



2017

Relco Locomotives, Inc.
Employee Benefits Guide



At Relco Locomotives, Inc., we are committed to a comprehensive employee benefit program to help our employees stay healthy, feel secure and maintain a work/life balance.

<ul style="list-style-type: none">• Medical• Dental• Vision <p>Stay Healthy</p> 	<ul style="list-style-type: none">• Disability Insurance• Life and Accidental Death and Dismemberment <p>Feeling Secure</p> 
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Who Is Eligible?

Full-time employees, working a minimum of **30** hours per week, and their family members are eligible to enroll in the benefits described in this guide. **Children can remain covered** up to age 26 for all lines of coverage.

When Are You Eligible?

Newly Eligible Employees: Benefits are effective on the 90 days of full-time employment.

Annual Open Enrollment: You may make changes to your benefit elections during your open enrollment **period (January 5-January 12th) for a February 1st effective date.**

Qualified Change in Status: You may make benefit changes within **30 days** of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of dependent, change in residence due to an employment transfer for you or your spouse or change in spouse's benefits or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within **30 days**.

Contact Information

Refer to this list to contact one of your benefit vendors. For general information, contact Human Resources.

MEDICAL

Page # 3

Provider Name: BlueCross BlueShield of IL

Phone Number: 800-541-2767

Web Address: www.bcbsil.com

DENTAL

Page # 4

Provider Name: Guardian

Phone Number: 800-541-7846

Web Address: www.guardiananytime.com

VOLUNTARY VISION

Page # 5

Provider Name: Davis Vision

Phone Number: 800-999-5431

Web Address: www.davis.vision.com/Member/

VOLUNTARY LIFE

Page # 6

Provider Name: MetLife

Phone Number: 800-523-2894

Web Address: www.metlife.com

SHORT TERM DISABILITY

Page # 7

Provider Name: Dearborn

Phone Number: 800-778-2281

Web Address: www.deardornnational.com

LONG TERM DISABILITY

Page # 7

Provider Name: Dearborn

Phone Number: 800- 778-2281

Web Address: www.deardornnational.com

VOLUNTARY ACCIDENT

Page # 8

Provider Name: Transamerica

Phone Number: 800-797-2643

Web Address: www.transamerica.com

EMPLOYEE ASSISTANCE PROGRAM

Page #

Provider Name: WorkLifeMatters

Phone Number: 800-386-7055

User Name: Matters

Password: wlm70101

Web Address: www.ibhworklife.com

THE HORTON GROUP

Tricia Mahoney

Client Service Representative

Customer Service/Billing/Benefit Questions

Phone Number: 1-708-845-3133

Fax Number: 1-708-845-4133

Email Address: tricia.mahoney@thehortongroup.com

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 discrepancy between the Guide 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 your Guide, contact Human Resources.

Medical- BlueCross BlueShield of IL

	NPVC3705		MPSE3X05 Non-Embedded		MPS916025 Non-Embedded	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	PPO		PPO		PPO	
Annual Deductible						
Individual	\$2,500	\$5,000	\$3,500	\$7,000	\$1,500	\$1,500
Family	\$7,500	\$15,000	\$6,850	\$14,000	\$3,000	\$3,000
Out-of-Pocket Maximum (includes copayments, deductibles, coinsurance and Rx copayments)						
Individual	\$5,000	\$10,000	\$5,800	\$11,600	\$3,000	\$3,000
Family	\$12,700	\$25,400	\$6,850	\$23,200	\$6,000	\$6,000
Coinsurance	80%	60%	80%	60%	100%	80%
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Physician Office Services						
Primary Physician Office Visit	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.	100% after Ded.	80% after Ded.
Specialist Physician Office Visit	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.	100% after Ded.	80% after Ded.
Preventive Care	100%	60% after Ded.	100%	60% after Ded.	100%	80% after Ded.
Urgent Care Center Services	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.	100% after Ded.	80% after Ded.
Hospital Services						
Inpatient Stay	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.	100% after Ded.	80% after Ded.
Outpatient Hospital Services	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.	100% after Ded.	80% after Ded.
Emergency Room	\$150 Copay		90% after Ded.		90% after Ded.	
Prescription Drugs						
Retail & Mail Order	Retail/Mail Order	Retail	Retail/Mail Order	Retail	Retail/Mail Order	Retail
Tier 1	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.
Tier 2	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.
Tier 3	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to www.bcbsil.com

Voluntary Dental – Guardian

	Dental Guard 2000	
	In-Network	Out-of-Network
Network	PPO	
Annual Deductible (Does Not Apply To Preventive Services) Individual Family	\$50 \$150	\$50 \$150
Calendar Year Maximum	\$1,000	
Preventive Services Cleanings Oral Exams Sealants X-rays	100%	100%
Basic Services Fillings Simple Extractions Scaling & Root Planing	80%	80%
Major Services Anesthesia Bridges and Dentures Inlays, Onlays, Veneers Perio Surgery Root Canal Single Crowns Surgical Extractions	50%	50%
Orthodontic Services	N/A	

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to www.guardiananytime.com

Voluntary Vision – Davis

Benefits	Frequency	In-Network	Out-of-Network
Network		Davis Vision	
Eye Examination	12 months	100% after \$10 Copay	Reimbursement up to \$50
Standard Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	12 Months	100% after \$25 Materials Copay 100% after \$25 Materials Copay 100% after \$25 Materials Copay 100% after \$25 Materials Copay	Reimbursement up to \$48 Reimbursement up to \$67 Reimbursement up to \$86 Reimbursement up to \$126
Frames	24 Months	80% of amount over \$135	Reimbursement up to \$48
Contact Lenses in Lieu of Eyeglasses Elective Medically Necessary	12 Months	85% of amount over \$135 100% after applicable Copay	Reimbursement up to \$105 Reimbursement up to \$210

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to www.davis.vision.com/Member/

Voluntary Employee, Spouse and Child (ren) Life Insurance – MetLife

Life Benefit	Employee	Spouse	Child(ren)
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments Employee must elect coverage on themselves for spouse to be eligible	Choice of \$5,000 increments 14 days to age 26 Newborn children to age 14 days are not eligible for a benefit. Employee must elect coverage on themselves for child(ren) to be eligible.
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$50,000	\$50,000	\$10,000
Guarantee Issue	\$50,000	\$50,000	\$10,000
Benefit Reduction	35% at age 65 60% at age 70 75% at age 75	Spouse coverage terminates at age 70	N/A
Guarantee Issue is not available if someone is totally disabled			
Portability is available after 12 months of employment in the event of termination. Conversion options are also available in the event of termination.			

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

All Rates are based on the employee's age for employee & spouse
Benefits and premium amounts reflect age reductions

Short Term Disability – Dearborn

Relco Locomotives, Inc. provides and pays for Short Term Disability Insurance. In the event you become disabled from a non-work related injury or sickness, Short Term Disability benefits are provided as a source of income.

Short Term Disability	
Benefit Begins	7 th day of Disability due to Accidental Injury 7 th day of Disability due to Sickness
Benefit Duration	13 weeks
Percentage of Income Replaced	60% of Weekly Earnings
Maximum Benefit	\$400 per week

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Long Term Disability – Dearborn

Relco Locomotives, Inc. provides and pays for Long Term Disability Insurance. In the event you become disabled from a non-work related injury or sickness, Long Term Disability benefits are provided as a source of income.

Long Term Disability	
Benefit Begins	90 calendar days of Disability caused by Sickness or Injury
Benefit Duration	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of monthly earnings
Maximum Benefit	\$5,000 per Month

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Voluntary Accident Insurance – Transamerica



ACCIDENTS HAPPEN.

Wouldn't you like extra protection for your family?

AccidentAdvanceSM
accident insurance

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

Now there's help if you suffer an accident.

Accidents are a part of everyday life, but are you prepared for the added financial burden? If you have a serious accident, you'll want extra cash to cover your increased expenses. Accident insurance pays benefits you can use for medical bills and other out-of-pocket expenses – or for any other purpose, including paying your mortgage or other bills. Your medical coverage may not take care of all of the added expenses you'll have after an accident.

Extended physical therapy benefits, emergency room treatment, and more.

Did you know that 29.5 million visits to the emergency room in a given year will be because of accidents?¹ You'll want your family protected. This policy helps provide protection for you and your insured family every day of the year for covered accidents. Pays benefits for:

- Accident only emergency benefit, including X-rays and physician care received within 96 hours of an accident
- Accident only follow-up visits and physical therapy benefit, which could be important for recovery
- Initial accident only hospitalization benefit, including ambulance and intensive care

These benefits are paid directly to you, not to your doctor or hospital. You can use this money for anything you need. The extra cash can really help you and your family during a difficult time.

Help protect yourself, your spouse, and your eligible dependents.

Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25.

Help offset your major medical deductible

Spouse and Children Coverage Available

Convenient Payroll Deduction

Guarantee Issue Coverage

Competitively Priced Premiums

You Can Keep Coverage If You Change Jobs or Retire

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics, cdc.gov/nchs/tastats/acc-inj.htm.

This is a brief summary of AccidentAdvance, Accident Insurance. Policy form series CPACC100 and CCACC100.

Forms and form numbers may vary, coverage available where approved. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.



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WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:		
Education <ul style="list-style-type: none">▪ Admissions testing & procedures▪ Adult re-entry programs▪ College Planning▪ Financial aid resources▪ Finding a pre-school	Dependent Care & Care Giving <ul style="list-style-type: none">▪ Adoption Assistance▪ Before/after school programs▪ Day Care/Elder Care▪ Elder care▪ In-home services	Legal and financial <ul style="list-style-type: none">▪ Basic tax planning▪ Credit & collections▪ Debt Counseling▪ Home buying▪ Immigration
Lifestyle & Fitness Management <ul style="list-style-type: none">▪ Anxiety & depression▪ Divorce & separation▪ Drugs & alcohol	Working Smarter <ul style="list-style-type: none">▪ Career development▪ Effective managing▪ Relocation	

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

IMPORTANT NOTICES

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your employer's Human Resource

Health Insurance Marketplace Coverage Options

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Women’s Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Protheses and
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

These benefits may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan.

Newborns’ and Mothers’ Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Family and Medical Leave Act (FMLA)

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates because of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

Children’s Health Insurance Program Reauthorization Act of 2009 (CHIP)

Effective April 1, 2009, employees and dependents that are eligible for healthcare coverage under the health plan, but are not enrolled, will be permitted to enroll in the plan if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP.

Individuals must request coverage under the plan within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

CHIPRA allows states to offer eligible low-income children and their families a premium assistance subsidy to help pay for employer-sponsored coverage. If this State offers a premium assistance subsidy, you will be notified in writing of the potential opportunities available for premium assistance in the plan year after model notices are issued.

Your Rights Under USERRA

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g... pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

The U.S. Department of Labor Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>

Health Care Reform

Congress passed the ACA, a significant health care reform law, in March 2010. The ACA is a far-reaching law that affects all aspects of the health care system. Consumers, health care providers, insurance companies and employers are all impacted. The parts of the law that most affect you are described below.

Individual Mandate

Beginning in 2014, the ACA requires most individuals to obtain acceptable health insurance coverage for themselves and their family members or pay a penalty. If you are covered under a health plan offered by your employer, or if you are currently covered by a government program such as Medicare, you can continue to be covered under those programs.

There is a graduated tax penalty, or fee, for individuals who do not obtain health insurance by the time they file their taxes in 2014. While at first the penalty is fairly modest, it substantially increases over the following two years. In addition to the penalty, people without health insurance will still be responsible for 100 percent of the cost of their medical care. The fee schedule over the next three years is as follows:

2015	•\$325 per adult and \$162.50 for each child (up to \$975 for families), or 2 percent of income, whichever is greater
2016	•\$695 per adult and \$347.50 for each child (up to \$2,085 for families), or 2.5 percent of income, whichever is greater
2017	•To be indexed from the 2016 limits and declared annually by the Internal Revenue Service

There are a very limited number of exceptions to the insurance mandate, mainly affecting non-citizens, American Indians, incarcerated individuals, religious objectors and people suffering from poverty or hardship. Exceptions are also available for people with short gaps in coverage of less than three months and for those eligible for an employer-provided plan that operates on a non-calendar year basis.

Health Care Reform

Health Insurance Marketplaces

The ACA calls for the creation of health insurance marketplaces, also known as Affordable Health Insurance Exchanges, for individuals and small businesses to purchase private health insurance. The Exchanges will allow for direct comparisons of private health insurance options on the basis of price, quality and other factors, and will coordinate eligibility for premium tax credits and other affordability programs. The ACA requires the Exchanges to become operational in 2014, with open enrollment set to begin on Oct. 1, 2013. If you can purchase coverage through your employer, you may not need to use the Exchanges. However, uninsured people who want to comply with the individual mandate will be able to use the Exchanges to fulfill their requirement.

Your Employer Provided Insurance Coverage

Under healthcare reform, most large employers are providing coverage that is both meets the minimum value requirements (Bronze or better) and is affordable (single coverage costing less than 9.66% of an employee's W-2 income). Your plan is likely better and cheaper than what the law requires, and you pay your share of premiums through pre-tax deductions, which save you 25-35% or more of your cost. As a result, you are not likely to find you qualify for subsidized coverage in the Exchange marketplaces unless unusual circumstances exist.

Annual Limits and Pre-existing Conditions

As noted earlier, annual dollar limits cannot be placed on coverage for essential health benefits beginning in 2014. Additionally, the ACA compels insurers to cover individuals with pre-existing conditions. Insurance companies cannot turn you down or charge you more because of your condition, nor can they refuse to cover treatment for pre-existing conditions. The only exception is for grandfathered individual health insurance plans—the kind you buy yourself, not through an employer. If you have one of these plans, you can switch to an Exchange plan during open enrollment and get coverage for your condition.

Horton is not providing legal advice or creating an attorney-client relationship by providing the sample notices. Horton is not undertaking to identify all potential liabilities that may arise out of the use of the sample notices. While every effort has been made to provide a complete summary and sampling of required notices, the sample notices are to be used to provide a basic understanding of the subject matter and should not be considered exhaustive. Horton strongly encourages you to seek independent legal counsel regarding the reliability and accuracy of information provided in the sample forms.

Additionally, please note that the enclosed information is Federal-specific. State mandates may also apply.

