

**Fermi Research Alliance, LLC**  
**Retiree Medical Plan Monthly Rates & ACH Schedule**  
**Non-Medicare Eligible Plans**  
**Effective 1/1/2022-12/31/2022**

These rates also apply for Medicare-eligible retirees during transition from date of retirement until effective date of Via Benefits Program.

**Retiree Grandfathered Rate – Retired before January 1, 2020**

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	\$354.46	\$253.98
Retiree & Spouse	\$716.69	\$541.62
Retiree & Child(ren)	\$647.87	\$468.18
Family	\$1,023.42	\$804.78

**Retiree rates if retired on or after January 1, 2020**

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	\$622.70	\$426.47
Retiree & Spouse	\$1,259.05	\$820.61
Retiree & Child(ren)	\$1,138.15	\$786.60
Family	\$1,797.90	\$1,220.29

Coverage Month	ACH Debit Date	Deadline to Report Changes	Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/10/2022	12/31/2021	July	7/8/2022	6/30/2022
February	2/10/2022	1/31/2022	August	8/10/2022	7/31/2022
March	3/10/2022	2/28/2022	September	9/9/2022	8/31/2022
April	4/8/2022	3/31/2022	October	10/10/2022	9/30/2022
May	5/10/2022	4/30/2022	November	11/10/2022	10/31/2022
June	6/10/2022	5/31/2022	December	12/9/2022	11/30/2022

NOTE: It is the intent of FRA/Fermilab to continue to provide the benefit plans described in the Summary Plan Descriptions. However, they reserve the right to amend, modify, or terminate any or all of the plans at any time in their sole discretion.

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