Additional Health Coverage is Available for Union Pacific Railroad Employees & Families.

Union Pacific Railroad Employees Health Systems (UPREHS) is pleased to offer Supplemental Health Care benefits for your family.

This supplemental coverage is designed to meet the increasing healthcare costs of railroad families. Supplemental health-care plans are available for employee dependants currently covered by either the Managed Medical Care Program (MMCP) or the Comprehensive Health Care Plan (CHC).

Both the MMCP and CHC plans cover medical services provided to your dependants. The Family Supplemental Plans offer supplemental coverage for your eligible dependants. In both plans (MMCP and CHC), you pay certain costs such as annual deductible, out-of-pocket expenses or co-payments. UPREHS Family Supplemental Plans help provide your family with better coverage by paying these additional costs on allowed charges. Payments are made directly to you.

THERE ARE TWO FAMILY SUPPLEMENTAL HEALTH CARE COVERAGE PLANS AVAILABLE:
1. The UPREHS MMCP Family Supplemental Plan provides supplemental coverage to the Managed Medical Care Program (MMCP).
2. The UPREHS CHC Family Supplemental Plan provides supplemental coverage to the Comprehensive Health Care Plan (CHC).

The MMCP and CHC plans are administered by United HealthCare, Blue Cross Blue Shield or Aetna. Please make sure to select the Family Supplemental Plan that matches your primary coverage. Benefits cannot be paid if the supplemental plan you selected does not process the initial claim.

Contact the UPREHS Customer Service Department for Additional Family Supplemental Plan Information

UPREHS Family Supplemental Plans
PO Box 161020
Salt Lake City, UT 84116-1020
Toll Free - 800-547-0421
Direct Dial - 801-595-4300
www.uphealth.com
Easy Payments for Dependent Coverage
The Supplemental Plan you choose covers eligible dependents and the monthly cost is added to your current payroll deduction for health care.

Participation and Enrollment
Participation and enrollment is voluntary. This plan requires you to be enrolled for a 12-month period beginning January 1 of each year. You will automatically be re-enrolled for a subsequent 12-month period unless you notify UPREHS, in writing, prior to December 1 of each year.

What the UPREHS MMCP Family Supplemental Plan Pays
With the UPREHS MMCP Family Supplemental Plan, co-payments for services performed within the MMCP network are paid by UPREHS up to the Plan maximum. This plan also pays annual individual and/or family deductible amounts up to the annual maximum limit. The UPREHS MMCP Family Supplemental Plan does not pay pharmacy costs or primary plan penalties.

Managed Medical Care Plan Summary

<table>
<thead>
<tr>
<th>National Plan Annual Deductibles*</th>
<th>National Plan Annual Maximum Out of Pocket*</th>
<th>UPREHS Supp. Plan Pays Max of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 / Family</td>
<td>$4,000 / Family</td>
<td>$4,400 / Family</td>
</tr>
</tbody>
</table>

This plan is limited to an annual maximum reimbursement of $2200.00 per individual or $4400.00 per family. This plan requires you to be enrolled for a twelve month period beginning January 1. You will automatically be re-enrolled for subsequent twelve month periods unless you notify UPREHS, in writing, prior to December 1st of each year.

What The UPREHS CHC Family Supplemental Plan Pays
The UPREHS CHC Family Supplemental Plan pays the annual individual and/or family deductible. UPREHS also pays out-of-pocket expenses up to the annual maximum limit. All UPREHS payments are based on allowed charges. The UPREHS CHC Family Supplemental Plan does not pay pharmacy costs or primary plan penalties.

Comprehensive Health Care Plan Summary

<table>
<thead>
<tr>
<th>Filing Claims Is Simple</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your health care claim is submitted to United HealthCare, Blue Cross Blue Shield or Aetna for processing.</td>
</tr>
<tr>
<td>2. You will receive an Explanation of Benefits (EOB) form after processing. The EOB explains how your claim was paid.</td>
</tr>
<tr>
<td>3. Send all pages of the EOB form to:</td>
</tr>
<tr>
<td>UPREHS Family Supplemental Plans</td>
</tr>
<tr>
<td>PO Box 161020</td>
</tr>
<tr>
<td>Salt Lake City, UT 84116-1020</td>
</tr>
<tr>
<td>Please write the employee’s assigned UPREHS member ID number on each EOB.</td>
</tr>
<tr>
<td>5. UPREHS will review the primary plan EOB. Covered amounts will be paid to the enrolled employee.</td>
</tr>
<tr>
<td>6. Claims must be filed with the UPREHS Family Supplemental Plan within one year from the date the claim was processed by the primary insurer.</td>
</tr>
</tbody>
</table>

Eligibility
Persons presently enrolled in either of the Railroad National Health and Welfare plans are eligible for coverage under the corresponding UPREHS Family Supplemental Plan.

What Is Not Covered By The UPREHS Family Supplemental Plans?
- Vision and dental charges and pharmacy co-payments.
- Charges not allowed under the Plans. (Example: If a bill for medical care is $50 but only $40 is allowed under the Plans, the remaining $10 is not paid by the UPREHS Family Supplemental Plan.)
- Payment reductions or denial due to non-compliance with the primary plan(s) or non-covered services.
- Amounts reduced for services performed out of network.

Are Pre-Existing Conditions Covered by The UPREHS Family Supplemental Plans?
Any condition or illness covered by the CHC or MMCP Plan is covered under the UPREHS Supplemental Plans.

Are All Family Members Eligible for Coverage by the UPREHS CHC and MMCP Supplemental Plans?
Any family member entitled to coverage by the CHC or MMCP Plans may be covered under the UPREHS Family Supplemental Plans.

How Will the UPREHS CHC Family Supplemental Plan Work for my Spouse who has Employer-Sponsored Medical Coverage?
The UPREHS Family Supplemental Plan benefits are payable only after all other primary healthcare plans have paid.