2026 Retiree Medical Enrollment

Annual Enrollment: October 29 – November 12, 2025

Fermilab Managed by Fermi Forward Discovery Group for the U.S. Department of Energy Office of Science

U.S. DEPARTMENT of ENERGY FermiFORWARD

2026 Retiree Medical Enrollment

October 2025

What's inside:

Non-Medicare retirees who have questions can contact benefitsoffice@fnal.gov or (630) 840-5055. Retirees with Medicare who have questions about their coverage should contact ***Via Benefits*** *at* ***1-855-241-5721***

Annual Enrollment - October 29 to November 12

Fermilab provides our retirees with a comprehensive and competitive healthcare benefit program.

This **Enrollment Guide** focuses on the medical plans offered to Fermilab retirees and their dependents who are **not Medicare eligible.** These retirees and their dependents receive medical and prescription drug coverage in the PPO or HMO plans provided by Blue Cross Blue Shield of Illinois. Note that prescription drug coverage in the PPO plan is with Express Scripts.

Medicare eligible retirees will continue to partner with ***Via Benefits*** for medical and prescription drug coverage to supplement Medicare. ***Via Benefits*** will mail materials separately to Medicare eligible retirees and their dependents explaining their options for 2026 If you have questions about this, call ***Via Benefits*** directly at **1- 855-241-5721.**

Annual Enrollment is your opportunity to make changes to your retiree medical coverage for the upcoming year. **You may change between the HMO and PPO plans. You can drop a dependent, but you may not add any new dependents.** To make a change, complete the enclosed Annual Enrollment form on page 12 and send it to the Fermilab Benefits Office. If you do nothing, your coverage will stay the same in 2026. If you or your dependent are becoming Medicare eligible in 2026, please refer to page 6 of the guide for more information about the process or transitioning to Via Benefits.

What's happening in 2026?

1. **Medical plan rates are increasing.** Rate increases are dictated by several factors including claims experience, projected experience, population demographics and health care inflation. The 2026 retiree medical plan rates are on page 3.

2. **PPO Plan only –** Retirees enrolled in the PPO plan must purchase maintenance medications in a 90-day supply through Express Scripts Mail Order service or at a Walgreens retail location. See page 4 for details. PPO retirees can also refer to page 9 for an Express Scripts mobile app overview.

3. **PPO Plan only – Teladoc – Diabetes supplies at no cost.** See page 8 for details.

Medical Plans

MEDICAL PLAN HIGHLIGHTS	Blue Cross Blue Shield IL PPO		Blue Advantage HMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
CALENDAR YEAR PLAN DEDUCTIBLE (paid once in a calendar year)			
Individual	$600	$1,000	N/A
Family (maximum)	$1,650	$2,500	N/A
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes deductible, medical and prescription drug co-pays)			
Individual	$3,500	$5,520	$1,500
Family (maximum)	$7,200	$10,800	$3,000
PHYSICIAN CHARGES (co-pays apply to the out-of-pocket maximum)			
Primary Care	$30 Co-pay	80% after deductible	$20 Co-pay
Telehealth via MDLIVE	$15 Copay		N/A
Specialist	$40 Co-pay		$30 Co-pay
DIAGNOSTIC X-RAY AND LAB TESTS			
Billed as place of service office	$30 Co-pay	80% after deductible	100%
Billed as place of service hospital	80% after deductible	80% after deductible	100%
HOSPITAL			
Inpatient	80% after deductible	80% after deductible	$250 Co-pay
Emergency Room	80% after deductible		$150 Co-pay
Urgent Care	80% after deductible		$20 Co-pay (In Medical Group)
SURGERY			
Inpatient	80% after deductible	80% after deductible	100%
Outpatient	80% after deductible	80% after deductible	$50 Co-pay
PREVENTIVE SERVICES			
Annual Physical Exam	100%	Not Covered	100%
Immunizations and Inoculations	100%	Not Covered	100%
Routine Eye Exams	Blue 365 discount program	Not Covered	100% every 12 months EyeMed Select
Discounts on Glasses			Frame Allowance every 24 months
MENTAL HEALTH/SUBSTANCE USE			
Office Visits	$30 Co-pay, 100%	80% after deductible	$20 Co-pay, 100%
Telehealth via MDLIVE	$15 Co-pay, 100%	N/A	N/A
Hospital Inpatient	80% after deductible	80% after deductible	$250 Co-pay, 100%
PRESCRIPTION DRUGS	**IN-NETWORK (Express Scripts)**	**OUT-OF-NETWORK**	**IN-NETWORK (Prime Therapeutics)**
Generic In-Network	$20 co-pay retail (34-day supply) $40 co-pay mail order (90 days)	80% after $50 deductible	$20 co-pay retail (34 day supply) $40 co-pay mail order (90 days)
Preferred Brand	$40 co-pay retail (34-day supply) $80 co-pay mail order (90 days)	80% after $50 deductible	$40 co-pay retail (34 day supply) $80 co-pay mail order (90 days)
Non-Preferred Brand	$80 co-pay retail (34-day supply) $160 co-pay mail order (90 days)	80% after $50 deductible	$70 co-pay retail (34 day supply) $140 co-pay mail order (90 days)
Specialty Drugs	$150 co-pay (30-day supply)	Not Covered	$70 co-pay

2026 Retiree Medical Plan Monthly Rates

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

On or after 1/1/2020 Coverage Tier	Blue Advantage HMO	Blue Cross PPO
Single	$ 601.97	$ 762.60
Retiree & Spouse	$ 1,158.31	$ 1,541.25
Retiree & Child(ren)	$ 1,110.30	$ 1,393.00
Family	$ 1,722.46	$ 2,200.69

Your Coverage Tier

Coverage Tier	Description	Effect of Medicare
Single	***One person*** is covered: 1. Retiree only, *or* 2. Spouse only, *or* 3. Child only	No other family members are covered in our plan, or all others have Medicare
Retiree & Spouse	Retiree and spouse	Neither has Medicare
Retiree & Child(ren)	Two or more people – at least one is a child under age 26, such as: 1. Retiree + child(ren) 2. Spouse + child(ren) 3. Two or more children	1. Spouse may have Medicare 2. Retiree may have Medicare 3. Both parents may have Medicare
Family	Retiree, spouse and one or more children	None have Medicare

Frequently Asked Questions:

Q: What are my options during Annual Enrollment?

A: This is your annual opportunity to:

- ☐ Review both plan options.
- ☐ Change between the HMO and PPO plans.
- ☐ Drop a dependent.
- ☐ Update contact information. This can be completed anytime throughout the year by sending an email to: benefitsoffice@fnal.gov.

Q: Can I add a dependent during Annual Enrollment?

A: No, the plan does not allow retirees to add dependents to the plan after retirement unless it's a newly acquired dependent. For example: The retiree gets married. The new spouse must be added to the plan within 31 days of the event (marriage).

Do you have questions regarding 2026 Enrollment?

Contact the Benefits team at:

benefitsoffice@fnal.gov

or
(630) 840-5055
(regular business hours)

Note: Medicare eligible retirees and dependents should direct questions to Via Benefits at 1-855-241-5721

90 – day supply of maintenance medications available at Walgreens for the PPO plan

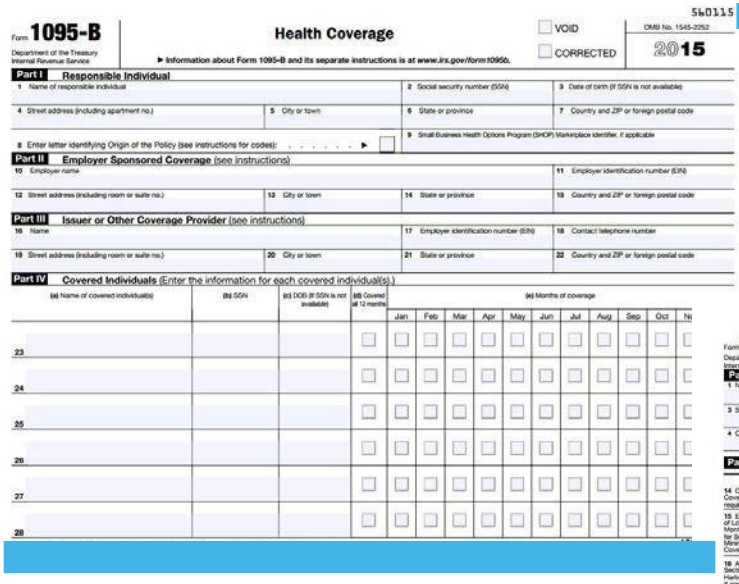
- Blue Cross Blue Shield of Illinois (BCBSIL) PPO plan participants **must purchase maintenance medications in a 90-day supply at Walgreens or via mail order with Express Scripts**.
- Filling a 3-month supply of your long-term medication can help you save time, money and trips to the pharmacy.
- Mail order service through Express Scripts remains as an option at the same benefit coverage level.
- Impacted plan participants will be notified by Express Scripts via letter to the address on file.
- Plan participants will receive two courtesy fills for the incorrect supply amount (34 days instead of 90) or pharmacy (CVS instead of Walgreens).
- Plan participants will receive a letter after each courtesy fill with instructions on the next steps.
- Express Scripts and Walgreens will assist plan participants with converting to a 90-day supply or the transfer of a prescription to Walgreens.
- Express Scripts will assist plan participants to switch to the mail order service if there is no Walgreens close to them.

Medical Plan Rates Update

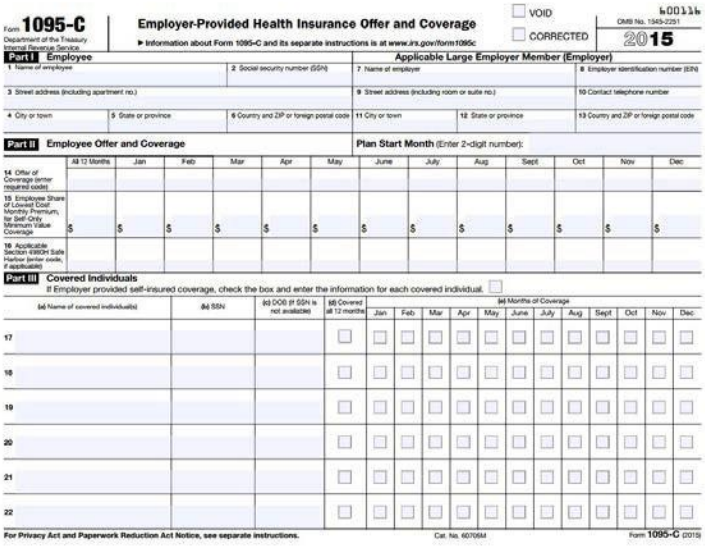
- In August 2019, active Fermilab employees were notified of a change to the retiree healthcare insurance contribution percentage.
- This change impacts employees that retire after January 1, 2020.
- **If you retired prior to 12/31/2019 this does not impact, you or your dependent**. Non-Medicare eligible retirees and covered dependents as of 12/31/2019 were grandfathered at the cost sharing percentage rate in effect in 2019, which averages about 37% of total premium.
- For those who retired after 1/1/2020 Fermilab changed **the percentage** the non-Medicare eligible retiree pays for retiree medical coverage as outlined in the schedule below. **Please note that the 65% cost share effective 1/1/2022 remains the same in 2026 with no future increases planned at this time**.

Retirement Date	Retiree Pays	Grandfathering
Currently retired	37% of premium	Yes, until Medicare eligible
On or before December 31, 2019	37% of premium	Yes, until Medicare eligible
On or after January 1, 2020	50% of premium - cost share effective 1/1/2020	No
	50% of premium - cost share effective 1/1/2021	No
	65% of premium - cost share effective 1/1/2022	No
	65% of premium - cost share effective 1/1/2025	No
	65% of premium - cost share effective 1/1/2026 **No future increases planned at this time.**	No

ACA 1095 Reporting – Provided by March 2, 2026


Form 1095-B Health Coverage
Department of the Treasury Internal Revenue Service
► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.
VOID CORRECTED OMB No. 1545-2252 2015
Part I Responsible Individual
Part II Employer Sponsored Coverage (see instructions)
Part III Issuer or Other Coverage Provider (see instructions)
Part IV Covered Individuals (Enter the information for each covered individual(s).)
(a) Name of covered individual(s) (b) SSN (c) DOB (if SSN is not available) (d) Covered all 12 months (e) Months of coverage Jan Feb Mar Apr May Jun Jul Aug Sep Oct No
23
24
25
26
27
28

DO YOUR LEGAL NAME AND SSN MATCH YOUR SOCIAL SECURITY CARD? ENSURE ACCURACY OF FORM 1095, PLEASE VERIFY YOUR INFORMATION AND ANY COVERED DEPENDENTS ON YOUR ENROLLMENT FORM. ACCURATE DATA WILL ELIMINATE ERRORS UPON SUBMISSION.


Form 1095-C Employer-Provided Health Insurance Offer and Coverage
Department of the Treasury Internal Revenue Service
► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c
VOID CORRECTED OMB No. 1545-2251 2015
Part I Employee Applicable Large Employer Member (Employer)
Part II Employee Offer and Coverage Plan Start Month (Enter 2-digit number):
All 12 Months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
14 Offer of Coverage (enter required code)
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)
Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each covered individual.
(a) Name of covered individual(s) (b) SSN (c) DOB (if SSN is not available) (d) Covered all 12 months (e) Months of Coverage Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
17
18
19
20
21
22
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704M Form 1095-C (2015)

FORM 1095-C WILL BE PROVIDED BY THE BENEFITS OFFICE BY MARCH 2, 2026

FORM 1095-B WILL BE PROVIDED TO BLUE ADVANTAGE HMO MEMBERS BY BLUE CROSS/BLUE SHIELD OF ILLINOIS DIRECTLY, BY MARCH 2, 2026

NOTE: YOU WILL RECEIVE A FORM IF YOU WERE IN THE ACTIVE EMPLOYEE OR RETIREE (UNDER 65) PLANS FOR ANY PORTION OF 2025.

Go Mobile – access benefits information via mobile device.

- □ Are you always on the go? Do you use a mobile device?
- □ Mobile apps allow you to access the information you need when you need it.
- □ Blue Access mobile allows secure access to healthcare coverage information, claims status, provider search and ID cards from your mobile device.
- □ See the instructions on the following pages for details on Blue Access mobile.

2026 Automatic Account Debit Schedule

Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/12/2026	12/31/2025
February	2/10/2026	1/31/2026
March	3/10/2026	2/28/2026
April	4/10/2026	3/31/2026
May	5/11/2026	4/30/2026
June	6/10/2026	5/31/2026

Coverage Month	ACH Debit Date	Deadline to Report Changes
July	7/10/2026	6/30/2026
August	8/10/2026	7/31/2026
September	9/10/2026	8/31/2026
October	10/13/2026	9/30/2026
November	11/10/2026	10/31/2026
December	12/10/2026	11/30/2026

When You Become Medicare Eligible

Fermilab partners with **Via Benefits**, a wholly owned subsidiary of Towers Watson to assist Medicare-eligible retirees in making an informed decision about their healthcare coverage. Via Benefits will provide retirees with personal support and guidance to help them choose appropriate healthcare plans and enroll in their coverage. Fermilab will provide the retiree and his/her eligible dependent with a **Health Reimbursement Account (HRA), funded with $175 monthly,** per person, to help cover the costs of the plans they choose.

Becoming Eligible for Via Benefits and Medicare:

- **Retirees and/or their eligible dependents** will become eligible for both Medicare and the Via Benefits program at age 65.
- **Via Benefits** will mail a letter to the retiree (or eligible dependent) **6 months prior** to the retiree's 65th birthday encouraging the retiree to make a telephone appointment with a benefit advisor.
- **Via Benefits** will mail an enrollment guide and cover letter **3 months prior** to the retiree's 65th birthday (or eligible dependent). The enrollment guide will provide detailed information about next steps.
- **Retirees (or eligible dependents) should enroll in Medicare the first day of the month in which they turn 65.** Retirees and eligible dependents should enroll in Medicare immediately upon becoming eligible because:
  - **Blue Cross Blue Shield will begin paying claims secondary** to Medicare on the first day of the month the retiree becomes Medicare eligible. A retiree (or eligible dependent) who is not enrolled in Medicare will be responsible for paying the portion of any claims Medicare would have paid, had the retiree enrolled timely.
  - **Retirees (or eligible dependents) must be enrolled in Medicare** to join the Via Benefits program.
- **Retirees (or eligible dependent) are eligible for the Via Benefits program** the first day of the month following the full month after they turn 65. This provides time to select a plan with Via Benefits.
  - ***Example***: John Smith is already retired from Fermilab and is enrolled in our PPO plan. John's 65th birthday is February 14, 2026. John will be eligible for the Via Benefits program effective April 1, 2026.
  - John's Fermilab group PPO plan coverage will end on March 31, 2026.

Plan participants will receive diabetes supplies through Teladoc at no cost to the participant.

- Blue Cross Blue Shield of Illinois (BCBSIL) PPO plan participants may purchase diabetes supplies through Teladoc at no cost to the plan participant.
- Participants will receive:
  - An advanced blood glucose meter
  - Unlimited strips and lancets
  - Real-time tips and support from certified diabetes educators.
- The program is accessible at www.teladochealth.com or (800) 835-2362, client registration code FERMILAB.
- This program assists those impacted by diabetes with the cost of the meter and supplies and provides additional support and tools.

Visit the retiree benefits website!

Up to date retiree benefits information is accessible from the retiree benefits website located at https://retirees.fnal.gov. The latest information on 2026 annual enrollment is available on the website. No user ID or password required.

Benefit Plan Contacts

Product/Plan	Contact	Location	Phone Number	Email/Web Address
Retiree Billing	Chrys Lewis	FNAL Accounting	630-840-4369	clewis@fnal.gov
Blue Cross Blue Shield of IL PPO				
PPO (P56727)	Blue Cross/Blue Shield	Customer Service	800-548-1686	www.bcbsil.com
Vision Discount – Blue 365*	EyeMed	Customer Service	800-548-1686	www.bcbsil.com
Telehealth via MDLIVE	MDLIVE	Customer Service	888-676-4204	www.MDLIVE.com/bcbsil.com
Prescriptions (BCBS IL PPO)				
Retail & Mail Order	Express Scripts	Customer Service	866-814-7105	www.express-scripts.com/fermilab www.express-scripts.com
Blue Advantage HMO (B51346)	Blue Cross/Blue Shield	Customer Service	800-892-2803	www.bcbsil.com
Prescriptions (HMO)				
Retail Mail Order	Prime Therapeutics Prime Mail or Walgreens	Customer Service	800-423-1973 877-357-7463 800-275-7204	www.myprime.com
Vision Care (HMO Only)	EyeMed	Customer Service	800-892-2803	www.bcbsil.com
401(a) and 403(b) Retirement Savings Plans	Fidelity: 401(a) (88977) 403(b) (501801)	Service Center	800-343-0860	www.netbenefits.com/fermilab
Legacy Retirement Savings Plan Providers	BNY Mellon (formerly Dreyfus) (B556572238) TIAA-CREF: 401(a) (101300) 403(b) (101301)	Customer Service Customer Service	800-358-0910 800-842-2273	www.dreyfus.com www.tiaa.org
Retiree Medical				
Medicare eligible retirees	Via Benefits	Service Center	855-241-5721	https://my.viabenefits.com
Retiree Medical Questions	Fermilab	Fermilab Benefits	(630) 840-5055	benefitsoffice@fnal.gov

Do you have questions regarding 2025 Enrollment?

Contact the Benefits team at:

benefitsoffice@fnal.gov

or
(630) 840-5055
(regular business hours)

Note: Medicare eligible retirees and dependents should direct questions to Via Benefits at 1-855-241-5721

What is Teladoc Health?

Teladoc Health is a global, virtual, whole person care company offering complete care to help you get well and live well. With thousands of U.S. board-certified providers, chronic condition coaches, dermatologists, therapists, licensed nurses, nutritionists, and specialists, they can provide support, diagnose, recommend treatment, and prescribe medication, if necessary.

Empowering all people everywhere to live their healthiest lives through:

- Preventative and ongoing needs met by virtual Primary Care
- Connected health-monitoring devices and certified health coaches to help manage conditions like diabetes, hypertension, and weight challenges
- 24/7 care for non-emergency conditions like allergies, flu, cough and infections
- Eczema, psoriasis, rashes, acne and other skin conditions
- Depression, anxiety, relationship issues
- Nutrition, wellness consults and more

Teladoc HEALTH

Member registration

Registration and member experience

Multiple ways to join

- Register online: **TeladocHealth.com/Register/FERMILAB**
- Call member support: 1-800-835-2362
- Registration code: FERMILAB

Information gathered

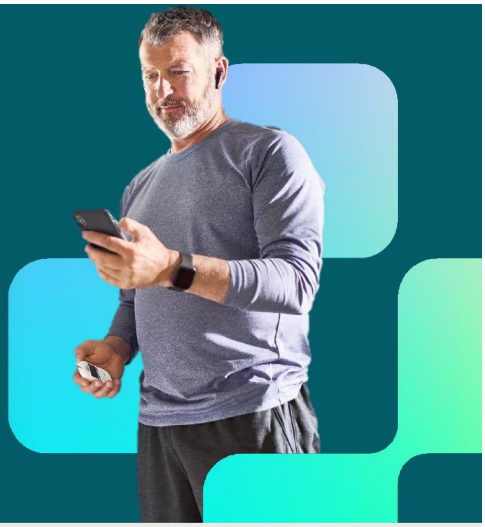
- Personal Information: Name, address, email, password
- Insurance information: Member/health plan ID to validate eligibility
- Health profile: Creates a tailored experience from the start of the program

Teladoc HEALTH

Express Scripts
By EVERNORTH

Go digital

For fast, simple and secure access to your prescription benefits



Resources right within reach

At Express Scripts by Evernorth®, we help you get the right medication for the lowest possible price. Get anywhere, anytime access to your pharmacy benefits with an online account. **Create your account today by registering online – in just 5 clicks and 2 minutes – or through our mobile app.** Then use both to manage your medications 24/7.

Express Scripts' brand evolution

We are refreshing our branding to more closely link to Evernorth Health Services® — a health services organization designed to make the system and people better.[1] Express Scripts is Evernorth's pharmacy benefit service and will continue to help you stress less and save more on your prescription medications.

New look, same trusted service

The brand changes update our look and feel, including our logo and colors. While our branding is evolving, our commitment to serving you never wavers. These changes will not impact the exceptional care or service that you receive now or in the future. We will continue to deliver access to the very best care at the very best value to those we serve.

Ready to create your online account with Express Scripts?

Visit express-scripts.com or scan the QR code to learn more about pharmacy benefits you can depend on, for everyone who depends on you.

Express Scripts
By EVERNORTH

Get started now

Visit **express-scripts.com** to learn more about our pharmacy benefit service, so you can stress less and save more.

Download our mobile app

Use this QR code or search Express Scripts® in your app store.

Download on the App Store | GET IT ON Google Play

Download the app for free, then tap Register Now to get started.

Express Scripts
By EVERNORTH

Fermi National Accelerator Laboratory
Benefits Office
Automatic Withdrawal Authorization Agreement

Type of Agreement - Please Check Box Below:

☐ **New Election** ☐ **Change as of**_____ ☐ **Cancellation**

Name: _____ **Fermilab ID #:** _____
(Please print)

Home Telephone Number: _____ **Last 4 Digits of Social Security Number:** _____
(Please include area code)

I hereby authorize Fermi National Accelerator Laboratory to withdraw funds from my account, for payment of my insurance premiums and, if necessary, make adjustments to correct any errors or to facilitate changes to premium amounts. I understand that this authorization will remain in effect until I provide written notification of modification or termination to Fermi National Accelerator Laboratory. Written notification must be received by Fermilab Benefits Office by the 15th of the month prior to the change effective date. Notification received after the 15th of the month will be processed the following month. I understand that I will be responsible for all non-paid premiums resulting from rejected withdrawals by my financial institution (due to insufficient funds, account closed, etc.) and any service fees incurred as a result of the rejected transaction. I understand that my insurance can be canceled for non-payment of premiums and once cancelled, will not be reinstated.

Signature:_____ Date: _____

Please provide the requested account information below related to the Financial Institution from which you authorize Fermi National Accelerator Laboratory to initiate fund withdrawals and/or initiate withdrawal adjustments.

Financial Institution (Bank Name): _____

City and State (Location of Bank): _____

Type of Account: ☐ Checking ☐ Savings

PLEASE ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION

Return Completed Form to: Fermi National Accelerator Laboratory, Benefits Office
P.O. Box 500, M.S. 126
Batavia, IL 60510
Or fax to (630) 840-5207

FOR PRIVACY REASONS PLEASE DO NOT EMAIL THIS FORM

Benefits Office Use Only

First Deduction Date:_____ Benefit Plan:_____ Amount: $_____

Coverage Level (Non Medicare): ☐ Single ☐ Retiree + Spouse ☐ Retiree + Child(ren) ☐ Family

Accepted by:_____ Date Routed to Accounting: _____

Fax your form to (630) 840-5207 or mail to Benefits Office, PO Box 500 MS 126, Batavia, IL 60510

Legally Required Notices

Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who elect breast reconstruction in connection with a mastectomy. For plan participants and beneficiaries receiving benefits in connection with a mastectomy, plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy. When a covered person receives benefits for a mastectomy and decides to have breast reconstruction, based on consultation between the attending physician and the patient, the medical plan must cover reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce symmetrical appearance; prostheses and physical complications in all stages of mastectomy, including lymphedemas. Coverage of these services is subject to the terms and conditions of your health plan, including your plan's normal co-payment, annual deductibles and coinsurance provisions.

Qualified Changes in Status / Changing Your Pre-Tax Contribution Amount Mid-Year

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation. These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the election-period year. The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment, or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 31 days of the change in status. If you do not notify the Benefits Office within 31 days, you must wait until the next annual enrollment period to make a change. These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to add or drop coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

Grandfathered Health Plan

Effective January 1, 2014, none of the plans at Fermilab are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act).

Genetic Information Nondiscrimination Act of 2008 (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Primary Care Provider

Blue Cross Blue Shield Blue Advantage HMO Medical Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Blue Cross may designate a primary care provider automatically, until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross at 1-800-892-2803 or www.bcbsil.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Blue Cross or from your primary care provider in order to obtain access to obstetrical or gynecological care from a health care professional in the medical plan network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross at 1-800-892-2803 or www.bcbsil.com.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Benefits Office.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify the Benefits Office within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided below.

Protecting Your Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. If you would like a copy of the Plan's Notice of Privacy Practices,

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. A list of states that offer these programs and information about how to contact them is available on the Benefits page at **https://hr.fnal.gov/benefits/legal-notices/.**

Notes

Fermi National Accelerator Laboratory
Medical Plan for Non-Medicare Eligible Retirees and Dependents
Annual Enrollment Form

Fermi ID	Retiree Last Name	Retiree First Name	Middle Initial	Home email address

Street Address	City	State, Zip	Home Phone

Retiree Medical Coverage

Plan Change	Coverage Change		No Change
Blue Cross Blue Shield PPO	Single	Retiree + Spouse	
Blue Cross Blue Shield Blue Advantage HMO	Retiree + Child(ren)	Family	

BENEFITS OFFICE USE ONLY

Benefit Program RET Billing Effective Date _____ Payment Method ACH

BPPORU (BCBS PPO No MCR)	0200 (BCBS PPO No MCR)	1 (Single)	2 (Retiree + Spouse)
BLADRU (BCBS HMO no MCR)	0200 (BCBS HMO No MCR	3 (Retiree + Child(ren)	4 (Family)

Please provide information below for yourself and your eligible dependents to be covered under the Fermilab Retiree Medical Plan

Name, Last/First/Middle Initial	Gender	Birth Date (mm/dd/yyyy)	Last 4 digits of Social Security Number	Blue Cross - HMO PCP Name	Blue Cross HMO – Medical Group Number (3 digits)
Self					
*Spouse**					
*Child **					

I decline coverage and I understand that I cannot elect coverage at a later date.

Retiree Acknowledgements:

I understand that premiums for my retiree medical coverage will be automatically deducted from my bank account. Completion of an authorization agreement is required. I understand that my coverage will be terminated for non-payment of my premiums.

I understand that my coverage once terminated cannot be reinstated.

I understand that subject to the provisions of the Medicare Secondary Payer Act [42 U.S.C. §1395y (b) (2) (A) (ii) and the terms of the Fermilab Medical Plan for Employees and Retirees, upon my retirement from Fermilab, Medicare becomes the primary payer for all medical claims for me and my covered dependents who are eligible for Medicare. This includes retirees and dependents whose Medicare eligibility is due to age, disability or any other reason. I understand that if I or my covered dependent is eligible for Medicare, it is my responsibility to enroll in Medicare Parts A and B prior to my retirement, and to pay any required premiums. I further understand that the FFDG medical plan has no responsibility to pay any medical expenses incurred by me or by my covered dependents for services for which Medicare would have paid except for my failure to timely enroll.

I have been provided a copy of the FFDG Summary Plan Description for Active and Retired Employees in electronic format, and understand that if I wish to receive a hard copy, that one will be provided to me.

I understand that FFDG reserves the right to amend, modify or terminate the plan at any time.

Signature _____ Date _____

Benefits Office Signature _____ Date _____