 Plan A	GA-23111 Plan B	GA-23111 Plan C
Monthly Cost (per person)	\$482	\$655	\$851
Annual Deductible (per person)	\$1,000	\$750	\$500
Annual Out-Of-Pocket Maximum (per person)	\$15,000	10,000	\$7,500
Lifetime Maximum (per person)	\$500,000	\$500,000	\$500,000
Medical Coverage	50% of eligible expenses after the deductible for most covered medical care	60% of eligible expenses after the deductible for most covered medical care	70% of eligible expenses after the deductible for most covered medical care

This summary information is provided on an illustrative basis for your convenience. These plans are not sponsored or administered by Amtrak. These plans fall under the National Railroad Plan and are administered by UnitedHealthcare. Contact UnitedHealthcare for plan details. The cost for coverage is subject to change each June 1.

RESOURCES

Benefit/Resource	Administrator	Phone Number	Website
Amtrak Benefits Center	Alight	800-481-4887 (8 a.m. - 8 p.m. ET, M-F except holidays)	AmtrakBenefits.com
Medical	Aetna	855-5AMTRAK (526-8725)	myaetnawebsite.com
Mental Health and Substance Abuse Resources	Aetna Behavioral Health	855-226-8287	aetnabehavioralhealth.com
Teladoc (Medical)	Teladoc	855-835-2362	member.teladoc.com/aetna
Behavioral Health	Array AtHome Care MDLIVE Telemetrynd	800-442-8938 855-824-2170 866-991-2103	insightportal.mahlerhealth.com mdlive.com/BHCOMM Telemetrynd.com
Prescription Drug	CVS Caremark	800-378-0182	caremark.com
Supplementary Medical	UnitedHealthcare	800-842-5252	myuhc.com
Medicare Parts A, B and D	Centers for Medicare and Medicaid Services	800-633-4227	medicare.gov
401(k) Savings Plan	Fidelity	877-477-AMTK (2685)	netbenefits.com/amtrak
Railroad Retirement Board	U.S. Railroad Retirement Board	877-772-5772	rrb.gov
Amtrak Retirement Income Plan	Milliman	800-655-0225	MillimanBenefits.com
Social Security Benefits	Social Security Administration	800-772-1213	ssa.gov