

Fermilab
Retiree Medical Plan Monthly Rates & ACH Schedule
Non-Medicare Eligible Plans
Effective 1/1/2025-12/31/2025

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	\$401.36	\$301.91
Retiree & Spouse	\$811.17	\$580.92
Retiree & Child(ren)	\$733.15	\$556.84
Family	\$1,158.24	\$863.86

Retiree rates if retired on or after January 1, 2020

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	\$705.09	\$530.37
Retiree & Spouse	\$1,425.03	\$1,020.54
Retiree & Child(ren)	\$1,287.96	\$978.24
Family	\$2,034.75	\$1,517.59

Coverage Month	ACH Debit Date	Deadline to Report Changes	Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/10/2025	12/31/2024	July	7/10/2025	6/30/2025
February	2/10/2025	1/31/2025	August	8/11/2025	7/31/2025
March	3/10/2025	2/28/2025	September	9/10/2025	8/31/2025
April	4/10/2025	3/31/2025	October	10/10/2025	9/30/2025
May	5/12/2025	4/30/2025	November	11/10/2025	10/31/2025
June	6/10/2025	5/31/2025	December	12/10/2025	11/30/2025

NOTE: It is the intent of 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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