

National Wage and Benefit Agreement with Summary



Agreement Summary

General Wage Increases

- 2.0% July 1, 2010
- 2.5% July 1, 2011
- 4.3% July 1, 2012
- 3.0% July 1, 2013
- 3.8% July 1, 2014
- 3.0% January 1, 2015

The compounded GWI for the six-year term is 20.08%

Members can expect to receive retroactive pay of about \$2,423 or more (calculation based on a Signalman's rate, without overtime).

The national Signalman's base hourly rate will increase from \$25.10 to \$30.14 during the term of this six-year deal.

In addition to the general wage increases, the Agreement provides for a lump sum payment equal to 1% of straight-time earnings for the 12-month period beginning November 1, 2010. The lump sum will be calculated inclusive of the first two general wage increases. Lump sum payments are expected to be about \$537 or more (calculation based on a Signalman's straight-time rate).

The amount of retroactive pay and lump sum each employee receives will be based on the rate of pay and hours worked. Retroactive wages will be payable on or before sixty (60) days after the date of the Agreement. The lump sum shall be payable on or before ninety (90) days after the date of the Agreement.

To be eligible for the retroactive pay, members must have an employment relationship with the carrier on the date of this Agreement or must have retired or died subsequent to June 30, 2010.

To be eligible for the lump sum payment, members must have an

employment relationship with the carrier on the date of this Agreement or must have retired or died subsequent to October 31, 2010.

Health and Welfare Plan Changes

Employee Cost Sharing Contribution

Employee monthly Health and Welfare contributions will remain fixed at \$200 per month until July 1, 2016, at which time the monthly contributions will be capped at \$230 until the next agreement is negotiated. Employee Health and Welfare contributions will be made on a pre-tax basis.

Plan Design Changes

In compliance with the Presidential Emergency Board's (PEB) recommendations, the Plan's health and welfare provisions will be amended. The changes recommended by the PEB mirror the United Transportation Union's Plan that was ratified earlier this year with the addition of a phase-in period.

All Plan design changes become effective July 1, 2012.

There are no changes to the out-of-network services under Managed Medical Care Program (MMCP) or benefits under the Comprehensive Health Care Benefit (CHCB).

MMCP Annual Deductibles

Annual deductibles will be \$200 per individual and \$400 per family, as phased in below:

- July 1, 2012, \$100 per individual and \$200 per family
- January 1, 2013, \$150 per individual and \$300 per family
- January 1, 2014, \$200 per individual and \$400 per family

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The annual family deductible applies regardless of the number of covered family members.

The family deductible is the maximum amount the employee and his/her eligible dependents will have to pay in any calendar year before the Plan applies payments. The annual family deductible applies to only “In-Network” services provided under MMCP where a fixed-copayment does not apply.

Coinsurance and Out-of-Pocket Maximums

Coinsurance of 5% will apply for “In-Network” services under MMCP where a fixed-dollar copayment does not apply (i.e., \$20/35 per office visit) up to the annual out-of-pocket maximums, on a phased in basis as described below:

- July 1, 2012, \$500 per individual and \$1,000 per family
- January 1, 2013, \$750 per individual and \$1,500 per family
- January 1, 2014, \$1,000 per individual and \$2,000 per family

Once the out-of-pocket maximum is reached, no coinsurance charges will be applied.

The family out-of-pocket maximum applies regardless of the number of covered family members.

Copayments and deductible payments do not apply to the out-of-pocket maximums — they must be paid in addition. Only the 5% coinsurance charges apply towards the annual out-of-pocket amounts.

The Urgent Care Center Copayment for In-Network services decreases from \$25 to \$20 for each visit.

In cases where a fixed-dollar copayment of \$20 currently applies to an in-network office visit, the copayment shall be reduced to \$10 if the office is in a “convenient care clinic.”¹ The Plan shall not cover radiological services performed at a convenient care clinic.

The Emergency Room Copayment for In-Network services increases to \$75 for each visit, but shall not apply if the visit results in admission to the hospital.

Comprehensive Health Care Benefit

No changes.

Prescription Drug Program

Retail Prescription (*Up to a 21-day supply*) Drug Card Program copayments per prescription are revised as follows:

	Current	New
• Generic	\$10	\$5
• Formulary	\$20	\$25
• Non-Formulary	\$30	\$45

Mail Order Prescription (*Up to a 90-day supply*) Drug Program copayments per prescription are revised as follows:

	Current	New
• Generic	\$20	\$5
• Formulary	\$30	\$50
• Non-Formulary	\$60	\$90

[Formulary drugs denote medications on the provider’s preferred drug list.]

Preventive Care

Routine Physicals, Preventive Care, and Well Child Care with your Primary Care Physician are all covered at 100% with no copayment or deductible.

¹ “convenient care clinic” means a health care facility typically located in a high traffic retail store, supermarket, or pharmacy that provides affordable treatment for uncomplicated minor illness and/or preventative care to consumers.

Agreement Summary

Dental, Vision, and Hearing

There are no changes to the dental, vision, or hearing plans.

Flexible Spending Accounts

The Carriers shall establish and administer a Health Flexible Spending Arrangement (FSA) effective January 1, 2013. An FSA allows an employee to set aside a portion of their pre-tax earnings to pay for qualified medical expenses. Money deducted from an employee's pay into an FSA is not subject to payroll taxes. One significant disadvantage of using an FSA is that funds not used by the end of the plan year are forfeited.

Supplemental Sickness Benefits

The Supplemental Sickness Benefits (SSB) shall be adjusted (increased) to restore the same ratio of benefits to rates of pay as existed on December 31, 2009.

Commencing on July 1, 2012, and on the date of each GWI thereafter, SSB benefits will be adjusted to restore the same ratio of benefits to rates of pay as existed on the effective date of the new Agreement. SSB benefits will thus be adjusted each time a general wage increase is applied.

Job Responsibility Study

The Agreement establishes a joint job responsibility study to determine facts in connection with the productivity, technical ability, effort, and job responsibilities of Signal Maintenance and Signal Installer positions in a non-binding study.

If the Study Committee cannot reach agreement over disputed issues of fact, those issues may be presented for final determination to a neutral selected by agreement of the Committee's members.

The information developed will be used for the purpose of serving as a basis for a voluntary agreement to resolve the parties' respective positions and interests during the term of this Agreement or to provide pertinent information to the parties for formal negotiations in the next round of bargaining.

Moratorium

No party to this Agreement shall serve, prior to November 1, 2014 (not to become effective before January 1, 2015), any notice or proposal for the purpose of changing the provisions of this Agreement.

Side Letters

- **Side Letter No. 1** — The Carriers will make all reasonable efforts to pay the retroactive portion from the general wage increases as soon as possible and no later than 60 days after the date of the Agreement.
- **Side Letter No. 2** — Retroactive wage increases shall be applied only to employees who have an employment relationship on the date of this Agreement or who retired or died subsequent to June 30, 2010.
- **Side Letter No. 3** — Confirms the parties' understanding that the January 1, 2015, 3% GWI will constitute a complete resolution of the compensation adjustment for year 2015.
- **Side Letter No. 4** — Confirms the understanding that the prescription drug management rules and the therapeutic drug categories are those that have been recommended by the Plan's current pharmacy benefit manager, Medco Health Solutions. This Side Letter also describes how changes are approved.

MEDIATION AGREEMENT

THIS AGREEMENT, made this ____ day of _____, 201_, by and between the participating carriers listed in Exhibit A attached hereto and hereby made a part hereof, and represented by the National Carriers' Conference Committee, and employees of such carriers represented by the Brotherhood of Railroad Signalmen, witnesseth:

IT IS HEREBY AGREED:

ARTICLE I — WAGES

Section 1 — First General Wage Increase

On July 1, 2010, all hourly, daily, weekly, and monthly rates of pay in effect on the preceding day for employees covered by this Agreement shall be increased in the amount of two (2) percent applied so as to give effect to this increase in pay irrespective of the method of payment. The increase provided for in this Section 1 shall be applied as follows:

- (a) Hourly Rates —
Add 2 percent to the existing hourly rates of pay.
- (b) Daily Rates —
Add 2 percent to the existing daily rates of pay.
- (c) Weekly Rates —
Add 2 percent to the existing weekly rates of pay.
- (d) Monthly Rates —
Add 2 percent to the existing monthly rates of pay.
- (e) Disposition of Fractions —
Rates of pay resulting from application of paragraphs (a) to (d), inclusive, which end in fractions of a cent shall be rounded to the nearest whole cent, fractions less than one-half cent shall be dropped, and fractions of one-half cent or more shall be increased to the nearest full cent.
- (f) Application of Wage Increase —
The increase in wages provided for in this Section 1 shall be applied in accordance with the wage or working conditions agreement in effect between each carrier and the labor organization party hereto. Special allowances not included in fixed hourly, daily, weekly or monthly rates of pay for all services rendered, and arbitraries representing duplicate time payments, will not be increased. Overtime hours will be computed in accordance with individual schedules for all overtime hours paid for.

Section 2 — Second General Wage Increase

Effective July 1, 2011, all hourly, daily, weekly and monthly rates of pay in effect on June 30, 2011 for employees covered by this Agreement shall be increased in the amount of two-and-one-half (2-1/2) percent applied so as to give effect to this increase irrespective of the method of payment. The increase provided for in this Section 2 shall be applied in the same manner as provided for in Section 1 hereof.

Section 3 — Third General Wage Increase

Effective July 1, 2012 all hourly, daily, weekly and monthly rates of pay in effect on June 30, 2012 for employees covered by this Agreement shall be increased in the amount of four-and-three-tenths (4.3) percent applied so as to give effect to this increase irrespective of the method of payment. The increase provided for in this Section 3 shall be applied in the same manner as provided for in Section 1 hereof.

Section 4 — Fourth General Wage Increase

Effective July 1, 2013 all hourly, daily, weekly and monthly rates of pay in effect on June 30, 2013 for employees covered by this Agreement shall be increased in the amount of three (3) percent applied so as to give effect to this increase irrespective of the method of payment. The increase provided for in this Section 4 shall be applied in the same manner as provided for in Section 1 hereof.

Section 5 — Fifth General Wage Increase

Effective July 1, 2014 all hourly, daily, weekly and monthly rates of pay in effect on June 30, 2014 for employees covered by this Agreement shall be increased in the amount of three-and-eight-tenths (3.8) percent applied so as to

give effect to this increase irrespective of the method of payment. The increase provided for in this Section 5 shall be applied in the same manner as provided for in Section 1 hereof.

Section 6 — Sixth General Wage Increase

Effective January 1, 2015 all hourly, daily, weekly and monthly rates of pay in effect on December 31, 2014 for employees covered by this Agreement shall be increased in the amount of three (3) percent applied so as to give effect to this increase irrespective of the method of payment. The increase provided for in this Section 6 shall be applied in the same manner as provided for in Section 1 hereof.

ARTICLE II — LUMP SUM PAYMENT

(a) A lump sum payment shall be made to each employee subject to this Agreement who has an employment relationship with the carrier as of the date such lump sum is paid or who has retired or died subsequent to October 31, 2010. Such lump sum shall be paid no later than ninety (90) days after the date of this Agreement. There shall be no duplication of lump sum payments by virtue of employment under an agreement with another organization.

(b) The lump sum amount payable to an eligible employee shall be a lump sum equivalent to 1% of straight time earnings paid to that employee for the twelve month period November 1, 2010 through October 31, 2011, after application of the July 1, 2010 and July 1, 2011 general wage increases provided for in Article I.

ARTICLE III — HEALTH AND WELFARE

Part A — Plan Changes

Section 1 — Continuation of Plans

The Railroad Employees National Health and Welfare Plan (“the Plan”), the Railroad Employees National Dental Plan (“the Dental Plan”), the Railroad Employees National Early Retirement Major Medical Benefit Plan (“ERMA”), and the Railroad Employees National Vision Plan (“the Vision Plan”), modified as provided in this Article with respect to employees represented by the organization and their eligible dependents, will be continued subject to the provisions of the Railway Labor Act.

Section 2 — Plan Design Changes

(a) The Plan’s Managed Medical Care Program (“MMCP”) shall be revised as follows:

(1) There shall be a separate, stand-alone, Annual Deductible for In-Network Services for which a fixed-dollar copayment does not apply. For the six-month period from July 1 through December 31, 2012, inclusive, this Annual Deductible shall be \$100 per individual and \$200 per family. For calendar year 2013, this Annual Deductible shall be \$150 per individual and \$300 per family. Beginning January 1, 2014, this Annual Deductible shall be \$200 per individual per year and \$400 per family per year.

(2) The percentage of Eligible Expenses paid by the Plan for any In-Network Services for which a fixed-dollar copayment does not apply (as defined by procedure code) shall be 95% of the Eligible Expenses that exceed the applicable Annual Deductible provided for in clause (1) above; the amount payable by the employee as a result of this “coinsurance” shall be capped at \$500 per individual and \$1000 per family for the six-month period from July 1 through December 31, 2012, inclusive, and at \$750 per individual and \$1500 per family for calendar year 2013. Beginning January 1, 2014, the amount payable by the employee as the result of this “coinsurance” shall be capped at \$1000 per individual per year and \$2000 per family per year.

(3) The Emergency Room Co-Payment for In-Network Services shall be increased to \$75.00 for each visit, but shall not apply if the visit results in admission to the hospital.

(4) The Urgent Care Center Co-Payment for In-Network Services shall be decreased to \$20.00 for each visit.

(5) In cases where a fixed-dollar copayment of \$20 currently applies to an office visit, the copayment shall be reduced to \$10 if the office is in a “convenient care clinic.” A “convenient care clinic” means, for purposes of this Section, a health care facility typically located in a high-traffic retail store, supermarket or pharmacy that provides affordable treatment for uncomplicated minor illness and/or preventative care to consumers.

(6) The Plan shall not cover radiological services performed at a convenient care clinic.

(b) The Plan’s Managed Medical Care Program (“MMCP”) and its Comprehensive Health Care Benefit (“CHCB”) shall both be revised to include:

(1) Participation in a “Radiology Notification Program” (as described in Exhibit B hereto);

(2) Arrangements for covered employees and their covered dependents to receive, on a wholly voluntary basis and without any copayment or coinsurance, the following additional “Centers of Excellence Resource Services” (as described in Exhibit B hereto): Bariatric Resource Services, Cancer Resource Services, and Kidney Resource Services;

(3) Arrangements for covered employees and their covered dependents to receive, on a wholly voluntary basis and without any copayment or coinsurance, the resource services made available under a “Treatment Decision Support Program” (as described in Exhibit B hereto).

(c) The Plan’s Prescription Drug Card and Mail Order Prescription Drug Programs shall be revised as follows:

(1) Prior Authorization by the Plan’s current pharmacy benefit manager (or any successor pharmacy benefit manager) (“PBM”) shall be required, in accordance with such PBM’s Prior Authorization Program then in effect, before any prescription drugs in the therapeutic drug categories shown on Exhibit C hereto as subject to such Program shall be dispensed; provided, however, that no more than a three to five-day supply of such a drug may be dispensed at retail in accordance with the PBM’s Temporary Override Program without Prior Authorization.

(2) Employees and their covered dependents shall be required to adhere to Step Therapy and Quantity/Duration Limits Programs then in effect of the Plan’s PBM with respect to the prescription drugs in the therapeutic drug categories shown on Exhibit C hereto as subject to such Step Therapy Program and/or Quantity/Duration Limits Program, as the case may be.

(3) Employees and their covered dependents may, on a wholly voluntary basis and in accordance with program criteria, participate in the PBM’s Personalized Medicine and/or Generic Rx Advantage Program then in effect.

(d) The Plan’s Prescription Drug Card Program Co-Payments to In-Network Retail Pharmacies per prescription are revised as follows:

(1) Generic Drug — decrease to \$5.00;

(2) Brand Name (Non-Generic) Drug On Program Administrator’s Formulary — increase to \$25.00;

(3) Brand Name (Non-Generic) Drug Not On Program Administrator’s Formulary — increase to \$45.00;

(e) The Plan’s Mail Order Prescription Drug Program Co-Payments per prescription are revised as follows:

(1) Generic Drug — decrease to \$5.00

(2) Brand Name (Non-Generic) Drug on Program Administrator’s Formulary — increase to \$50.00;

(3) Brand Name (Non-Generic) Drug not on Program Administrator’s Formulary — increase to \$90.00.

(f) The design changes contained in this Section shall become effective on July 1, 2012.

Section 3 — Plan Design Changes — ERMA

(a) ERMA’s Prescription Drug Card and Mail Order Prescription Drug Programs shall be revised as follows:

(1) Prior Authorization by ERMA’s current pharmacy benefit manager (or any successor pharmacy benefit manager) (“PBM”) shall be required, in accordance with such PBM’s Prior Authorization Program then in effect, before any prescription drugs in the therapeutic drug categories shown on Exhibit C hereto as subject to such Program shall be dispensed; provided, however, that no more than a three to five-day supply of such a drug may be dispensed at retail in accordance with the PBM’s Temporary Override Program without Prior Authorization.

(2) Retirees and their covered dependents shall be required to adhere to Step Therapy and Quantity/Duration Limits Programs then in effect of ERMA’s PBM with respect to the prescription drugs in the therapeutic drug categories shown on Exhibit C hereto as subject to such Step Therapy Program and/or Quantity/Duration Limits Program, as the case may be.

(3) Retirees and their covered dependents may, on a wholly voluntary basis and in accordance with program criteria, participate in the PBM’s Personalized Medicine and/or Generic Rx Advantage Program then in effect.

(b) The design changes contained in this Section shall become effective on July 1, 2012, and shall apply only to individuals who become eligible for ERMA coverage on or after July 1, 2012.

Part B — Employee Sharing of Cost of H&W Plans

Section 1 — Monthly Employee Cost-Sharing Contributions

(a) Effective January 1, 2010 through December 31, 2011, the employee monthly cost-sharing contribution amount shall be \$200.00.

(b) Effective January 1, 2012, each employee covered by this Agreement shall contribute to the Plan, for each month that his employer is required to make a contribution to the Plan on his behalf for foreign-to-occupation health benefits coverage for himself and/or his dependents, a monthly cost-sharing contribution in an amount equal to the lesser of 15% of the Carriers' Monthly Payment Rate for 2012 or \$200.00.

(c) The employee monthly cost-sharing contributions amount shall be adjusted, effective July 1, 2016, so as to equal the lesser of 15% of the Carrier's Monthly Payment Rate for 2016 or \$230.00, unless otherwise mutually agreed by the parties during negotiations commencing when this Agreement becomes amendable pursuant to Article VI.

(d) For purposes of subsections (b) and (c) above, the "Carriers' Monthly Payment Rate" for any year shall mean one twelfth of the sum of what the carriers' monthly payments to —

- (1) the Plan for foreign-to-occupation employee and dependent health benefits, employee life insurance benefits and employee accidental death and dismemberment insurance benefits,
- (2) the Dental Plan for employee and dependent dental benefits and
- (3) the Vision Plan for employee and dependent vision benefits,

would have been during that year, per non-hospital association road employee, in the absence of any employee contributions to such Plans.

Section 2 — Pre-Tax Contributions

Employee cost-sharing contributions made pursuant to this Part shall be made on a pre-tax basis pursuant to the existing Section 125 cafeteria plan to the extent applicable.

Section 3 — Method of Making Employee Cost-Sharing Contributions

Employee cost-sharing contributions will be made for the employee by the employee's employer. The employer shall deduct the amount of such employee contributions from the employee's wages and retain the amounts so deducted as reimbursement for the employee contributions that the employer had made for the employee.

Part C — Flexible Spending Accounts

The Carriers shall establish and administer a Health Flexible Spending Arrangement (FSA) effective January 1, 2013 (not including a Dependent Care Program) that satisfies the requirements of Section 125 of the Internal Revenue Code (Code) and all other provisions of applicable law and that permits an employee to choose on a pre-tax basis (to the extent allowable under the Code) between receiving his/her wages in full or receiving less than such full wages and applying such wage deduction to medical expense reimbursements permitted by Section 125 of the Code and the regulations thereunder (in an amount no greater than \$2,500.00 per year). Such FSA shall be subject to the following conditions:

(a) There shall be a thirty (30) day grace period immediately following the end of each Plan Year during which unused FSA benefits or contributions remaining at the end of such Plan Year may be reimbursed to employees for qualified medical expenses incurred during the grace period.

(b) Employees will not be able to recover FSA forfeitures, even if the law changes to allow such recovery.

(c) The Carriers may opt to not initiate, or to terminate the FSA as quickly as is allowed by law:

- i. If any change in the law or regulations or any other development or circumstance materially impacts the financial consequences of the FSA to the Carriers; or
- ii. If in any year the "Cadillac Tax" applies.

(d) The Carriers may opt to terminate participation in the FSA of any craft as quickly as is allowed by law if enrollment does not meet 5% of the eligible employee population in the craft for the 2014 Plan Year, or 7.5% of the eligible employee population in the craft for the 2015 Plan Year and succeeding Plan Years.

(e) The FSA will otherwise generally replicate the terms and conditions of the Health FSA of the Railroad Employees National Flexible Benefits Program established April 1, 2005, subject to subsequent changes in applicable law.

Nothing in this section shall preclude any Carrier from establishing its own flexible spending account program for employees covered by this agreement.

ARTICLE IV – JOB RESPONSIBILITY STUDY

(a) Within sixty (60) days after the date of this Agreement, the parties shall establish on a national basis a study committee consisting of four members representing the organization and four members representing the carriers (“Study Committee”). The Study Committee shall promptly establish its operating procedures, including a meeting schedule, by mutual agreement. Each side shall bear the compensation and expenses of its respective representatives, and share equally all expenses incurred in connection with proceedings pursuant to paragraph (c) below.

(b) For the purposes described in paragraph (d) below, the Study Committee shall determine facts in connection with the productivity, technical ability, effort and job responsibilities of Signal Maintenance and Signal Installer positions in a non-binding study, through such means and methods as it deems appropriate.

(c) If the Study Committee cannot reach an agreement over disputed issues of fact pertaining to paragraph (b) above, those issues may be presented for final determination to a neutral fact-finder selected by agreement of the Committee’s members (“Neutral”). The authority of the Neutral shall be confined to finding and setting forth determinative facts of the type described in paragraph (b) above over which the parties could not reach agreement. The Neutral shall have no authority to make any findings, conclusions, or recommendations with respect to possible changes in existing collective bargaining agreements based on the results of the study, which are reserved to the parties pursuant to paragraph (d) below.

(d) The information developed by the Study Committee shall be used solely for the purpose of serving as a basis for a voluntary agreement to resolve the parties’ respective positions and interests in this matter during the term of this Agreement or, absent such agreement, to inform the parties on such matter for formal negotiations in the next bargaining round. Such information shall not be used by either party in handling claims or grievances.

ARTICLE V — SUPPLEMENTAL SICKNESS

The June 22, 1979 Supplemental Sickness Benefit Agreement, as amended by Article IV of the July 1, 2007 BRS National Agreement (Sickness Agreement), shall be further amended as provided in this Article.

Part A – Plan Benefit Adjustments

Section 1 — Adjustment of Plan Benefits

(a) The benefits provided under the Supplemental Sickness Benefit Plan established pursuant to the Sickness Agreement (“SSB Plan”) shall be adjusted as provided in paragraph (b) so as to restore the same ratio of benefits to rates of pay as existed on December 31, 2009 under the terms of that Agreement.

(b) Section 4 of the Sickness Agreement shall be revised as follows:

	<u>Per Hour</u>	<u>Per Month</u>
Class I Employees Earning (as of 12/31/09)	\$24.80 or more	\$4,315.00 or more
Class II Employees Earning (as of 12/31/09)	\$20.47 or more but less than \$24.80	\$3,562.00 or more but less than \$4,315.00
Class III Employees Earning (as of 12/31/09)	Less than \$20.47	Less than \$3,562.00

Basic and Maximum Benefit Amount Per Month

<u>Effective</u>		<u>Basic</u>	<u>RUIA</u>	<u>Maximum</u>
[1/1/10]	Class I	\$1,367.25	\$1,392.00	\$2,642.00
Through	Class II	\$1,241.00	\$1,392.00	\$2,633.00
[6/30/10]	Class III	\$1,129.00	\$1,392.00	\$2,521.00
<u>Effective</u>		<u>Basic</u>	<u>RUIA</u>	<u>Maximum</u>
[7/1/10]	Class I	\$1,436.50	\$1,435.50	\$2,872.00
Through	Class II	\$1,241.00	\$1,435.50	\$2,633.00
[12/31/10]	Class III	\$1,129.00	\$1,435.50	\$2,521.00

<u>Effective</u>		<u>Basic</u>	<u>RUIA</u>	<u>Maximum</u>
[1/1/11]	Class I	\$1,517.50	\$1,435.50	\$2,953.00
Through	Class II	\$1,241.00	\$1,435.50	\$2,633.00
[6/30/11]	Class III	\$1,129.00	\$1,435.50	\$2,521.00
<u>Effective</u>		<u>Basic</u>	<u>RUIA</u>	<u>Maximum</u>
[7/1/11]	Class I	\$1,643.50	\$1,435.50	\$3,079.00
Through	Class II	\$1,241.00	\$1,435.50	\$2,633.00
[12/31/11]	Class III	\$1,129.00	\$1,435.50	\$2,521.00

Combined Benefit Limit

<u>Classification</u>	<u>Maximum Monthly Amount</u>
Class I	\$3,151.00
Class II	\$2,822.00
Class III	\$2,703.00

Section 2 — Further Adjustment of Plan Benefits

- (a) Effective July 1, 2012, the benefits provided under the Plan shall be adjusted so as to restore the same ratio of benefits to rates of pay as existed on the effective date of this Article.
- (b) The benefit adjustment described in Section 2(a) above shall be made effective on each of the following dates: July 1, 2013, July 1, 2014, and January 1, 2015.
- (c) The benefit adjustment described in Section 2(a) above shall be made effective on the date of each general wage increase that becomes effective after January 1, 2015.

ARTICLE VI — GENERAL PROVISIONS

Section 1 — Court Approval

This Agreement is subject to approval of the courts with respect to participating carriers in the hands of receivers or trustees.

Section 2 — Effect of this Agreement

- (a) The purpose of this Agreement is to settle the disputes growing out of the notices served upon the organization by the carriers listed in Exhibit A on or subsequent to November 1, 2009 (including any notices outstanding as of that date), and the notices served by the organization signatory hereto upon such carriers on or subsequent to November 1, 2009 (including any notices outstanding as of that date).
- (b) This Agreement shall be construed as a separate agreement by and on behalf of each of said carriers and their employees represented by the organization signatory hereto, and shall remain in effect through December 31, 2014 and thereafter until changed or modified in accordance with the provisions of the Railway Labor Act, as amended.
- (c) No party to this Agreement shall serve or progress, prior to November 1, 2014 (not to become effective before January 1, 2015), any notice or proposal.
- (d) This Article will not bar management and the organization on individual railroads from agreeing upon any subject of mutual interest.

SIGNED AT WASHINGTON, D.C., THIS ___ DAY OF _____, 201_.

FOR THE PARTICIPATING CARRIERS
LISTED IN EXHIBIT A:

FOR THE EMPLOYEES REPRESENTED
BY THE BROTHERHOOD OF RAILROAD
SIGNALMEN:

Chairman

President

_____, 201_
#1

Mr. W. D. Pickett
President
Brotherhood of Railroad Signalmen
917 Shenandoah Shores Road
Front Royal, VA 22630-6418

Dear Mr. Pickett:

This confirms our understanding with respect to the general wage increases provided for in Article I, Sections 1 and 2 of the Agreement of this date.

The carriers will make all reasonable efforts to pay the retroactive portion of such general wage increases as soon as possible and no later than sixty (60) days after the date of this Agreement.

If a carrier finds it impossible to make such payments by that date, such carrier shall notify you in writing explaining why such payments have not been made and indicating when the payments will be made.

Very truly yours,
A. Kenneth Gradia

_____, 201_
#2

Mr. W. D. Pickett
President
Brotherhood of Railroad Signalmen
917 Shenandoah Shores Road
Front Royal, VA 22630-6418

Dear Mr. Pickett:

This refers to the increase in wages provided for in Sections 1 and 2 of Article I of the Agreement of this date.

It is understood that the retroactive portion of those wage increases shall be applied only to employees who have an employment relationship with a carrier on the date of this Agreement or who retired or died subsequent to June 30, 2010.

Please acknowledge your agreement by signing your name in the space provided below.

Very truly yours,
A. Kenneth Gradia

_____, 201_
#3

Mr. W. D. Pickett
President
Brotherhood of Railroad Signalmen
917 Shenandoah Shores Road
Front Royal, VA 22630-6418

Dear Mr. Pickett:

This confirms our understanding with respect to Article I, Section 6 of the Agreement of this date.

Article I, Section 6 of the Agreement provides for a three (3) percent general wage increase effective January 1, 2015. Article VI, Section 2(c) of the Agreement provides that the parties to the Agreement may serve and progress notices or proposals to amend the Agreement and other existing agreements on or after November 1, 2014 (not effective before January 1, 2015) (“2015 Bargaining Notices”).

This will confirm our understanding that if disposition of the 2015 Bargaining Notices is referred to any third party (including but not limited to a Presidential Emergency Board or arbitration board), this Letter may be provided to such body to confirm the parties’ mutual understanding that Article I, Section 6 was intended to constitute a complete resolution of the compensation adjustment issue for calendar year 2015.

Please acknowledge your agreement by signing your name in the space provided below.

Very truly yours,
A. Kenneth Gradia

_____, 201_
#4

Mr. W. D. Pickett
President
Brotherhood of Railroad Signalmen
917 Shenandoah Shores Road
Front Royal, VA 22630-6418

Dear Mr. Pickett:

This confirms our understanding with respect to Article III, Part A, Sections 2(c)(1) & (2) of the Agreement of this date. The prescription drug management rules identified in the aforementioned provisions of the Agreement are those that have been recommended by the Plan’s current pharmacy benefit manager, Medco Health Solutions. The same is true of the therapeutic drug categories listed on Exhibit C to the Agreement; they are the therapeutic drug categories that Medco Health Solutions has recommended be subject to one or more of those rules.

The parties intend that new prescription drug management rules for which there are no existing therapeutic drug categories listed in Exhibit C shall not apply to the Plan unless such application has been (a) recommended by an independent committee of experts generally relied upon by the Plan’s pharmacy benefit manager, (b) such recommendation is also made by the pharmacy benefit manager itself, and (c) the recommendation is accepted and approved by the Plan’s Joint Committee.

Please acknowledge your agreement by signing your name in the space provided below.

Very truly yours,
A. Kenneth Gradia

**CARRIERS REPRESENTED BY THE NATIONAL CARRIERS' CONFERENCE COMMITTEE
IN CONNECTION WITH NOTICES SERVED ON OR AFTER NOVEMBER 1, 2009 BY AND
ON BEHALF OF SUCH CARRIERS UPON THE BROTHERHOOD OF RAILROAD SIGNAL-
MEN, AND NOTICES SERVED ON OR AFTER NOVEMBER 1, 2009 UPON SUCH CARRIERS
BY THE GENERAL CHAIRMEN, OR OTHER RECOGNIZED REPRESENTATIVES OF THE
BROTHERHOOD OF RAILROAD SIGNALMEN.**

**Subject to indicated footnotes, this authorization is co-extensive with notices filed and with
provisions of current schedule agreements applicable to employees represented by the
Brotherhood of Railroad Signalmen.**

- Alton and Southern Railway Company
- The Belt Railway Company of Chicago
- BNSF Railway Company
- Consolidated Rail Corporation
- CSX Transportation, Inc.
 - Atlanta and West Point Railway (former)
 - The Baltimore and Ohio Railroad Company (former)
 - The Baltimore & Ohio Chicago Terminal Railroad Company
 - The Chesapeake and Ohio Railway Company (former)
 - The Chicago and Eastern Illinois Railroad Company (former)
 - Clinchfield Railroad (former)
 - Consolidated Rail Corporation (former)
 - Gainesville Midland Railroad Company
 - Louisville and Nashville Railroad Company (former)
 - Monon Railroad (former)
 - Pere Marquette Railway Company (former)
 - Richmond, Fredericksburg & Potomac Railway Co. (former)
 - Seaboard Coast Line Railroad Company (former)
 - Western Maryland Railway Company (former)
- Indiana Harbor Belt Railroad Company
- The Kansas City Southern Railway Company
 - Kansas City Southern Railway
 - Louisiana and Arkansas Railway
 - MidSouth Rail Corporation
 - Gateway Western Railway
 - SouthRail Corporation
 - The Texas Mexican Railway Company
 - Joint Agency
- Norfolk Southern Railway Company
 - The Alabama Great Southern Railroad Company
 - Central of Georgia Railroad Company
- Northeast Illinois Reg. Commuter R.R. Corp. (METRA) – 1
- Soo Line Railroad Company d.b.a. Canadian Pacific
- Terminal Railroad Association of St. Louis
- Union Pacific Railroad Company

* * * * *

NOTES:

1 — Health & Welfare and Supplemental Sickness only

FOR THE CARRIERS:

FOR THE BROTHERHOOD OF
RAILROAD SIGNALMEN:

_____, 201_
Washington, D.C.

Clinical Support Services¹

Radiology Notification Program (RNS) – Under this program, a radiology notification process is required for participating (network) physicians, health care professionals, facilities and ancillary providers for certain advanced outpatient imaging procedures, prior to performance, with administrative claim denial for failure to provide notification. The program is a prior notification requirement only, not a precertification, preauthorization or medical necessity determination program, and currently applies to the following outpatient advanced imaging procedures: CT, MRI, PET and Nuclear Medicine, including Nuclear Cardiology. These services that take place in an emergency room, observation unit, urgent care center, or during an inpatient stay do not require notification.

The process may require a physician-to-physician discussion, the purpose of which is to engage the ordering physician in a discussion about the use of evidence-based clinical guidelines. However, the final decision authority rests with the ordering physician. This program is invisible to the covered member — non-compliance (i.e., non-notification) will result in an administrative denial of the claim with no balance billing to the patient.

Centers of Excellence (COE) Resource Services – these services are based on the foundation that certain facilities treat patients who consistently achieve favorable clinical outcomes, as demonstrated by reduced hospital lengths of stay and readmission rates, lower infection rates, etc. Programs are typically designed around specific disease states or conditions in which COEs can be clearly identified. The following programs develop national COE networks and specialty nurse resources that provide specific case management interventions:

- Bariatric Resource Services (“BR Services”) — BR Services provides a national Center of Excellence network of bariatric surgery centers and hospitals with an upfront case management component.
- Cancer Resource Services (CRS)/Cancer Support Program (CSP) — This clinical consulting with cancer specialists, combined with an extensive nationwide COE network will deliver clinical and financial value.
- Kidney Resource Services (KRS) — KRS provides a large network of dialysis facilities meeting strict quality outcomes with kidney nurse specialists assisting patients.

Treatment Decision Support (TDS) – These services include enhanced one-to-one coaching for individuals facing potential procedures that have been carefully targeted as having varied treatment practices and inconsistent patient outcomes. TDS normally targets back pain, knee/hip replacement, benign prostate disease, prostate cancer, benign uterine conditions, hysterectomy, breast cancer, coronary artery disease and bariatric surgery.

¹ The actual program names, specific services/processes, and administration will vary by medical vendor.

EXHIBIT C
— Drugs for Coverage Authorization and Step Therapy Rules 1/

Therapeutic Drug Category	Drugs
Specialty Drugs	
Gout Therapy	Uloric® Krystexxa™
Rheumatological (RA Agents)	Actemra® Arava® Cimzia® Enbrel® Humira® Kineret® Orencia® Remicade® Rituxan® Simponi™
Misc Agents	Benlysta® Savella®
Erythroid Stimulants	Aranesp® Epogen® Procrit®
Growth Hormones	Egrifta™ Genotropin® Geref® Humatrope® Increlex™ Iplex™ Norditropin® Nutropin® Omnitrope® Saizen® Serostim® Tev-Tropin,® Zorbitive®
Interferons	Actimmune® Alferon-N® Infergen® Intron-A® Pegasys® Peg-Intron® Roferon®
Interleukins	Arcalyst™ Ilaris®
Multiple Sclerosis Therapy	Amypra™ Avonex® Betaseron® Copaxone® Extavia® Gilenya™ Novantrone® Rebil® Tysabri®
Myeloid Stimulants and Hemostatics	Leukine® Neulasta® Neumega® Neupogen® Nplate™ Promacta®
Vaccines & Misc Immunologicals	Botox® Dysport™ Myobloc™ Xeomin®
Vaccines & Misc Immunologicals (Immune Globulins)	Carimune NF® Flebogamma DIF® Gammagard® Gammagard S-D® Gammaplex® Gamimune- N® Gamunex® Gamunex-C® Hizentra™ Privigen™ Vivaglobin®
Dermatologicals — Psoriasis	Amevive® Stelara®
Cancer Therapy	Afinitor® Avastin® Dacogen™ Erbix® Gleevec® Halaven™ Herceptin® Istodax® Jevtana® Nexavar® Sprycel® Sutent® Tarceva™ Tasigna® Temodar® Torisel™ Tykerb® Vectibix™ Vidaza® Votrient™ Zolanza™ Zytiga™

Therapeutic Drug Category	Drugs
Cancer Therapy (Misc.)	Mozobil™
Cancer Therapy (Misc.)	Xgeva™
Misc Antineoplastic Agents	Arimidex® Aromasin® Femara®
Misc Antineoplastic Agents	Revlimid® Thalomid®
Antivirals (Ribavirin Therapy)	Copegus® Rebetol® Ribatab®
HIV/AIDS Therapy	Selzentry™
RSV Agents	Synaxis®
Parkinson's	Apokyn
Hormone Therapy (Misc.)	Acthar® Gel Sensipar®
Misc Agents	Soliris™
Misc Neurological Therapy	Nuedexta™ Xenazine®
Hormone Therapy (Misc.)	Zavesca®
Hormone Therapy (Misc.)	Vpriv™ Cerezyme®
Hormone Therapy (Misc.)	Samsca™
Hormone Therapy (Misc.)	Kuvan™ Somavert®
Non-Narcotic Pain Relief (Hyaluronic Acid Derivatives)	Euflexxa™ Hyalgan® Orthovisc® Supartz® Synvisc®
Lupus	Benlysta
Hepatitis C	Boceprevir, Telaprevir
Misc. Pulmonary Agents	Beriner® Cinryze™ Kalbitor® Xolair®
Misc. Pulmonary Agents	Cayston® TOBI®
Misc. Pulmonary Agents	Pulmozyme®
Pulmonary Arterial Hypertension	Flolan® Letairis™ Remodulin® Revatio™ Tracleer® Ventavis® Adcirca™ Tyvaso® Veletri®

Therapeutic Drug Category	Drugs
Non Specialty/Traditional Drugs	
Hypnotics	Ambien® Ambien CR™ Butisol® chloral hydrate Dalmane® Doral® Edluar™ Halcion® Lunesta® Nembutal® Prosom® Restoril® Rozerem® Silenor® Sonata® Zolpimist™
Migraine	Alsuma™ Amerge® Axert® Frova® Imitrex® Imitrex Inj® ImitrexNS® Maxalt® MaxaltMLT® Migranal NS® Relpax® Sumavel® Treximet™ Zomig® Zomig ZMT®
Narcolepsy	Nuvigil® Provigil® Xyrem®
Narcotic Pain Relief	Abstral® Actiq® Fentora™ Onsolis™
Non-Narcotic Pain Relief (Misc.)	Cambia™ Lidoderm® Stadol NS® Vimovo™
Dermatologicals — Acne	Solodyn®
Anorexiant/Weight loss	Adipex-P® Bontril® Didrex® Fastin® Tenuate® Xenical®
Hormone Therapy (Select Androgens & Anabolic Steroids)	Androderm® AndroGel® Axiron® Fortesta™ Striant® Testim Gel® , Various anabolic steroids
Nausea	Anzemet® Cesamet™ Emend® Emend Trifold Pack® Kytril® Sancuso ®Zofran® Zofran ODT® Zuplenz®

1/ The Coverage Authorization Program consists of traditional prior authorization, smart prior authorization, step therapy and quantity/dose rules which are based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. These rules are recommended by an outside, independent organization based on information and data specific to the Railroad membership. Each Therapeutic Drug Category has a rule(s) specific to that category.

Preferred Drug Step Therapy 2/		
Therapeutic Drug Category	Preferred Drugs	Targeted Drugs
Proton Pump Inhibitors	Nexium, lansoprazole/ODT, omeprazole, omeprazole sodium bicarbonate, pantoprazole	Aciphex, Dexilant (Kapidex), Prevacid/Susp, Prilosec Oral Susp (brand), Protonix 40mg Susp, Zegerid Packet
Sleep Agents/Hypnotics	zolpidem/ER, zaleplon	Edular, Lunesta, Rozerem, Silenor
Depression	citalopram & other generics	Lexapro, Luvox CR, Pexeva (New users only)
Osteoporosis	Boniva, Fosamax D, alendronate	Actonel (w/CA)
Intranasal Steroids	Nasonex, flunisolide, fluticasone	Beconase AQ, Nasacort/AQ, Omnis, Rhinocort/AQUA, Veramyst
Angiotensin II Receptor Blockers	Diovan/HCT, Micardis/HCT, losartan/HCTZ	Atacand/HCT, Avapro/Avalide, Benicar/HCT, Teveten/HCT
Migraine	Maxalt/MLT, Relpax, naratriptan, sumatriptan	Alsuma, Axert, Frova, Sumavel, Treximet, Zomig/ZMT
Glaucoma	Lumigan, Xalatan (generic)	Travatan, Travatan Z
Growth Hormones (specialty drug)	Genotropin, Humatrope, Norditropin	Nutropin, Nutropin AQ, Saizen
Tumor Necrosis Factor (specialty drug)	Enbrel, Humira	Cimzia, Simponi

2/ Preferred Drug Step Therapy identifies users of non-preferred/non-covered medications and communicates less expensive generic and preferred brand alternatives (when appropriate).