

**MEDIATION AGREEMENT**

THIS AGREEMENT, made this 4th day of January, 2012, by and between the participating carriers listed in Exhibit A attached hereto and made a part hereof, and represented by the National Carriers' Conference Committee, and the employees of such carriers shown thereon and represented by the Brotherhood Railway Carmen - Division of Transportation Communications Union/IAM, 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 of employees covered by this Agreement other than freight carmen in effect on the preceding day 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. Rates of pay of freight carmen shall be increased by the money amount of increase in the rates of pay of passenger carmen, so that the money differential existing as of the first increase date between the rates of passenger carmen and the rates of freight carmen will be preserved. 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, above 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 by two-and-one-half (2.5) percent applied in the same manner as provided for in Section 1 hereof and applied so as to give effect to this increase irrespective of the method of payment. Rates of freight carmen shall be increased in the same manner as provided in Section 1 hereof. 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. Rates of freight carmen shall be increased in the same manner as provided in Section 1 hereof. 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. Rates of freight carmen shall be increased in the same manner as provided in Section 1 hereof. 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. Rates of freight carmen shall be increased in the same manner as provided in Section 1 hereof. 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. Rates of freight carmen shall be increased in the same manner as provided in Section 1 hereof. 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 (i) \$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 V.

(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.

## **ARTICLE IV - SUPPLEMENTAL SICKNESS**

The March 29, 1979 Supplemental Sickness Benefit Agreement, as amended by Article V of the October 1, 2007 National BRC-Division of TCU Agreement (Sickness Agreement), shall be further amended as provided in this Article.

### **Section 1 - Adjustment of Plan Benefits**

(a) The benefits provided under the 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 or more
Class II Employees Earning (as of 12/31/09)	\$20.47 or more but less than \$24.80	\$3,562 or more but less than \$4,315
Class III Employees Earning (as of 12/31/09)	Less than \$20.47	Less than \$3,562

Basic and Maximum Benefit Amount Per Month

<u>Classification</u>	<u>Basic</u>	<u>RUIA</u>	<u>Maximum</u>
Class I	\$1,452.00	\$1,392.00	\$2,844
Class II	\$ 1,149.00	\$1,392.00	\$2,541
Class III	\$ 888.00	\$1,392.00	\$2,280

Combined Benefit Limit

<u>Classification</u>	<u>Maximum Monthly Amount</u>
Class I	\$3,051
Class II	\$2,722
Class III	\$2,444

## **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 V - 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, DC, THIS 4<sup>TH</sup> DAY OF JANUARY, 2012.**

**FOR THE PARTICIPATING  
CARRIERS LISTED IN  
EXHIBIT A:**

**FOR THE EMPLOYEES  
REPRESENTED BY THE  
BROTHERHOOD RAILWAY  
CARMEN - DIVISION OF  
TCU/IAM:**

A. Kenneth Bralin

RA Johnson

Stephen Crable

RA Randolotti

Donald E. Emery

John / Fless

**FOR THE EMPLOYEES  
REPRESENTED BY THE  
TRANSPORT WORKERS  
UNION:**

HR Doherty

WR Tamm

Ray E. Murbles

January 4, 2012

#1

Mr. Richard A. Johnson  
General President  
Brotherhood Railway Carmen Division  
TCU/IAM  
3 Research Place  
Rockville, MD 20850

Dear Mr. Johnson:

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



January 4, 2012  
#2

Mr. Richard A. Johnson  
General President  
Brotherhood Railway Carmen Division  
TCU/IAM  
3 Research Place  
Rockville, MD 20850

Dear Mr. Johnson:

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.

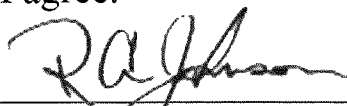
Please acknowledge your agreement by signing your name in the space provided below.

Very truly yours,



A. Kenneth Gradia

I agree:



R.A. Johnson

January 4, 2012

#3

Mr. Richard A. Johnson  
General President  
Brotherhood Railway Carmen Division  
TCU/IAM  
3 Research Place  
Rockville, MD 20850

Dear Mr. Johnson:

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 V, 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.

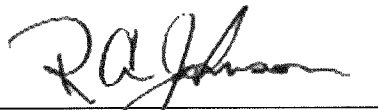
Please acknowledge your agreement by signing your name in the space provided below.

Very truly yours,

*A. Kenneth Gradia*

A. Kenneth Gradia

I agree:

  
\_\_\_\_\_  
R. A. Johnson

January 4, 2012  
#4

Mr. Richard A. Johnson  
General President  
Brotherhood Railway Carmen Division  
TCU/IAM  
3 Research Place  
Rockville, MD 20850

Dear Mr. Johnson:

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

I agree:



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R. A. Johnson

January 4, 2012  
#5

Mr. Richard A. Johnson  
General President  
Brotherhood Railway Carmen Division  
TCU/IAM  
3 Research Place  
Rockville, MD 20850


Dear Mr. Johnson:

This confirms our understanding regarding the Agreement of this date regarding local discussions between the organization and the Soo Line Railroad Company dba Canadian Pacific (“Soo”), regarding certain asserted wage rate disparities between Soo and other carriers involved in national handling.


Upon written request by the organization’s designated representative to Soo, the parties shall commence local discussions regarding those matters on a voluntary and informal basis (i.e., not under Section 6 of the Railway Labor Act). Such discussions shall conclude by the earlier of the date on which a voluntary agreement is reached or December 31, 2012, unless extended by mutual agreement.

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

Very truly yours,

  
A. Kenneth Gradia

I agree:

  
\_\_\_\_\_  
R. A. Johnson

**EXHIBIT A  
(CARMEN)**

**RAILROADS REPRESENTED BY THE NATIONAL CARRIERS' CONFERENCE COMMITTEE IN CONNECTION WITH NOTICES SERVED ON OR SUBSEQUENT TO NOVEMBER 1, 2009 BY AND ON BEHALF OF SUCH CARRIERS UPON THE BROTHERHOOD RAILWAY CARMEN – DIVISION OF TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION, AND NOTICES SERVED ON OR SUBSEQUENT TO NOVEMBER 1, 2009 BY THE GENERAL CHAIRMEN, OR OTHER RECOGNIZED REPRESENTATIVES OF THE BRC-TCIU UPON SUCH CARRIERS.**

**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 Railway Carmen – Division of Transportation-Communications International Union.**

Alton & Southern Railway Company  
The Belt Railway Company of Chicago  
BNSF Railway Company  
Consolidated Rail Corporation - 2  
CSX Transportation, Inc.  
Gary Railway Company - 1  
Indiana Harbor Belt Railroad Company  
The Kansas City Southern Railway Company  
    Kansas City Southern Railway  
    Gateway Western Railway  
    Joint Agency  
    Louisiana and Arkansas Railway  
    MidSouth Rail Corporation  
    SouthRail Corporation  
    The Texas and Mexican Railway Company

New Orleans Public Belt Railroad  
Norfolk Southern Railway Company  
    The Alabama Great Southern Railroad Company  
    Central of Georgia Railroad Company  
    The Cincinnati, New Orleans & Texas Pacific Railway Company  
    Georgia Southern and Florida Railway Company  
    Interstate Railroad Company  
    Tennessee, Alabama and Georgia Railway Company  
    Tennessee Railway Company  
Northeast Illinois Regional Commuter Railroad Corporation (METRA) - 3  
Oakland Terminal Railway  
Port Terminal Railroad Association  
Soo Line Railroad Company d.b.a. Canadian Pacific  
Terminal Railroad Association of St. Louis  
Union Pacific Fruit Express  
Union Pacific Railroad Company  
Western Fruit Express Company

\* \* \* \* \*

**Notes:**

- 1 - Wages and Rules and Health and Welfare only
- 2 - Includes employees represented by the Transport Workers Union of America



3 - Health and Welfare and Supplemental Sickness only

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**FOR THE CARRIERS:**

**FOR THE BROTHERHOOD  
RAILWAY CARMEN – DIVIS-  
ION OF TCU/IAM:**

A. Kenneth Gradia

RA Johnson

**January 4, 2012  
Washington, D.C.**

## **EXHIBIT B**

### **Clinical Support Services**<sup>1</sup>

***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*** – this service 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:

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

- Bariatric Resource Services (BRS) - BRS 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.

**Exhibit C - Drugs for Coverage Authorization and Step Therapy Rules 1/**

Therapeutic Drug Category	Drugs
<b>Specialty Drugs</b>	
<b>Gout Therapy</b>	Uloric <sup>®</sup> Krystexxa <sup>™</sup>
<b>Rheumatological (RA Agents)</b>	Actemra <sup>®</sup> Arava <sup>®</sup> Cimzia <sup>®</sup> Enbrel <sup>®</sup> Humira <sup>®</sup> Kineret <sup>®</sup> Orencia <sup>®</sup> Remicade <sup>®</sup> Rituxan <sup>®</sup> Simponi <sup>™</sup>
<b>Misc Agents</b>	Benlysta <sup>®</sup> Savella <sup>®</sup>
<b>Erythroid Stimulants</b>	Aranesp <sup>®</sup> Epogen <sup>®</sup> Procrit <sup>®</sup>
<b>Growth Hormones</b>	Egrifta <sup>™</sup> Genotropin <sup>®</sup> Geref <sup>®</sup> Humatrope <sup>®</sup> Increlex <sup>™</sup> IPlex <sup>™</sup> Norditropin <sup>®</sup> Nutropin <sup>®</sup> Omnitrope <sup>®</sup> Saizen <sup>®</sup> Serostim <sup>®</sup> Tev-Tropin, <sup>®</sup> Zorbtive <sup>®</sup>
<b>Interferons</b>	Actimmune <sup>®</sup> Alferon-N <sup>®</sup> Infergen <sup>®</sup> Intron-A <sup>®</sup> Pegasys <sup>®</sup> Peg-Intron <sup>®</sup> Roferon <sup>®</sup>
<b>Interleukins</b>	Arcalyst <sup>™</sup> Ilaris <sup>®</sup>
<b>Multiple Sclerosis Therapy</b>	Amypra <sup>™</sup> Avonex <sup>®</sup> Betaseron <sup>®</sup> Copaxone <sup>®</sup> Extavia <sup>®</sup> Gilenya <sup>™</sup> Novantrone <sup>®</sup> Rebif <sup>®</sup> Tysabri <sup>®</sup>
<b>Myeloid Stimulants and Hemostatics</b>	Leukine <sup>®</sup> Neulasta <sup>®</sup> Neumega <sup>®</sup> Neupogen <sup>®</sup> Nplate <sup>®</sup> Promacta <sup>®</sup>
<b>Vaccines &amp; Misc Immunologicals</b>	Botox <sup>®</sup> Dysport <sup>™</sup> Myobloc <sup>™</sup> Xeomin <sup>®</sup>
<b>Vaccines &amp; Misc Immunologicals (Immune Globulins)</b>	Carimune NF <sup>®</sup> Flebogamma DIF <sup>®</sup> Gammagard <sup>®</sup> Gammagard S-D <sup>®</sup> Gammaplex <sup>®</sup> Gamimune-N <sup>®</sup> Gamunex <sup>®</sup> Gamunex-C <sup>®</sup> Hizentra <sup>™</sup> Privigen <sup>™</sup> Vivaglobin <sup>®</sup>
<b>Dermatologicals - Psoriasis</b>	Amevive <sup>®</sup> Stelara <sup>®</sup>

Therapeutic Drug Category	Drugs
<b>Cancer Therapy</b>	Afinitor <sup>®</sup> Avastin <sup>®</sup> Dacogen <sup>™</sup> Erbitux <sup>®</sup> Gleevec <sup>®</sup> Halaven <sup>™</sup> Herceptin <sup>®</sup> Istodax <sup>®</sup> Jevtana <sup>®</sup> Nexavar <sup>®</sup> Sprycel <sup>™</sup> Sutent <sup>®</sup> Tarceva <sup>™</sup> Tassigna <sup>®</sup> Temodar <sup>®</sup> Torisel <sup>™</sup> Tykerb <sup>®</sup> Vectibix <sup>™</sup> Vidaza <sup>®</sup> Votrient <sup>™</sup> Zolinza <sup>™</sup> Zytiga <sup>™</sup>
<b>Cancer Therapy (Misc.)</b>	Mozobil <sup>™</sup>
<b>Cancer Therapy (Misc.)</b>	Xgeva <sup>™</sup>
<b>Misc Antineoplastic Agents</b>	Arimidex <sup>®</sup> Aromasin <sup>®</sup> Femara <sup>®</sup>
<b>Misc Antineoplastic Agents</b>	Revlimid <sup>®</sup> Thalomid <sup>®</sup>
<b>Antivirals (Ribavirin Therapy)</b>	Copegus <sup>®</sup> Rebetol <sup>®</sup> Ribatab <sup>®</sup>
<b>HIV/AIDS Therapy</b>	Selzentry <sup>™</sup>
<b>RSV Agents</b>	Synagis <sup>®</sup>
<b>Parkinson's</b>	Apokyn
<b>Hormone Therapy (Misc.)</b>	Acthar <sup>®</sup> Gel Sensipar <sup>®</sup>
<b>Misc Agents</b>	Soliris <sup>™</sup>
<b>Misc Neurological Therapy</b>	Nuedexta <sup>™</sup> Xenazine <sup>®</sup>
<b>Hormone Therapy (Misc.)</b>	Zavesca <sup>®</sup>
<b>Hormone Therapy (Misc.)</b>	Vpriv <sup>™</sup> Cerezyme <sup>®</sup>
<b>Hormone Therapy (Misc.)</b>	Samsca <sup>™</sup>
<b>Hormone Therapy (Misc.)</b>	Kuvan <sup>™</sup> Somavert <sup>®</sup>
<b>Non-Narcotic Pain Relief (Hyaluronic Acid Derivatives)</b>	Euflexxa <sup>®</sup> Hyalgan <sup>®</sup> Orthovisc <sup>®</sup> Supartz <sup>®</sup> Synvisc <sup>®</sup>
<b>Lupus</b>	Benlysta
<b>Hepatitis C</b>	Boceprevir, Telaprevir

Therapeutic Drug Category	Drugs
<b>Misc. Pulmonary Agents</b>	Berinert <sup>®</sup> Cinryze™ Kalbitor <sup>®</sup> Xolair <sup>®</sup>
<b>Misc. Pulmonary Agents</b>	Cayston <sup>®</sup> TOBI <sup>®</sup>
<b>Misc. Pulmonary Agents</b>	Pulmozyme <sup>®</sup>
<b>Pulmonary Arterial Hypertension</b>	Flolan <sup>®</sup> Letairis™ Remodulin <sup>®</sup> Revatio™ Tracleer <sup>®</sup> Ventavis <sup>®</sup> Adcirca™ Tyvaso <sup>®</sup> Veletri <sup>®</sup>
<b>Non Specialty/Traditional Drugs</b>	
<b>Hypnotics</b>	Ambien <sup>®</sup> Ambien CR™ Butisol <sup>®</sup> chloral hydrate Dalmane <sup>®</sup> Doral <sup>®</sup> Edluar™ Halcion <sup>®</sup> Lunesta <sup>®</sup> Nembutal <sup>®</sup> Prosom <sup>®</sup> Restoril <sup>®</sup> Rozerem <sup>®</sup> Silenor <sup>®</sup> Sonata <sup>®</sup> Zolpimist™
<b>Migraine</b>	Alsuma <sup>®</sup> Amerge <sup>®</sup> Axert <sup>®</sup> Frova <sup>®</sup> Imitrex <sup>®</sup> Imitrex Inj <sup>®</sup> ImitrexNS <sup>®</sup> Maxalt <sup>®</sup> MaxaltMLT <sup>®</sup> Migranal NS <sup>®</sup> Relpax <sup>®</sup> Sumavel <sup>®</sup> Treximet™ Zomig <sup>®</sup> Zomig ZMT <sup>®</sup>
<b>Narcolepsy</b>	Nuvigil <sup>®</sup> Provigil <sup>®</sup> Xyrem <sup>®</sup>
<b>Narcotic Pain Relief</b>	Abstral <sup>®</sup> Actiq <sup>®</sup> Fentora™ Onsolis™
<b>Non-Narcotic Pain Relief (Misc.)</b>	Cambia™ Lidoderm <sup>®</sup> Stadol NS <sup>®</sup> Vimovo™
<b>Dermatologicals - Acne</b>	Solodyn <sup>®</sup>
<b>Anorexiant/Weight loss</b>	Adipex-P <sup>®</sup> Bontril <sup>®</sup> Didrex <sup>®</sup> Fastin <sup>®</sup> Tenuate <sup>®</sup> Xenical <sup>®</sup>
<b>Hormone Therapy (Select Androgens &amp; Anabolic Steroids)</b>	Androderm <sup>®</sup> AndroGel <sup>®</sup> Axiron <sup>®</sup> Fortesta™ Striant <sup>®</sup> Testim Gel <sup>®</sup> , Various anabolic steroids
<b>Nausea</b>	Anzemet <sup>®</sup> Cesamet™ Emend <sup>®</sup> Emend Trifold Pack <sup>®</sup> Kytril <sup>®</sup> Sancuso <sup>®</sup> Zofran <sup>®</sup> Zofran ODT <sup>®</sup> Zuplenz <sup>®</sup>

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.

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