

# YOUR 2021 RETIREE BENEFITS Enrollment Guide

## It's time to enroll!

It's important to review your choices and determine what coverage makes sense for you and your family. We don't want you to spend more than you have to for health care. Take a look at this guide for the information you need to make the best choice.

### What's staying the same?

- ▶ The plan design for medical and vision coverage will be the same, and your costs for vision coverage will also stay the same.

### What's changing?

- ▶ Your contributions for medical coverage are increasing. Visit [digital.alight.com/BNSF](https://digital.alight.com/BNSF) or call **833-277-8051** for your 2021 rates.
- ▶ The Teladoc copay will increase from \$45 to \$49.
- ▶ Health Savings Account (HSA) maximum contributions are increasing. The maximums for 2021 are \$3,600 for You Only coverage and \$7,200 for Family coverage. (Since you are at least age 55, you can contribute an extra \$1,000 in 2021 as a catch-up contribution.)
- ▶ When you enroll dependents for the first time — whether during Annual Enrollment or as a result of a qualifying family status event — you will be required to provide verification of eligibility within 30 days of notifying Alight of the dependent change.
- ▶ Maximum lifetime benefits for infertility coverage in the BNSF medical options will increase:
  - Medical — from \$2,500 to \$20,000 per person
  - Oral prescription drugs — from \$2,500 to \$5,000

The requirement to have a diagnosis of infertility to access certain benefits has also been removed (subject to pre-authorization by the plan administrator).

### Key Dates for 2021 Annual Enrollment



Annual  
Enrollment  
begins



Annual  
Enrollment  
ends



Changes in  
benefit elections  
become effective

# Medical Plan Basics

For medical coverage, you can choose Option 1 or Option 2.

The chart below shows your basic costs, outside of the monthly contributions, for the medical plan options. Remember, “Family” includes You + Spouse, You + Child(ren) and You + Family coverage, except where specified.

	Option 1		Option 2	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>	This is the amount <b>you pay</b> before you and BNSF share the cost of care. If you cover yourself plus any family members, only the family deductible applies.			
<b>You Only</b>	<b>\$1,500</b>		<b>\$3,000</b>	
<b>Family</b>	<b>\$3,000</b>		<b>\$6,000</b>	
<b>Coinsurance</b>	Once your deductible has been met, you and BNSF share costs.			
	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Out-of-Pocket Maximum</b>	Once your expenses reach a certain amount, BNSF pays 100% of all remaining eligible costs for the rest of the year.			
<b>You Only</b>	<b>\$3,500</b>	<b>\$5,500</b>	<b>\$5,000</b>	<b>\$7,000</b>
<b>Family</b>	<b>\$7,000</b>	<b>\$11,000</b>	<b>\$10,000<sup>1</sup></b>	<b>\$14,000</b>

<sup>1</sup> With Family coverage, there is an individual in-network out-of-pocket maximum of \$8,550.

There can be big differences in quality and cost for a procedure, even among in-network facilities. Looking for a BCBS network hospital that provides high-quality care for specific procedures? On the BCBS website, search for providers that are recognized through the **Blue Distinction Specialty Care** program.

## What happens if you don't enroll?

Your current elections will continue into 2021.

You won't be able to enroll or make changes to your benefits and/or covered dependents during the year unless you experience a qualifying family status event, such as divorce, or birth or adoption of a child. You must notify the BNSF Benefits Center within 31 days of the event to make any changes.

### State-mandated medical coverage

If you live in a state with a state income tax, remember that even though the federal mandate has been eliminated, some states have an individual mandate that requires you to have health coverage or pay a penalty.

### Check your beneficiary designation!

Be sure to log on to [digital.alight.com/BNSF](https://digital.alight.com/BNSF) and verify that your beneficiary designation is up-to-date. If you want to make a change, submit the change online or call the BNSF Benefits Center at **833-277-8051**.

## SurgeryPlus

Need surgery? Don't forget you have access to SurgeryPlus!

It all starts with one phone call to your SurgeryPlus Care Coordinator. The service helps you find board-certified quality surgeons for certain planned procedures, sets up your initial consultation and walks you through each step of the process.

When you let SurgeryPlus coordinate your surgery, you're only responsible for paying your deductible. Once you've paid your deductible, BNSF pays the rest of the cost, including surgeon, anesthesia and facility fees, and inpatient pharmacy medications and diagnostics.

Covered procedures include:

- ▶ Orthopedic
- ▶ Spine
- ▶ Major heart
- ▶ Bariatric
- ▶ Hernia
- ▶ Gall bladder
- ▶ Hysterectomy

# Medical Plan Services

After you meet your deductible, generally both medical plans cover the same services and pay the same percentage when you need care. Here's a quick look at **your share** of the cost when you have a health care expense.

	Option 1 or Option 2	
	In Network	Out of Network <sup>1</sup>
<b>Preventive Care</b>	<b>\$0</b> no deductible	<b>\$0</b> no deductible
<b>Office Visits</b>	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Urgent Care</b>	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Emergency Room<sup>2</sup></b>	<b>20%</b> after deductible	<b>20%</b> after deductible
<b>Hospital Care and Mental Health<sup>3</sup></b>	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Maternity</b>		
<b>Office Visits</b>	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Delivery</b>	<b>20%</b> after deductible	<b>40%</b> after deductible

<sup>1</sup> Out-of-network expenses are paid based on the allowed charge. You are responsible for any amount above the allowed charge, even after you reach your out-of-pocket maximum. There are no out-of-network benefits for bariatric services or dialysis. Certain bariatric services are only covered at a Blue Distinction Center, Blue Distinction Center+ or SurgeryPlus provider.

<sup>2</sup> Non-emergency use of an emergency room could cost more than 20% in network or 40% out of network.

<sup>3</sup> Pre-certification is required for inpatient care.

## Prescription Drug Coverage

Both medical options include prescription drug benefits administered by CVS Caremark. If you choose to use a brand-name drug when a generic is available, you will pay the cost difference (unless the brand name is required by your doctor). The difference does not apply to your deductible or out-of-pocket maximum.

	Option 1 or Option 2	
	In Network	Out of Network
<b>Specific Preventive Drugs<sup>1</sup></b>	<b>No deductible</b> You pay the copay or coinsurance amount shown below	
<b>Retail (up to a 34-day supply)</b>	After you meet your medical deductible, you pay:	After you meet your medical deductible, you pay the amount below <b>plus any difference between the actual out-of-network charge and the amount that would have been charged by an in-network pharmacy:</b>
<b>Generic</b>	<b>\$7.50</b> (or actual cost, if less)	<b>\$7.50</b> (or actual cost, if less)
<b>Preferred Brand</b>	<b>25%</b> of the cost (\$30 minimum, \$120 maximum)	<b>25%</b> of the cost (\$30 minimum, \$120 maximum)
<b>Non-preferred Brand<sup>2</sup></b>	<b>40%</b> of the cost (\$50 minimum, \$150 maximum)	<b>40%</b> of the cost (\$50 minimum, \$150 maximum)
<b>Mail Order or CVS Pharmacy (up to a 90-day supply)</b>	After you meet your medical deductible, you pay:	Not covered
<b>Generic</b>	<b>\$15</b> (or actual cost, if less)	
<b>Preferred Brand</b>	<b>25%</b> of the cost (\$60 minimum, \$240 maximum)	
<b>Non-preferred Brand<sup>2</sup></b>	<b>40%</b> of the cost (\$100 minimum, \$300 maximum)	
<b>Specialty (Caremark's Specialty Drug List)</b>	After you meet your medical deductible, you pay:	Not covered
<b>Up to a 30-Day Supply</b>	<b>25%</b> of the cost (\$175 maximum)	
<b>Up to a 90-Day Supply at a CVS Specialty Pharmacy</b>	<b>25%</b> of the cost (\$525 maximum)	

<sup>1</sup> A list of the preventive drugs that are covered before you meet your deductible can be found at [bnsf.com/retirees/exempt-retirees/pdf/preventive-dl.pdf](https://bnsf.com/retirees/exempt-retirees/pdf/preventive-dl.pdf).

<sup>2</sup> There are formulary exclusions where you will pay 100% of the cost of the drug.

# Vision Coverage

You have two vision plan options, both administered by EyeMed: the H-12 Option and the H-24 Option. Both options cover routine exams, lenses, frames and contacts, but there are some differences, like how often you can get eyeglass frames.

You can choose any doctor you'd like, but you'll receive higher benefits if you go to an in-network provider.

## How to Enroll

Log on to [digital.alight.com/BNSF](http://digital.alight.com/BNSF) (using a browser other than Internet Explorer) to:

- Check the personal information page and make any necessary updates, then review your options and make your elections.
- Enroll before midnight Central time on Thursday, Nov. 12.

## Have questions?

It's important that you take time during Annual Enrollment to ensure you make the best decisions for you and your family. To assist with this, BNSF is offering appointments where an Enrollment Specialist will be available to help you navigate and explain your plan options, eligibility, the enrollment process, and more-- when it's convenient for you. Please use the online appointment scheduling feature to schedule time with a representative, or call **833-277-8051**, between 7:00 a.m. and 7:00 p.m. Central time, Monday – Friday.

## Important Legal Notices

### Summaries of Benefits and Coverage (SBCs)

SBCs summarize important information about the medical options in a standard format to help you compare your choices. You may view or print a copy of the SBCs at <http://www.bnsf.com/retirees/exempt-retirees/medicare-eligible-benefits-enrollment/plan-details-1/index.html>.

### Women's Health & Cancer Rights Act

The Burlington Northern Santa Fe Group Benefits Plan provides benefits for mastectomy-related services as required by the Women's Health and Cancer Rights Act of 1998. These services include all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy, including lymphedema.

### BNSF's Privacy Practices

Participants in the Burlington Northern Santa Fe Group Benefits Plan (the "Plan") have certain rights under the Health Insurance Portability and Accountability Act (HIPAA). These rights and the Plan's legal duties with respect to protected health information (PHI), including how the Plan may use and disclose PHI, are explained in the Plan's Privacy Practices Notice. You may view or print a copy of the Privacy Practices Notice at <http://www.bnsf.com/retirees/exempt-retirees/medicare-eligible-benefits-enrollment/plan-details-1/index.html>.

Note: You may request a paper copy of any of the above notices (free of charge) by calling Employee Services at **817-593-6400**, option 6, or email [Benefits.Update@bnsf.com](mailto:Benefits.Update@bnsf.com).

The information in this brochure provides highlights of certain changes to the Burlington Northern Santa Fe Group Benefits Plan. In addition, this guide serves as a Summary of Material Modifications (SMM) to the Summary Plan Descriptions (SPDs) for various programs included in the Burlington Northern Santa Fe Group Benefits Plan, effective Jan. 1, 2021. Complete details of the plans are included in the official plan documents and contracts. If the information in this brochure or other information conflicts with the legal documents or contracts, the documents or contracts will govern in every instance. In addition, BNSF reserves the right to change or terminate the Burlington Northern Santa Fe Group Benefits Plan, individual programs or any provisions of any program at any time.