Fermi Forward Discovery Group, LLC
COBRA Monthly Deductions
Rates Effective 1/1/2026 – 12/31/2026

Medical costs are not applicable if electing Retiree medical coverage.

Coverage Tier	Blue Advantage HMO	BCBSIL PPO	BCBSIL PPO HDHP (no banking)	DELTA Dental High	DELTA Dental Low	EyeMed
Single	$944.63	$1,196.69	$1,032.43	$47.67	$38.81	$9.39
Employee & Spouse	$1,817.66	$2,418.57	$2,085.22	$95.35	$77.63	$17.83
Employee & Child(ren)	$1,742.31	$2,185.94	$1,886.18	$110.39	$83.30	$18.77
Family	$2,702.94	$3,453.40	$2,978.56	$168.62	$128.17	$27.59

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. [FFDG-HR-BEN-10/2025]