

WHEN COVERAGE STOPS

Coverage for all Health Care Benefits stops when:

- you first become covered under **Another Railroad Health and Welfare Plan**;
- your employer or the UTU stops participating in the Plan;
or
- the class of employees you belong to stops being included under the Plan.

In addition, except as provided in the section "Continuation of Coverage After You Last Rendered Compensated Service," beginning on page 28, coverage for all Health Care Benefits for you and your **Eligible Dependents** stops on the earlier of the following:

- the last day of the month following the month you last rendered or received, in the aggregate, the **Requisite Amount of Compensated Service** or the **Requisite Amount of Vacation Pay** under a collective bargaining agreement with either the UTU or the BLET;
- the date your employment relationship ends for reasons other than retirement, such as resignation.

Coverage for an individual dependent stops sooner upon the occurrence of one of the following events:

- a dependent child becomes covered as an **Eligible Employee** under this Plan;
- a dependent stops being an **Eligible Dependent**.

CONTINUATION OF COVERAGE AFTER YOU LAST RENDERED COMPENSATED SERVICE

Furloughed Employees

If you are furloughed after you became an **Eligible Employee** AND you have rendered compensated service for three months, you will be covered for Employee and Dependents Health Care Benefits during your furlough until the end of the fourth month following the month in which you last rendered compensated service.

If you received **Vacation Pay** before the date on which you are furloughed, but in a month subsequent to the month in which you last rendered compensated service, the continued coverage described above will be measured from the month in which you received that **Vacation Pay**.

If you return to work before your coverage ends, you will continue to be covered during the month in which you return to work.

If you return to work after your coverage ends, you will not be covered again until the month following the month in which you next render the **Requisite Amount of Compensated Service**.

If you become disabled before your coverage ends, you should refer to the section for Disabled Employees on page 29.

Suspended or Dismissed Employees

If you are suspended or dismissed after you became an **Eligible Employee**, and

- you have had an employment relationship with your employer for at least six months, and
- you have rendered compensated service for three months,

you will be covered for Employee and Dependents Health Care Benefits during your suspension or after your dismissal until the end of the fourth month following the month in which you last rendered compensated service or, if you are a

Suspended Employee, the month in which you last received **Vacation Pay**, if later.

If you received **Vacation Pay** before the date on which you are dismissed, but in a month subsequent to the month in which you last rendered compensated service, the continued coverage described above will be measured from the month in which you received that **Vacation Pay**.

If you return to work before your coverage ends, you will continue to be covered during the month in which you return to work.

If you return to work after your coverage ends, you will not be covered again until the month following the month in which you next render the **Requisite Amount of Compensated Service**.

If you are awarded full back pay for all time lost as a result of your suspension or dismissal, your coverage will be provided as if you had not been suspended or dismissed in the first place.

If you become disabled before your coverage ends, you should refer to the section below for Disabled Employees.

Pregnant Employees

If you cease to render compensated service as a result of your pregnancy, you will be covered for Employee and Dependents Health Care Benefits until the end of the fifth month following the month in which you last rendered compensated service.

If you return to work before your coverage ends, you will continue to be covered during the month in which you return to work.

If you return to work after your coverage ends, you will not be covered again until the month following the month in which you next render the **Requisite Amount of Compensated Service**.

Disabled Employees

If you cease to render compensated service solely as a result of disability, including disability due to your pregnancy, or if you become disabled by reason of pregnancy or otherwise

before your coverage as a Furloughed, Suspended or Dismissed Employee ends, and provided in any case that you remain continuously disabled, you will be covered for Employee Health Care Benefits until the end of the second calendar year next following the year in which you last rendered compensated service and for Dependents Health Care Benefits until the end of the calendar year next following the year in which you last rendered compensated service.

If you received **Vacation Pay** before the date on which you relinquished your employment rights for any reason, but in a year subsequent to the year in which you last rendered compensated service, the continued coverage described above will be measured from the year in which you received that **Vacation Pay**.

If your disability ends before the end of the second calendar year next following the year in which you last rendered compensated service, your coverage will end at the same time your disability ends, unless you then return to work and render compensated service, in which event your coverage by reason of disability will continue until the end of the month in which your disability ends.

You may be required to submit proof of your disability to Highmark or UnitedHealthcare (if you are covered under the **CHCB** or **BHCB**), or to the company that administers your **MMCP** (if you are covered under the **MMCP**). Failure to provide this proof of disability, when requested, will cause your coverage for Employee and Dependents Health Care Benefits to end. In that event, Highmark or UnitedHealthcare, as the case may be with regard to the **CHCB** and the **BHCB**, or the company that administers your **MMCP**, will determine the date that coverage terminated based on the most current disability information available.

Retired Employees

If you retire, you will be covered for Employee and Dependents Health Care Benefits during the month following the month in which you last rendered compensated service.

If you received **Vacation Pay** before the date on which you relinquished your employment rights to retire, but in a month subsequent to the month in which you last rendered compensated service, the continued coverage described

above will be measured from the month in which you received that **Vacation Pay**.

Retired Employees may be eligible for benefits under The Railroad Employees National Early Retirement Major Medical Benefit Plan. See page 191.

Deceased Employees

If you die while covered for Dependents Health Care Benefits, they will continue until the end of the fourth month following your death.

Employees under Compensation Maintenance Agreements, etc.

All coverage will continue for as long as your employer is obligated to provide continued coverage of the kind provided under the Plan because of an agreement, statute, or order of a regulatory authority, but only if your employer makes a payment for you as if you had rendered the **Requisite Amount of Compensated Service** and you have not relinquished your employment rights.

Employees Opting Out of Plan Coverage

If you have opted out of Plan coverage with respect to any month in which coverage would otherwise be continued as described above because of furlough, suspension or dismissal, pregnancy, disability, retirement, death or compensation maintenance agreements, etc., such continued coverage will apply only to Employee on-duty Health Care Benefits and to life and accidental death and dismemberment insurance, and not to Employee other than on-duty Health Care Benefits or to any Dependent Health Care Benefits.

Returning Veterans

If you had been an **Eligible Employee** and if you returned to work for the same employer after completion of service in the armed forces of the United States, your coverage will begin on the day you first render compensated service upon your return.

Employees Taking Family or Medical Leave Pursuant to the Family and Medical Leave Act of 1993

Solely for purposes of determining coverage for Employee and Dependents Health Care Benefits during the month immediately following any month in which you take a period of family or medical leave authorized and provided for under the federal Family and Medical Leave Act ("FMLA"), such period of authorized leave will be treated as if it were a period during which you rendered compensated service. FMLA leave will not be treated as compensated service (i) for purposes of measuring any continued coverage described under the heading "Continuation of Coverage After You Last Rendered Compensated Service," beginning on page 28 of this booklet, or (ii) for any purpose whatsoever if you or your Dependents are not covered for Health Care Benefits under the Plan immediately prior to the beginning of the FMLA leave.

If you do not return to compensated service at the end of any period of family or medical leave, you ordinarily will be responsible for reimbursing your employer for its cost of continuing, during the period of leave, any Health Care Benefits under the Plan that were in fact continued for you or your Dependents during your leave.

Contact your employer for more information about family or medical leave under the federal statute.

Please note that your coverage ends immediately upon termination of your employment relationship with a participating employer, unless that termination occurs by reason of retirement, dismissal, or death.

**SUMMARY OF CONTINUATION OF COVERAGE
IF YOU CEASE TO RENDER COMPENSATED SERVICE
(OTHER THAN CONTINUATION UNDER COBRA
OR THE FAMILY AND MEDICAL LEAVE ACT) AND HAVE
NOT OPTED OUT**

Reason for Ceasing to Render Compensated Service	The Date Coverage Terminates (See Note 1)
	Coverage for Employee and Dependents Health Care Benefits
Furlough, Suspension or Dismissal	End of fourth month following the month in which you last rendered compensated service or received Vacation Pay. (See Note 2)
Leave of Absence	End of month following the month in which you last rendered or received, in the aggregate, the Requisite Amount of Compensated Service or the Requisite Amount of Vacation Pay.
Employment Relationship Terminates other than for Retirement or by Dismissal	Date of termination of employment relationship. (See Note 3)
Employment Relationship Terminates for Retirement	End of month following the month in which you last rendered compensated service or received Vacation Pay. (See Note 4)
Disability - Inability to Perform Work in your Regular Occupation	Earlier of date your disability ends or end of second calendar year following the year in which you last rendered compensated service or received Vacation Pay for Employee Health Care Benefits (end of first calendar year for Dependents Health Care Benefits)
Pregnancy	End of fifth month following the month in which you last rendered compensated service.

See Notes on the next page.

Notes:

1. For complete information concerning termination of coverage, including modifications of the provisions outlined above, see the section of this booklet entitled "Eligibility and Coverage" beginning on page 22. Under certain circumstances and provided the Plan is continued, benefits may be payable after coverage terminates. Information in this regard is also contained in the "Eligibility for Benefits" section on pages 39 through 48.
2. For a Furloughed Employee, Vacation Pay must be received prior to furlough. For a Dismissed Employee, Vacation Pay must be received prior to severance of the employment relationship.
3. In the event an Eligible Employee dies while covered, coverage for Dependents Health Care Benefits continues to the end of the fourth month following the month in which the Eligible Employee died.
4. For a Retired Employee, Vacation Pay must be received prior to the relinquishment of employment rights.

See page 191 for information as to other coverage available upon termination of your coverage under this Plan.