

**Fermi Research Alliance, LLC
 Retiree Medical Plan Monthly Rates & ACH Schedule
 Non-Medicare Eligible Plans
 Effective 1/1/2024-12/31/2024**

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	\$374.73	\$290.01
Retiree & Spouse	\$757.35	\$558.04
Retiree & Child(ren)	\$684.51	\$534.91
Family	\$1,081.39	\$829.84

Retiree rates if retired on or after January 1, 2020

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	\$658.31	\$509.48
Retiree & Spouse	\$1,330.48	\$980.34
Retiree & Child(ren)	\$1,202.51	\$939.71
Family	\$1,899.74	\$1,457.82

Coverage Month	ACH Debit Date	Deadline to Report Changes	Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/10/2024	12/31/2023	July	7/10/2024	6/30/2024
February	2/12/2024	1/31/2024	August	8/12/2024	7/31/2024
March	3/11/2024	2/28/2024	September	9/10/2024	8/31/2024
April	4/10/2024	3/31/2024	October	10/10/2024	9/30/2024
May	5/10/2024	4/30/2024	November	11/12/2024	10/31/2024
June	6/10/2024	5/31/2024	December	12/10/2024	11/30/2024

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.

Document: AE Cost Sheet Retiree	Document #: BEN-AE-RET-002	Issue date: 10/01/2009	Revision #: 002	Revision date: 10/8/2023
This document is uncontrolled when printed. The current version is maintained on the WDRS website.				