2018 Retiree Medical Enrollment

November 2017

What's inside:

Retiree informational meetings will cover only the medical plans offered to non-Medicare retirees. Retirees with Medicare who have questions about their coverage should contact ***OneExchange*** *at* ***1-855-241-5721***

Annual Enrollment - November 2 to 15

Fermilab provides our retirees with a comprehensive and affordable healthcare benefit program.

This Enrollment Guide focuses on the medical plans offered to Fermilab retirees and their dependents who are **not Medicare eligible.** These retirees and their dependents receive medical and prescription drug coverage in the PPO or HMO plans provided by Blue Cross Blue Shield of Illinois.

Medicare eligible retirees will continue to partner with ***OneExchange*** for medical and prescription drug coverage to supplement Medicare. ***OneExchange*** will mail materials separately to Medicare eligible retirees explaining their options for 2018. If you have questions about this, call ***OneExchange*** directly at **1-855-241-5721.**

Annual Enrollment is your opportunity to make changes to your retiree medical coverage for the upcoming year. **You may change between the HMO and PPO plans. You can drop a dependent, but you may not add any new dependents.** To make a change, complete the enclosed Annual Enrollment form on page 10 and send it to the Fermilab Benefits Office. If you do nothing, your coverage will stay the same in 2018.

What's changing in 2018?

1. **There are NO rate changes.** The 2018 monthly rate will remain the same. See page 3 for monthly rate information.

2. **Prescription drug coverage in the Blue Cross Blue Shield PPO plan will change in 2018. Effective January 1st the PPO plan will use Express Scripts for prescription drug coverage.** Additional details are available on page 4.
   - This does **NOT** apply to the HMO plan.
   - A separate Express Scripts ID card will be issued to all BCBS PPO ID participants mid-December
   - BCBS will reissue medical ID cards without Prime Therapeutics information.
   - Participants should update their pharmacy benefit information with their local pharmacy.
   - For formulary details or retail locations visit www.express-scripts.com/NATPLSBASIC.

Medical Plans

MEDICAL PLAN HIGHLIGHTS	Blue Cross Blue Shield IL PPO		Blue Advantage HMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
CALENDAR YEAR PLAN DEDUCTIBLE (paid once in a calendar year)			
Individual	$500	$750	N/A
Family (maximum)	$1500	$2,250	N/A
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes deductible, medical and prescription drug co-pays)			
Individual	$2,200	$4,150	$1,500
Family (maximum)	$6,600	$12,450	$3,000
PHYSICIAN CHARGES (co-pays apply to the out-of-pocket maximum)			
Primary Care	$30 Co-pay	80% after deductible	$20 Co-pay
Specialist	$40 Co-pay		$30 Co-pay
DIAGNOSTIC X-RAY AND LAB TESTS			
Billed as place of service office	$30 Co-pay	80% after deductible	100%
Billed as place of service hospital	90% after deductible	80% after deductible	100%
HOSPITAL			
Inpatient	90% after deductible	80% after deductible	$250 Co-pay
Emergency Room	90% after deductible		$150 Co-pay
Urgent Care	90% after deductible		$20 Co-pay (In Medical Group)
SURGERY			
Inpatient	90% after deductible	80% after deductible	100%
Outpatient	90% after deductible	80% after deductible	$50 Co-pay
PREVENTIVE SERVICES			
Annual Physical Exam	100%	Not Covered	100%
Immunizations and Inoculations	100%	Not Covered	100%
Routine Eye Exams	Blue 365 discount program	Not Covered	100% every 12 months EyeMed Select
Discounts on Glasses			Frame Allowance every 24 months
MENTAL HEALTH/SUBSTANCE USE			
Office Visits	$30 Co-pay, 100%	80% after deductible	$20 Co-pay, 100%
Hospital Inpatient	90% after deductible	80% after deductible	$250 Co-pay, 100%
PRESCRIPTION DRUGS	**IN-NETWORK (Express Scripts)**	**OUT-OF-NETWORK**	**IN-NETWORK (Prime Therapeutics)**
Generic In-Network	$20 co-pay retail (34 day supply) $40 co-pay mail order (90 days)	80% after $50 deductible	$20 co-pay retail (34 day supply) $40 co-pay mail order (90 days)
Preferred Brand	$40 co-pay retail (34 day supply) $80 co-pay mail order (90 days)	80% after $50 deductible	$40 co-pay retail (34 day supply) $80 co-pay mail order (90 days)
Non-Preferred Brand	$80 co-pay retail (34 day supply) $160 co-pay mail order (90 days)	80% after $50 deductible	$70 co-pay retail (34 day supply) $140 co-pay mail order (90 days)
Specialty Drugs	$150 co-pay (30 day supply)	Not Covered	Contact Prime to review the HMO 2018 drug list & applicable co-pays

2018 Retiree Medical Plan Monthly Rates

Coverage Tier	Blue Advantage HMO	Blue Cross PPO
Single	$ 221.31	$ 235.48
Retiree & Spouse	$ 425.84	$ 475.66
Retiree & Child(ren)	$ 408.19	$ 430.22
Family	$ 633.25	$ 679.36

Your Coverage Tier

Coverage Tier	Description	Effect of Medicare
Single	***One person*** is covered: 1. Retiree only, *or* 2. Spouse only, *or* 3. Child only	No other family members are covered in our plan, or all others have Medicare
Retiree & Spouse	Retiree and spouse	Neither has Medicare
Retiree & Child(ren)	Two or more people – at least one is a child under age 26, such as: 1. Retiree + child(ren) 2. Spouse + child(ren) 3. Two or more children	1. Spouse may have Medicare 2. Retiree may have Medicare 3. Both parents may have Medicare
Family	Retiree, spouse and one or more children	None have Medicare

Frequently Asked Questions:

Q: What are my options during Annual Enrollment?

A: This is your annual opportunity to:

- Review both plan options.
- Change between the HMO and PPO plans.
- Drop a dependent.
- Update contact information. This can be completed anytime throughout the year.

Q: Can I add a dependent during Annual Enrollment?

A: No, the plan does not allow retirees to add dependents to the plan after retirement unless it's a newly acquired dependent. For example: The retiree gets married. The new spouse must be added to the plan within 31 days of the event (marriage).

Do you have questions? Attend an Annual Enrollment Meeting!

Annual Enrollment Meeting Schedule	
Date	**Time & Location**
Fri 11/3	10 a.m. *Zoom web meeting
Mon 11/6	9 a.m. Wilson Hall 2nd floor – Curia II

***Web Meeting on Friday, November 3**

To hear the audio and view the slides, login to both the website and dial into the conference call. To access the **web meeting** go to https://fnal.zoom.us/j/2445358019 To hear the **audio**, dial **1-646-558-8656 access code 2445358019**.

PPO Prescription Drug Coverage Changes

Prescription drug benefit manager in the BCBS IL PPO plan will change in 2018. ***The co-payment amounts will not change.*** This change **does not** impact the **HMO plan**.

Why is the pharmacy benefit manager changing?

- As part of the Fermilab's continuing commitment to offer active employees and retirees competitive, comprehensive and diverse benefits, we conduct regular reviews of our benefit offerings.
- A pharmacy benefit manager (PBM) is a company that administers the prescription drug benefit component of an employer's health plan. A PBM processes and pays for your prescription drug claims, negotiates pricing with the pharmacy manufacturers and assists an employer with managing the prescription benefit.
- Recently, the laboratory completed an extensive evaluation of the pharmacy benefit manager (PBM), focusing on improved service and better costs.
- The evaluation identified opportunities for improvement in both these areas.
- Currently the PPO plan utilizes Prime Therapeutics as the pharmacy benefit manager. Prime Therapeutics is owned by Blue Cross Blue Shield.
- After much research and a competitive bidding process, Express Scripts was chosen as a new pharmacy benefit manager for employees who are enrolled in the PPO Plan.

Why was Express Scripts selected?

- Express Scripts offers Fermilab the best combination of service, network and pricing in the marketplace.
- The lower prescription drug costs projected for 2018 allows Fermilab to offer the same coverage with no cost increase to the retirees or the Laboratory.
- The pharmacy network is broad with many of the national chain stores in network. Express Scripts has 70,000 pharmacies nationally.

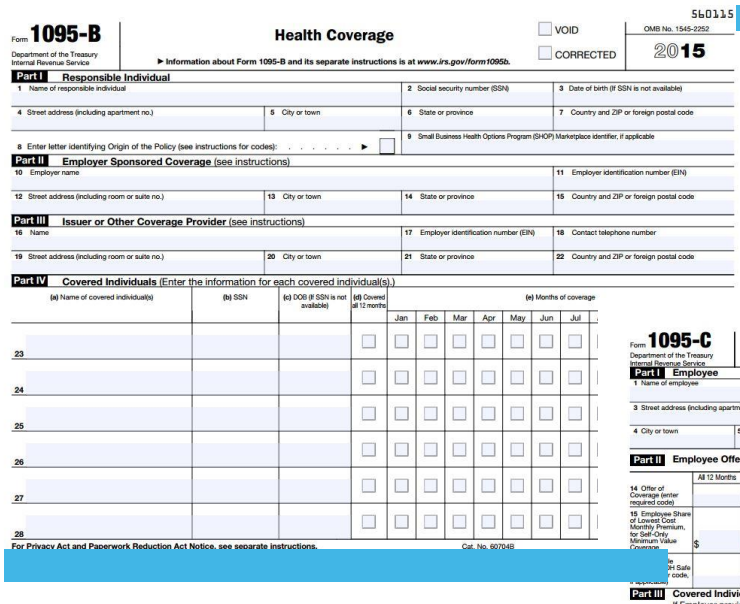
What are my next steps?

- In mid-December PPO plan participants will receive a separate identification card with Express Scripts information on the card. Watch your mailbox for the new ID card.
- BCBS will reissue medical ID cards without Prime Therapeutics information on the card.
- Participants should update their pharmacy benefit information at their next pharmacy visit.
- A formulary list is available at www.express-scripts.com/NATPLSBASIC
- After December 14, retirees may reach out to Express Scripts with any questions at 866-814-7105. Express Scripts will not have retiree specific information until after annual enrollment.
- As a part of the transition Express Scripts will receive all current approved prior authorizations and open refills for mail order prescriptions.

BCBSIL PPO & PPO Premium plans will transition to Express Scripts on January 1, 2018

- Separate Express Script ID cards will be issued to all BCBS PPO ID participants mid-December.
- After receiving the new ID card participants should update their pharmacy benefit information with their local pharmacy.
- For formulary details or retail locations visit **www.express-scripts.com/NATPLSBASIC**

ACA 1095 Reporting – Provided by January 31, 2018



Form **1095-B** Department of the Treasury Internal Revenue Service

Health Coverage

▶ Information about Form 1095-B and its separate instructions is at *www.irs.gov/form1095b.*

VOID CORRECTED OMB No. 1545-2252 **2015**

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Part I Responsible Individual

1 Name of responsible individual | 2 Social security number (SSN) | 3 Date of birth (If SSN is not available)

4 Street address (including apartment no.) | 5 City or town | 6 State or province | 7 Country and ZIP or foreign postal code

8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ | 9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II Employer Sponsored Coverage (see instructions)

10 Employer name | 11 Employer identification number (EIN)

12 Street address (including room or suite no.) | 13 City or town | 14 State or province | 15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name | 17 Employer identification number (EIN) | 18 Contact telephone number

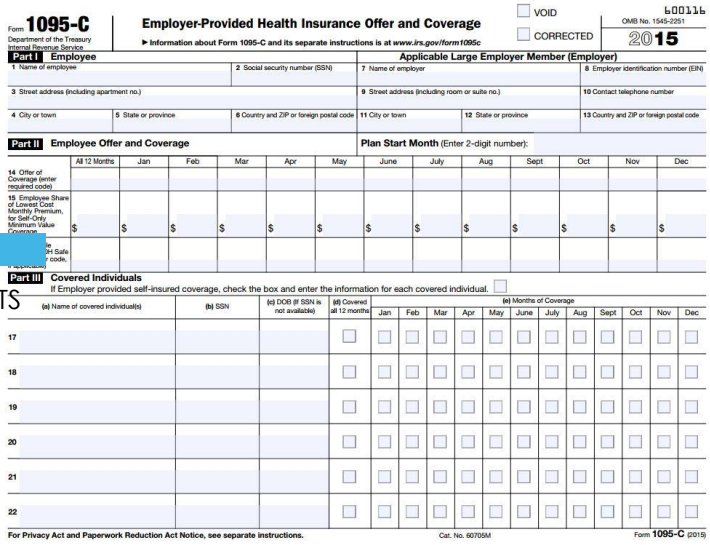
19 Street address (including room or suite no.) | 20 City or town | 21 State or province | 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of coverage Jan	Feb	Mar	Apr	May	Jun	Jul
23											
24											
25											
26											
27											
28											

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B

DO YOUR LEGAL NAME AND SSN MATCH YOUR SOCIAL SECURITY CARD? ENSURE ACCURACY OF FORM 1095, PLEASE VERIFY YOUR INFORMATION AND ANY COVERED DEPENDENTS ON YOUR ENROLLMENT FORM. ACCURATE DATA WILL ELIMINATE ERRORS UPON SUBMISSION.



Form **1095-C** Department of the Treasury Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Information about Form 1095-C and its separate instructions is at *www.irs.gov/form1095c*

VOID CORRECTED OMB No. 1545-2251 **2015**

600116

Part I Employee | Applicable Large Employer Member (Employer)

1 Name of employee | 2 Social security number (SSN) | 7 Name of employer | 8 Employer identification number (EIN)

3 Street address (including apartment no.) | 9 Street address (including room or suite no.) | 10 Contact telephone number

4 City or town | 5 State or province | 6 Country and ZIP or foreign postal code | 11 City or town | 12 State or province | 13 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage | **Plan Start Month** (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage		$	$	$	$	$	$	$	$	$	$	$	$
16 Safe Harbor code,													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17																
18																
19																
20																
21																
22																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2015)

FORM 1095-C WILL BE PROVIDED BY THE BENEFITS OFFICE BY JANUARY 31, 2018

FORM 1095-B WILL BE PROVIDED TO BLUE ADVANTAGE HMO MEMBERS BY BLUE CROSS/BLUE SHIELD OF ILLINOIS DIRECTLY, BY JANUARY 31, 2018

NOTE: YOU WILL RECEIVE A FORM IF YOU WERE IN THE ACTIVE EMPLOYEE OR RETIREE (UNDER 65) PLANS FOR ANY PORTION OF 2017.

Go Mobile – access benefits information via mobile device.

- Are you always on the go? Do you use a mobile device?
- Mobile apps allow you to access the information you need when you need it.
- Blue Access mobile allows secure access to healthcare coverage information, claims status, provider search and ID cards from your mobile device.
- See the instructions on the following pages for details on Blue Access mobile.

2018 Automatic Account Debit Schedule

Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/5/2018	12/22/2017
February	2/9/2018	1/26/2018
March	3/9/2018	2/23/2018
April	4/6/2018	3/23/2018
May	5/11/2018	4/27/2018
June	6/8/2018	5/25/2018

Coverage Month	ACH Debit Date	Deadline to Report Changes
July	7/6/2018	6/22/2018
August	8/10/2018	7/27/2018
September	9/7/2018	8/24/2018
October	10/5/2018	9/21/2018
November	11/9/2018	10/26/2018
December	12/7/2018	11/21/2018

When You Become Medicare Eligible

Fermilab partners with **OneExchange**, a wholly owned subsidiary of Towers Watson to assist Medicare-eligible retirees in making an informed decision about their healthcare coverage. OneExchange will provide retirees with personal support and guidance to help them choose appropriate healthcare plans and enroll in their coverage. Fermilab will provide the retiree and his/her eligible dependent with a **Health Reimbursement Account (HRA), funded with $175 monthly,** per person, to help cover the costs of the plans they choose.

Becoming Eligible for OneExchange and Medicare:

- **Retirees and/or their eligible dependents** will become eligible for both Medicare and the OneExchange program at age 65.
- **OneExchange** will mail a letter to the retiree (or eligible dependent) **6 months prior** to the retiree's 65th birthday encouraging the retiree to make a telephone appointment with a benefit advisor.
- **OneExchange** will mail an enrollment guide and cover letter **3 months prior** to the retiree's 65th birthday (or eligible dependent). The enrollment guide will provide detailed information about next steps.
- **Retirees (or eligible dependent) should enroll in Medicare the first day of the month in which they turn 65.** Retirees and eligible dependents should enroll in Medicare immediately upon becoming eligible because:
  - **Blue Cross Blue Shield will begin paying claims secondary** to Medicare on the first day of the month the retiree becomes Medicare eligible. A retiree (or eligible dependent) who is not enrolled in Medicare will be responsible for paying the portion of any claims Medicare would have paid, had the retiree enrolled timely.
  - **Retirees (or eligible dependent) must be enrolled in Medicare** to join the OneExchange program.
- **Retirees (or eligible dependent) are eligible for the OneExchange program** the first day of the month following the full month after they turn 65. This provides time to select a plan with OneExchange.
  - ***Example***: John Smith is already retired from Fermilab and is enrolled in our PPO plan. John's 65th birthday is February 14, 2018. John will be eligible for the OneExchange program effective April 1, 2018.
  - John's Fermilab group PPO plan coverage will end on March 31, 2018.

Reasons to Use Your Preventive Care Benefits

- Receiving preventive care services and establishing a relationship with a primary care physician is important at all ages.
- Both medical plans cover preventive care services **when utilizing an in-network provider**.
- Patients who maintain a relationship with a primary care physician and receive regular preventive care treatment have fewer emergency rooms visits, fewer hospital stays, and are more likely to lead an active lifestyle as they age.
- You plan to lead an active lifestyle in retirement
- You want to lower your medical costs in retirement
- You want to travel in retirement
- You want to spend time with grandchildren
- Review the adult wellness guidelines from the American Academy of Family Physicians provided by BCBS of IL on the following pages.

Visit the retiree benefits website

Up to date retiree benefits information is accessible from the retiree benefits website located at http://retirees.fnal.gov/. The latest information on 2018 annual enrollment is available on the website. No user ID or password is required.

Benefit Plan Contacts

Product/Plan	Contact	Location	Phone Number	Email/Web Address
Retiree Billing	Theresa Stonehocker	FNAL Accounting	630-840-3770	Tstone11@fnal.gov
Blue Cross Blue Shield of IL PPO PPO (P56727)	Blue Cross/Blue Shield	Customer Service	800-548-1686	www.bcbsil.com
Vision Discount – Blue 365*	EyeMed	Customer Service	800-548-1686	www.bcbsil.com
Prescriptions (BCBS IL PPO) Retail & Mail Order	Express Scripts	Customer Service	866-814-7105	www.express-scripts.com
Blue Advantage HMO (B51346)	Blue Cross/Blue Shield	Customer Service	800-892-2803	www.bcbsil.com
Prescriptions (HMO) Retail Mail Order	Prime Therapeutics Prime Mail or Walgreens	Customer Service	800-423-1973 877-357-7463 800-275-7204	www.myprime.com
Vision Care (HMO Only)	EyeMed	Customer Service	800-892-2803	www.bcbsil.com
401(a) and 403(b) Retirement Savings Plans	Fidelity: 401(a) (88977) 403(b) (501801)	Service Center	800-343-0860	www.netbenefits.com/fermilab
Legacy Retirement Savings Plan Providers	Dreyfus: (B556572238) TIAA-CREF: 401(a) (101300) 403(b) (101301)	Customer Service Customer Service	800-358-0910 800-842-2273	www.dreyfus.com www.tiaa-cref.org
Retiree Medical Medicare eligible retirees Retiree Medical Questions	OneExchange Ann Marie Matthei	Service Center Fermilab Benefits	855-241-5721 630-840-3395	www.medicare.oneexchange.com/fermilab amatthei@fnal.gov

Do you have questions? Attend an Annual Enrollment Meeting!

Annual Enrollment Meeting Schedule	
Date	**Time & Location**
Fri 11/3	10 a.m. *Zoom web meeting
Mon 11/6	9 a.m. Wilson Hall 2nd floor – Curia II

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Legally Required Notices

Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who elect breast reconstruction in connection with a mastectomy. For plan participants and beneficiaries receiving benefits in connection with a mastectomy, plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy. When a covered person receives benefits for a mastectomy and decides to have breast reconstruction, based on consultation between the attending physician and the patient, the medical plan must cover: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce symmetrical appearance; prostheses and physical complications in all stages of mastectomy, including lymphedemas. Coverage of these services is subject to the terms and conditions of your health plan, including your plan's normal co-payment, annual deductibles and coinsurance provisions.

Qualified Changes in Status / Changing Your Pre-Tax Contribution Amount Mid-Year

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation. These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the election-period year. The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment, or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 31 days of the change in status. If you do not notify the Benefits Office within 31 days, you must wait until the next annual enrollment period to make a change. These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to add or drop coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program

Grandfathered Health Plan

Effective January 1, 2014 none of the plans at Fermi Research Alliance, LLC are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act).

Genetic Information Nondiscrimination Act of 2008 (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Primary Care Provider

Blue Cross Blue Shield Blue Advantage HMO Medical Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Blue Cross may designate a primary care provider automatically, until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross at 1-800-892-2803 or www.bcbsil.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Blue Cross or from your primary care provider in order to obtain access to obstetrical or gynecological care from a health care professional in the medical plan network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross at 1-800-892-2803 or www.bcbsil.com.

HIPAA Notice of Special Enrollment Rights

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 towards your or your dependents' other coverage). However, you must request enrollment within 31 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 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Benefits Office.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify the Benefits Office within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided below.

Protecting Your Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. If you would like a copy of the Plan's Notice of Privacy Practices,

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. A list of states that offer these programs and information about how to contact them is available on the Benefits page at **http://wdrs.fnal.gov/benefits/notices.html**

A Summary of Benefits Coverage (SBC) for your current medical plan is enclosed

Fermi National Accelerator Laboratory
Benefits Office
Automatic Withdrawal Authorization Agreement

Type of Agreement - Please Check Box Below:

☐ **New Election** ☐ **Change as of** _____ ☐ **Cancellation**

Name: _____ **Fermilab ID #:** _____
(Please print)

Home Telephone Number: _____ **Last 4 Digits of Social Security Number:** _____
(Please include area code)

I hereby authorize Fermi National Accelerator Laboratory to withdraw funds from my account, for payment of my insurance premiums and, if necessary, make adjustments to correct any errors or to facilitate changes to premium amounts. I understand that this authorization will remain in effect until I provide written notification of modification or termination to Fermi National Accelerator Laboratory. Written notification must be received by Fermilab Benefits Office by the 15th of the month prior to the change effective date. Notification received after the 15th of the month will be processed the following month. I understand that I will be responsible for all non-paid premiums resulting from rejected withdrawals by my financial institution (due to insufficient funds, account closed, etc.) and any service fees incurred as a result of the rejected transaction. I understand that my insurance can be canceled for non-payment of premiums and once cancelled, will not be reinstated.

Signature: _____ Date: _____

Please provide the requested account information below related to the Financial Institution from which you authorize Fermi National Accelerator Laboratory to initiate fund withdrawals and/or initiate withdrawal adjustments.

Financial Institution (Bank Name): _____

City and State (Location of Bank): _____

Type of Account: ☐ Checking ☐ Savings

PLEASE ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION

Return Completed Form to: Fermi National Accelerator Laboratory, Benefits Office
P.O. Box 500, M.S. 126
Batavia, IL 60510
Or fax to (630) 840-5207

FOR PRIVACY REASONS PLEASE DO NOT EMAIL THIS FORM

Benefits Office Use Only

First Deduction Date: _____ Benefit Plan: _____ Amount: $_____

Coverage Level (Non Medicare): ☐ Single ☐ Retiree + Spouse ☐ Retiree + Child(ren) ☐ Family

Accepted by: _____ Date Routed to Accounting: _____

Fax your form to (630) 840-5207 or mail to Benefits Office, PO Box 500 MS 126, Batavia, IL 60510

Fermilab

Fermi Research Alliance (FRA)
Medical Plan for Non-Medicare Eligible Retirees
2018 Annual Enrollment Form

Fermi ID	Retiree Last Name	Retiree First Name	Middle Initial	Home email address

Street Address	City	State, Zip	Home Phone

Retiree Medical Coverage

☐ Plan Change	☐ Coverage Change		☐ No Change
☐ Blue Cross Blue Shield PPO	☐ Single	☐ Retiree + Spouse	
☐ Blue Cross Blue Shield Blue Advantage HMO	☐ Retiree + Child(ren)	☐ Family	

BENEFITS OFFICE USE ONLY

Benefit Program ___RET____ Billing Effective Date _____ Payment Method _____ACH_____

☐ BPPORU (BCBS PPO No MCR)	☐ 0200 (BCBS PPO No MCR)	☐ 1 (Single)	☐ 2 (Retiree + Spouse)
☐ BLADRU (BCBS HMO no MCR)	☐ 0200 (BCBS HMO No MCR	☐ 3 (Retiree + Child(ren)	☐ 4 (Family)

Please provide information below for yourself and your eligible dependents to be covered under the Fermilab Retiree Medical Plan

Name, Last/First/Middle Initial	Gender	Birth Date (mm/dd/yyyy)	Social Security Number	Blue Cross - HMO PCP Name	Blue Cross HMO – Medical Group Number (3 digits)
Self					
*Spouse**					
*Child **					

☐ **I decline coverage** and I understand that I cannot elect coverage at a later date.

Retiree Acknowledgements:

I understand that premiums for my retiree medical coverage will be automatically deducted from my bank account. Completion of an authorization agreement is required. I understand that my coverage will be terminated for non-payment of my premiums.

I understand that my coverage once terminated cannot be reinstated.

I understand that subject to the provisions of the Medicare Secondary Payer Act [42 U.S.C. §1395y (b) (2) (A) (ii) and the terms of the Fermi Research Alliance, LLC Medical Plan for Employees and Retirees, upon my retirement from Fermi Research Alliance, LLC, Medicare becomes the primary payer for all medical claims for me and my covered dependents who are eligible for Medicare. This includes retirees and dependents whose Medicare eligibility is due to age, disability or any other reason. I understand that if I or my covered dependent is eligible for Medicare, it is my responsibility to enroll in Medicare Parts A and B prior to my retirement, and to pay any required premiums. I further understand that the FRA medical plan has no responsibility to pay any medical expenses incurred by me or by my covered dependents for services for which Medicare would have paid except for my failure to timely enroll.

I have been provided a copy of the FRA Summary Plan Description for Active and Retired Employees in electronic format, and understand that if I wish to receive a hard copy, that one will be provided to me.

I understand that FRA reserves the right to amend, modify or terminate the plan at any time.

Signature _____ Date _____

Benefits Office Signature _____ Date _____