

## Benefits at a Glance

Eligible Metro employees have the option to enroll in the following benefit plans. You may make changes to your benefits within 60 days of an eligible change in status or during Annual Enrollment.

### Core Benefit Options

<b>Medical</b>	Plan Options: <ul style="list-style-type: none"><li>• PPO – 80/20% coinsurance plan with copays</li><li>• HRA – HRA funded by Metro to pay first dollar claims before deductible; 90/10% coinsurance once deductible is met</li></ul>
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<b>Dental</b>	Plan Options – both share the same network of dentists: <ul style="list-style-type: none"><li>• Flexible – \$1,000 annual benefit max with in- and out-of-network services</li><li>• Limited – schedule of benefits with in-network dentists only</li></ul>
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<b>Basic Life &amp; AD&amp;D</b>	<ul style="list-style-type: none"><li>• \$50,000 basic term life</li><li>• \$50,000 Accidental Death &amp; Dismemberment insurance</li></ul>
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<b>Pension</b>	<ul style="list-style-type: none"><li>• 10-year vesting for employees hired (and non-vested employees rehired) on/after January 1, 2013 (retiree medical premiums will be indexed based upon total years of credited service)</li><li>• 5-year vesting for employees employed on or between October 1, 2001 and December 31, 2012 who vested before leaving employment</li><li>• 10-year eligibility requirement for medical disability</li><li>• In-line-of-duty injury benefits available</li></ul>
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### Optional Benefits

<b>Vision</b>	Plan Options: <ul style="list-style-type: none"><li>• Basic – eye exam every 12 months; glasses or contacts every 24 months</li><li>• Enhanced – eye exam every 12 months; glasses or contacts every 12 months</li></ul>
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<b>Short-Term Disability</b>	60% of weekly pay; benefit begins once disabled 7 days with maximum of 180 days
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<b>Long-Term Disability</b>	50% of monthly pay; benefit begins once disabled 180 days
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<b>Supplemental Life</b>	Guaranteed coverage for new hires up to \$400,000 with option to increase to \$500,000 upon proof of good health
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<b>Dependent Life</b>	<ul style="list-style-type: none"><li>• Must enroll in Supplemental life to purchase Dependent Life</li><li>• \$10,000 to \$50,000 spouse/domestic partner coverage (proof of good health above \$20,000); \$5,000 each eligible dependent child</li></ul>
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<b>FSA</b>	<ul style="list-style-type: none"><li>• Health Care FSA – annual election up to \$3,300</li><li>• Dependent Care FSA – annual election up to \$7,500</li></ul>
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