Fermi Forward Discovery Group, LLC
Retiree Medical Plan Monthly Rates and ACH Schedule
Effective 1/1/2026 – 12/31/2026

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

Retiree Grandfathered Rate – Retired before January 1, 2020

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	$434.09	$342.66
Retiree & Spouse	$877.33	$659.35
Retiree & Child(ren)	$792.94	$632.02
Family	$1,252.70	$980.48

Retiree rates if retired on or after January 1, 2020

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	$762.60	$601.97
Retiree & Spouse	$1,541.25	$1,158.31
Retiree & Child(ren)	$1,393.00	$1,110.30
Family	$2,200.69	$1,722.46

2026 ACH Schedule

Coverage Month	*ACH Debit Date*	*Deadline to Report Changes*		*Coverage Month*	*ACH Debit Date*	*Deadline to Report Changes*
January	1/12/2026	12/31/2025		**July**	7/10/2026	6/30/2026
February	2/10/2026	1/31/2026		**August**	8/10/2026	7/31/2026
March	3/10/2026	2/28/2026		**September**	9/10/2026	8/31/2026
April	4/10/2026	3/31/2026		**October**	10/13/2026	9/30/2026
May	5/11/2026	4/30/2026		**November**	11/10/2026	10/31/2026
June	6/10/2026	5/31/2026		**December**	12/10/2026	11/30/2026

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]