

**Fermi Forward Discovery Group, LLC
Retiree Medical Plan Monthly Rates and ACH Schedule
Effective 1/1/2027 – 12/31/2027**

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	\$498.28	\$362.88
Retiree & Spouse	\$1,007.05	\$698.25
Retiree & Child(ren)	\$910.19	\$669.30
Family	\$1,437.93	\$1,038.33

Retiree rates if retired on or after January 1, 2020

Coverage Tier	BCBS PPO	BCBS Blue Advantage HMO
Single	\$875.36	\$637.49
Retiree & Spouse	\$1,769.15	\$1,226.65
Retiree & Child(ren)	\$1,598.98	\$1,175.80
Family	\$2,526.10	\$1,824.09

2027 ACH Schedule

Coverage Month	ACH Debit Date	Deadline to Report Changes	Coverage Month	ACH Debit Date	Deadline to Report Changes
January	01/11/2027	12/31/2026	July	07/12/2027	06/30/2027
February	02/10/2027	01/31/2027	August	08/10/2027	07/31/2027
March	03/10/2027	02/28/2027	September	09/10/2027	08/31/2027
April	04/12/2027	03/31/2027	October	10/11/2027	09/30/2027
May	05/10/2027	04/30/2027	November	11/10/2027	10/31/2027
June	06/10/2027	05/31/2027	December	12/10/2027	11/30/2027

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-10/2026]