

Fermi Research Alliance, LLC
Retiree Medical Plan Monthly Rates & ACH Schedule
Non-Medicare Eligible Plans
Effective 1/1/2023-12/31/2023

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	\$369.26	\$265.09
Retiree & Spouse	\$746.29	\$510.09
Retiree & Child(ren)	\$674.51	\$488.95
Family	\$1,065.60	\$758.53

Retiree rates if retired on or after January 1, 2020

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	\$648.70	\$465.71
Retiree & Spouse	\$1,311.05	\$896.11
Retiree & Child(ren)	\$1,184.95	\$858.97
Family	\$1,872.00	\$1,332.56

Coverage Month	ACH Debit Date	Deadline to Report Changes	Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/10/2023	12/31/2022	July	7/10/2023	6/30/2023
February	2/10/2023	1/31/2023	August	8/10/2023	7/31/2023
March	3/10/2023	2/28/2023	September	9/11/2023	8/31/2023
April	4/10/2023	3/31/2023	October	10/10/2023	9/30/2023
May	5/10/2023	4/30/2023	November	11/10/2023	10/31/2023
June	6/12/2023	5/31/2023	December	12/11/2023	11/30/2023

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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