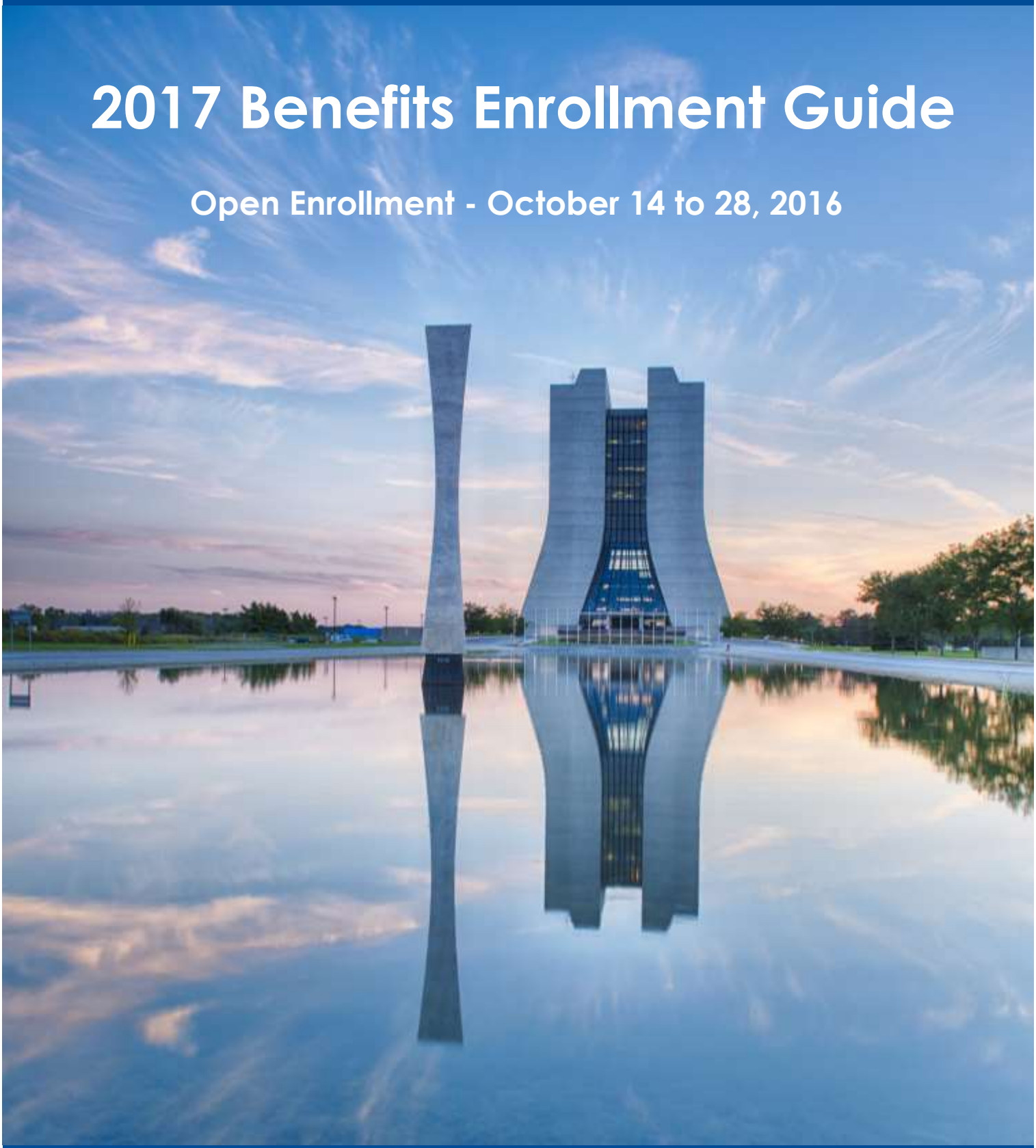
Fermi National Accelerator Laboratory

Fermilab

2017 Benefits Enrollment Guide

Open Enrollment - October 14 to 28, 2016



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Open enrollment brief from Kay Van Vreede

Dear colleagues,

Employees are Fermilab's most important asset. We strive to offer you and your family competitive, comprehensive and diverse benefits as part of your total compensation package. In addition to health care and retirement benefits, which most employees have come to expect from their employers, Fermilab offers additional benefits including flexible work arrangements, on-site child care, fitness and recreational activities, parental leave and commuter/transit benefits.

Every year it is important for each employee to review the health plan options, estimate flexible spending account eligible expenses, and make the best choice based on his or her own particular needs and circumstances. Open enrollment is the annual opportunity you have to make changes to your benefits to meet your changing needs. In 2017 there will be no major plan design changes; however, Blue Cross Blue Shield Blue Advantage HMO's prescription drug formulary will change. If you are currently covered by the HMO, or are considering enrolling, be sure to review page 11 for further explanation.

Health care costs continue to rise at two or three times the rate of overall inflation. Our plans are not exempt from this trend, but are each affected to varying degrees. Our goal is always to offer employees meaningful choices while meeting our responsibility to contain cost.

I invite you to review the information in this guide and attend an open enrollment informational meeting. The Benefits office provides many useful tools and resources, and is committed to providing the best service possible to assist you with your benefits decisions. If you have questions or need guidance, please reach out to the Benefits office. Contact information is listed on page 22 of this guide. As in past years, open enrollment will take place online with FermiWorks. Your enrollment must be completed by October 28, 2016. Any changes made will take effect January 1, 2017.

On behalf of Fermilab's senior management team, we thank you for your dedication and contributions to the lab's mission.

Regards,

Kay

What's inside?

This guide provides a summary of the benefit plans available to active employees of Fermi Research Alliance, LLC (FRA). In the event that the content of this guide or any oral representations made by any person regarding the FRA employee benefit plans and programs conflict with or are inconsistent with the provisions of the governing plan documents, the provisions of the plan documents are controlling. FRA reserves the right to amend, modify, suspend, or terminate any benefits in whole or in part at any time and for any reason. Nothing in this document creates a guarantee of current or future benefits or financial contributions/subsidies.

Your Benefits Checklist

PREPARE
☑ Visit FermiWorks to verify your 2016 benefit plans
☑ Visit BCBS of IL and Cigna to review your 2016 medical and dental claims history. This information can be used to determine the healthcare option that best meets your needs.
☑ Attend a benefits meeting. See page 6 for the schedule. A web conference is available on October 17 at 10:00 a.m. To hear the audio and view the slides, login to both the website and dial into the conference call. www.readytalk.com access code 8406463, phone number 1-866-740-1260 access code 8406463.
☑ If you have additional questions, contact the benefits office at benefitsoffice@fnal.gov for an appointment.
DECIDE
☑ Review your 2017 medical and dental plan options.
☑ Consider supplemental and dependent life insurance.
☑ Estimate your out-of-pocket costs for medical, dental and vision. Determine if you want to contribute to a healthcare Flexibile Spending Account (FSA) to help cover cover these expenses with pre-tax dollars.
ACT
☑ Make any desired changes to your 2017 healthcare elections. The open enrollment event will default to your current elections.
☑ Enroll in healthcare and/or dependent care flexible spending plans. FSA plans require annual enrollment.
☑ Confirm your life insurance beneficiaries.
☑ Verify that the name and social security number in FermiWorks matches the social security card for yourself and any dependents covered on the medical plan.
☑ When finished with your enrollment event in Fermiworks, be sure to click "submit." Retain a copy of your 2017 elections for your records.
☑ Load the BCBS, Cigna and PayFlex apps to your mobile device for convenient access to benefits information.

Make your benefit elections by 5:00 p.m. Friday, October 28

Benefits Program Overview

Health and Welfare Plans	
Benefit Plan	***Coverage Options***
Medical (including prescription drug coverage)	Blue Cross Blue Shield of Illinois PPO Plan Blue Cross Blue Shield of Illinois PPO Premium Plan Blue Cross Blue Shield of Illinois Blue Advantage HMO
Dental	CIGNA Dental PPO CIGNA Dental Care HMO
Health and Wellness Programs	Blue Extras program Fermilab offers a variety of health, wellness, fitness, recreational and discount programs for employees. See the wellness website for more information.
Flexible Spending Accounts	Healthcare and dependent care spending accounts Contribute up to $2,550 pre-tax annually to an account to pay for eligible health-care and up to $5,000 for dependent care expenses.
Life and Accident Insurance	Basic life and accidental death & dismemberment (AD&D) insurance paid by Fermilab. Supplemental and dependent life insurance for you and your family are optional employee-paid benefits.
Disability Insurance	Long-term disability replaces 60% of your salary if you are unable to work due to disability. Not all categories of employees are eligible. Six-month eligibility and waiting periods apply.
Retirement Plans	
Benefit Plan	***Plan Summary***
401(a) Money Purchase Plan	Fermilab contributes 10% of your salary to your retirement plan investment account after you meet certain eligibility requirements.
403(b) Savings Plan	You may defer a portion of your salary pre-tax to a retirement savings investment account. A post-tax Roth option is also available.
457(b) Deferred Compensations Plan	A non-qualified deferred compensation program is available to a group of highly compensated employees. Visit the employee benefits website at http://hr.fnal.gov/benefits/457b/ for more information.

Other Benefits	
Tuition Assistance	Parental Childbirth & Adoption Leave
Employee Assistance Program	Flexible Work Arrangements
Business Travel Accident Insurance	Children's Center
Employee Referral Program	Onsite Fitness Center and Fermilab Pool
Pre-Tax Commuter Account	Paid Time off: Holiday, Sick and Vacation

Most benefit plans are available to all regular full-time employees and part-time employees who are scheduled to work at least 20 hours weekly. The 401(a) plan and the long-term disability plan have special eligibility rules. Details available at http://hr.fnal.gov/benefits/

What's Changing in 2017?

1. **Prescription drug coverage in the Blue Advantage HMO plan will change in 2017.** BCBS Blue Advantage is implementing a closed formulary Performance Drug List. It is important for HMO participants or employees who are considering enrolling in the HMO, to review the drug list for any impact the new formulary has on their current prescriptions. Additional details are available on page 11.

2. **Effective January 1, 2017 BCBS will partner with EyeMed for vision services in the HMO plan and discounts in the PPO plan.** EyeMed offers a larger network with larger discounts than offered in recent years. The vision exam benefit available in the HMO will be covered through an EyeMed provider. The Davis Vision discounts will remain in place through 2017. **This means that in 2017 employees have two vision discount programs available through the BCBS Blue 365 discount program. More details regarding the EyeMed discounts will be available from BCBS after January 1, 2017.**

3. **Modest increases to PPO and PPO Premium costs.** Fermilab continues to subsidize 75% of total medical plan costs, while linking our subsidy to the most cost efficient plan.

4. **Health care flexible spending account limit increased to $2,550 effective January 1, 2017.**

Open enrollment meetings

Open Enrollment Meeting Schedule	
Date	**Time & Location**
Mon 10/17	10 a.m. *ReadyTalk – spouses invited
Mon 10/17	2 p.m. WH1 – One West
Tues 10/18	6 p.m. WH1 – One West – spouses invited
Tues 10/25	2 p.m. WH2 – Curia II
Wed 10/26	10 a.m. WH2 – Curia II

Web Conference on Monday, October 17

To hear the audio and view the slides, login to both the website and dial into the conference call.

To access the **web conference** go to **www.readytalk.com**. Under "participant join a meeting", enter **access code 8406463** and click join. To hear the **audio**, dial **1-866-740-1260 access code 8406463**.

Ready to enroll?

*Go to **FermiWorks** to make your 2017 elections. You can make changes until **5 p.m. on Oct. 28**.*

***Need a FermiWorks password?** Call the service desk at x2345 for a password reset.*

2017 Employee Monthly Rates

2017 Coverage Tier	Blue Advantage HMO	Blue Cross PPO	Blue Cross PPO Premium	CIGNA Dental PPO	CIGNA Dental HMO
Single	$ 139.11	$ 158.28	$ 213.48	$ 12.43	$ 9.31
Employee & Spouse	$ 267.67	$ 369.01	$ 528.09	$ 35.17	$ 18.30
Employee & Child(ren)	$ 256.58	$ 280.20	$ 415.42	$ 44.93	$ 23.38
Family	$ 398.04	$ 468.77	$ 687.20	$ 64.58	$ 33.61

Remember, Open Enrollment is your chance to:

- Change, elect or drop medical and dental coverage.
- Update your medical and/or dental to add or remove a dependent.
- Contribute to a Healthcare and/or Dependent Care Flexible Spending Account.
  Note: *Fermilab participates in the IRS grace period. 2016 contributions may be used for dates of service through March 15, 2017.*
- Elect, increase or drop supplemental and/or dependent life insurance. Evidence of insurability rules apply.
- Update basic and supplemental life insurance beneficiaries.
- **If you do not make any changes, your 2016 elections will carry over to 2016 – except for your participation in an FSA. You must enroll in FSA annually.**

When you experience a qualified family status change you may:

- Add or drop coverage for you and/or your dependents mid-year.
- Change, elect or drop medical and dental coverage.
- Update your medical and/or dental coverage to add or remove a dependent.
- Change contributions or begin to contribute to a Healthcare Flexible Spending Account and/or Dependent Care Flexible Spending Account.
- The change you make must be consistent with the family status change event and completed within 31 days of a qualified family status change or life event.

Examples of **qualified family status changes include**:

- Marriage or entering into a civil union partnership.
- Birth, adoption or receiving legal custody of a child.
- Death of a spouse, civil union partner or dependent.
- Divorce or end of civil union partnership.
- Your dependent becomes ineligible for coverage.
  - Dependent turns age 26 and ineligible for coverage.
  - Dependent turns age 13 and becomes ineligible for dependent care flexible spending reimbursements.
  - Childcare arrangements change due to an employment change.
- Spouse or civil union partner gains or loses coverage through his or her job.
- You change employment status from benefits ineligible to eligible or vice versa.

When Can I Make Benefit Plan Changes?

Plan	Plans I can change at open enrollment	Plans I can change during a life status change	Plans I can change any time
Medical	Yes	Yes – within 31 days	No
Dental	Yes	Yes – within 31 days	No
FSA	Yes	Yes – within 31 days	No
Basic Life	N/A – employees are automatically enrolled when eligible		
AD&D			
LTD			
Supplemental Life	Yes – If you are **not** currently enrolled, evidence of insurability is required. If you **are** currently enrolled there is no evidence of insurability required up to the guaranteed issue amount (3x salary or $500,00)	Yes – Evidence of insurability is required.	
Dependent Life	Yes – Evidence of Insurability is required outside initial enrollment period		
Long-Term Care	No - CNA is not accepting new enrollments		
401(a)	N/A – employees are automatically enrolled when eligible		
403 (b)	May be changed any time. Enroll or change elections in ***Fidelity Netbenefits***		

Medical Plans

MEDICAL PLAN HIGHLIGHTS	Blue Cross Blue Shield IL PPO	
	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR PLAN DEDUCTIBLE (paid once in a calendar year)		
Individual	$500	$750
Family (maximum)	$1,500	$2,250
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes deductible, medical and prescription drug co-pays)		
Individual	$2,200	$4,150
Family (maximum)	$6,600	$12,450
PHYSICIAN CHARGES (co-pays apply to the out-of-pocket maximum)		
Primary care	$30 co-pay	80% after deductible
Specialist	$40 co-pay	
DIAGNOSTIC X-RAY AND LAB TESTS		
Billed by physician's office	$30 co-pay	80% after deductible
Billed by other than physician's office	90% after deductible	80% after deductible
HOSPITAL		
Inpatient	90% after deductible	80% after deductible
Emergency room	90% after deductible	
Urgent care	90% after deductible	
SURGERY		
Inpatient	90% after deductible	80% after deductible
Outpatient	90% after deductible	80% after deductible
PREVENTIVE SERVICES		
Annual physical exam	100%	Not covered
Immunizations and inoculations	100%	Not covered
Eye exams	Blue 365 discount program	Not covered
Discounts on glasses		
MENTAL HEALTH/SUBSTANCE ABUSE		
Office visits	$30 co-pay, 100%	80% after deductible
Hospital inpatient	90% after deductible	80% after deductible
PRESCRIPTION DRUGS (co-pays apply to the out-of-pocket maximum)	**IN-NETWORK**	**OUT-OF-NETWORK**
Generic in-network	$20 co-pay retail (34-day supply) $40 co-pay mail order (90-day supply)	80% after $50 deductible
Preferred brand	$40 co-pay retail (34-day supply) $80 co-pay mail order (90-day supply)	80% after $50 deductible
Non-preferred brand	$80 co-pay retail (34-day supply) $160 co-pay mail order (90-day supply)	80% after $50 deductible
Specialty drugs	$150 co-pay (30-day supply)	Not covered

Blue Cross Blue Shield IL PPO Premium		BLUE ADVANTAGE HMO
IN-NETWORK	**OUT-OF-NETWORK**	**IN-NETWORK ONLY**
$200	$550	N/A
$600	$1,650	N/A
$3,350	$3,350	$1,500
$7,050	$7,050	$3,000
$30 co-pay	70% after deductible	$20 co-pay
$40 co-pay		$30 co-pay
100% after deductible	70% after deductible	100%
100% after deductible	70% after deductible	100%
$200 co-pay for hospital services, physician services subject to deductible*	70% after deductible	$250 co-pay
$100 co-pay		$150 co-pay
$100 co-pay		$20 co-pay (In Medical Group)
100% after deductible	70% after deductible	100%
$100 co-pay for hospital services, physician services subject to deductible*	70% after deductible	$50 co-pay
100%	Not covered	100%
	Not covered	100%
100%/24 mos.	Not covered	100%/12 mos. EyeMed provider
Blue 365 discount program	Not covered	$75 allowance/ 24 mos.
$30 co-pay	70% after deductible	$20 co-pay, 100%
$200 co-pay for hospital services, physician services subject to deductible*	70% after deductible	$250 co-pay, 100%

IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (review 2017 drug list)
$20 co-pay retail (34-day supply) $40 co-pay mail order (90-day supply)	80% after $50 deductible	$20 co-pay retail (34-day supply) $40 co-pay mail order (90-day supply)
$40 co-pay retail (34-day supply) $80 co-pay mail order (90-day supply)	80% after $50 deductible	$40 co-pay retail (34-day supply) $80 co-pay mail order (90-day supply)
$80 co-pay retail (34-day supply) $160 co-pay mail order (90-day supply)	80% after $50 deductible	$70 co-pay retail (34-day supply) $140 co-pay mail order (90-day supply)
$150 co-pay (30-day supply)	Not covered	Contact Prime to review 2017 HMO drug list and applicable co-pays

Services not billed by a hospital, physician's office or surgery center are subject to deductible. This document is a summary only. For more details refer to the BCBS certificate document.

Dental Plans

DENTAL PLAN HIGHLIGHTS	CIGNA DENTAL CARE PPO PLAN		CIGNA DENTAL CARE HMO PLAN
Primary care dentist selection	Not required		Required
Calendar year deductible	Individual $50	Family $150	None
Calendar year maximum benefit	$ 2,000 per person (Includes both in- and out-of-network services)		No dollar maximum

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK*	PARTICIPANT RESPONSIBILITY
Class I - Preventive and Diagnostic Care (frequency and age limitations apply)			
Oral exams, cleaning, bitewing X-rays, panoramic X-rays, sealants	No charge	No charge	No charge
Class II - Basic Restorative Care			
Fillings–amalgam	80% after deductible	80% after deductible	No charge
Root canal	80% after deductible	80% after deductible	Fee schedule**
Class III - Major Restorative Care			
Crowns, dentures and bridges	50% after deductible	50% after deductible	Fee schedule**
Surgical implants	50% after deductible	50% after deductible	Not covered
Class IV - Orthodontia			
Benefit maximums	$1,500 lifetime	$1,500 lifetime	Maximum benefit of 24 months
Who is covered	Dependent children to age 19	Dependent children to age 19	Children and adults
Orthodontic treatment	50%	50%	Separate treatment fee and charge per month
General anesthesia	General anesthesia is covered when performed by an oral surgeon and when medically necessary for covered procedures. Sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures.		

HMO Prescription Drug Coverage Changes

Prescription drug coverage in the Blue Advantage HMO plan will change in 2017. The co-payments will remain the same, but the formulary will change.

- This change **does not** impact the **PPO plans**.
- **Effective January 1, 2017 the Blue Advantage HMO plan will use a closed formulary called Performance Drug list.**
- A closed formulary means if the drug is not on the performance drug list there is no coverage for the drug.
- Employees taking certain drugs will be directed to use a more cost effective drug.
- It is important for employees to review the performance drug list to determine the impact to their prescription drug utilization.
- **The performance drug list is available at http://www.bcbsil.com/member**
- Employees impacted by the change will receive a letter from BCBS/Prime Therapeutics in November.
- If you have questions about these changes, please contact Prime directly at the phone number listed on your ID card for "pharmacy program."
- A partial list is available on the employee benefits website.

The Performance Drug List applies to the HMO only. Examples of affected categories of drugs include:

- ADHD
- biologic Agents,
- rheumatoid arthritis/psoriasis,
- brand drugs with generic equivalents,
- cosmetic agents
- ulcer drugs
- decongestants & combinations,
- antihypertensive combinations
- migraine products

Using Your Preventive Care Benefits

- Receiving preventive care services and establishing a relationship with a primary care physician is important at all ages.
- All three medical plans cover preventive care services **when utilizing an in-network provider**.
- Patients who maintain a relationship with a primary care physician and receive regular preventive care treatment have fewer emergency rooms visits, fewer hospital stays, and are more likely to lead an active lifestyle as they age.
- Consider using the following resources to locate a primary care physician:
  - Search www.bcbsil.com.
  - Ask co-workers, family and friends for a referral and read the physician's online reviews.
- Review the adult and children wellness guidelines from the American Academy of Family Physicians and American Academy of Pediatricians provided by BCBS of IL on the following pages.

Flexible Spending Accounts

- **Interested in lowering your taxable income while paying for eligible expenses?** Be sure to take advantage of the Flexible Spending Account (FSA) options.
- You can contribute to your health care or dependent care FSA before taxes are withheld from your paycheck. That means you decrease your taxable income, which could save you hundreds of dollars a year.
- The full amount of your health-care FSA is immediately available to you as of January 1.
- With a convenient health-care FSA debit card, easily pay for eligible expenses.
- **Fermilab offers two types of FSA plans.**
  - **Health-care FSA** – Used to pay for eligible out-of-pocket medical, dental and vision care expenses for you and your eligible dependent (s)
  - **Dependent Care FSA** – Used to pay for eligible expenses for the care of a dependent child up to age 13 or a dependent adult.
- **2016 FSA Limits: Health Care - $2550 and Dependent Care - $5,000**
- The PayFlex **website** has changed to **www.payflex.com**

Do you commute to the work by train, bus or vanpool?

Fermilab offers a Pre-tax commuter benefit to eligible employees.

Visit the employee benefits website for plan details. Email the benefits office to enroll.

BlueCross BlueShield of Illinois

2015-2016

Adult Wellness Guidelines

Making Preventive Care a Priority

Adult Health - for ages 18 and over

Preventive care is very important for adults. By making some good basic health choices, women and men can boost their own health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

* Recommendations may vary. Discuss the start and frequency of screenings with your doctor, especially if you are at increased risk.

Screenings	
Weight	Every 1-3 years
Body Mass Index (BMI)	Every 1-3 years
Blood Pressure (BP)	At least every 2 years*
Colon Cancer Screening	Adults ages 50-75 — colonoscopy every 10 years, OR flexible sigmoidoscopy every 5 years OR fecal occult blood test annually*
Diabetes Screening	Those with high blood pressure should be screened. Others, especially those who are overweight or have additional risk factors, should consider screening every 3 years.*
Hepatitis C (HCV) Screening	Once for adults born between 1945 and 1965
HIV Screening	Adults ages 18-65, older adults at increased risk and all pregnant women should be screened.

Immunizations	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years.
Influenza (Flu)	Yearly
Herpes Zoster (Shingles)	1 dose given at age 60 and over
Varicella (Chicken Pox)	2 doses if no evidence of immunity
Pneumococcal (Pneumonia)	1 dose at age 65 and over*
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity
Human Papillomavirus (HPV)	3 doses for women ages 18-26 if not already given. 3 doses for men ages 18-21 if not already given.*

Women's Health

Women have their own unique health care needs. To stay well, they should make regular screenings a priority. In addition to the services listed in the Adult Health section, women should also discuss the recommendations listed on the chart to the right with their doctor.

Men's Health

Men are encouraged to get care as needed and make smart choices. That includes following a healthy lifestyle and getting recommended preventive care services. If they follow a game plan for better overall health, they'll be more likely to win at wellness.

In addition to the services listed in the Adult Health section, men should also discuss the recommendations shown in the chart to the right with their doctor.

Learn more! Additional sources of health information include:

- ahrq.gov/patients-consumers/prevention/index.html
- cancer.org/healthy/index
- cdc.gov/healthyliving/

Women's Recommendations	
Mammogram	Mammogram every 2 years for women ages 50-74.** Mammograms for older and younger women or annual mammograms may also be appropriate.
Clinical Breast Exam	Every 3 years for women ages 20-39. Annually for age 40 and over.
Cholesterol	Starting age and frequency of screenings are based on your individual risk factors. Talk with your doctor about what is best for you.
Cervical Cancer Screening	Women ages 21-65: Pap test every 3 years. Another option for ages 30-65: Pap test and HPV test every 5 years. Women who have had a hysterectomy or are over age 65 may not need a Pap test.*
Osteoporosis Screening	Beginning at age 65, or at age 60 if risk factors are present*
Aspirin Use	At ages 55-79, talk with your doctor about the benefits and risks of aspirin use.

Men's Recommendations	
Cholesterol	Ages 20-35 should be tested if at high risk. Men age 35 and over should be tested.
Prostate Cancer Screening	Discuss the benefits and risks of screening with your doctor.*
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65-75 if you have ever smoked.
Aspirin Use	At ages 45-79, talk with your doctor about the benefits and risks of aspirin use.

You probably don't hesitate to ask your doctor about nutrition and exercise, losing weight and stopping smoking. But you can also ask about:

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

* Recommendations may vary. Discuss screening options with your doctor, especially if you are at increased risk.

** At least every 2 years for women ages 50-74. Ages 40-49 should discuss the risks and benefits of screening with their doctor.

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the recommendations provided.

Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

BlueCross BlueShield of Illinois

2015-2016

Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccinations

Blue Cross and Blue Shield of Illinois (BCBSIL) wants your child to be well.

Children's Wellness Guidelines

Laying the Groundwork for a Healthy Tomorrow

Children's Health

Put your child on the path to wellness right away by scheduling regular office visits with a doctor. The doctor will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the doctor should:

Check your child's Body Mass Index percentile regularly beginning at age 2

Check blood pressure yearly, beginning at age 3

Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10

Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, 15 and 18

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your doctor how to catch up.

Learn more! An additional source of health information is available at healthychildren.org

Please note: These recommendations are for healthy children who don't have any special health risks. Take the time to check the following summaries of key preventive services.

Be sure your child is up-to-date on immunizations and health screenings.

Routine Children's Immunization Schedule**

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	1½-3 years	4 - 6 years
Hepatitis B (HepB)	●	●				●				
Rotavirus (RV)			●	●	●*					
Diphtheria Tetanus and Pertussis (DTaP)			●	●	●			●†		●
Haemophilus Influenzae Type B (Hib)			●	●	●*	●				
Pneumococcal Conjugate (PCV)			●	●	●	●				
Inactivated Polio Vaccine (IPV)			●	●		●				●
Influenza (Flu)					●	Recommended **yearly** starting at age 6 months with 2 doses given the first year				
Measles, Mumps and Rubella (MMR)						●				●
Varicella (Chicken pox)						●				●
Hepatitis A (HepA)						●	First dose: 12-23 months Second dose: 6-18 months later		●	

Tweens and Teenagers

As your children grow into teens, they should continue yearly doctor visits for exams and scheduled immunizations. These visits give the doctor a chance to:

- Discuss the importance of good eating habits and regular physical activity
- Talk about avoiding alcohol, smoking and drugs
- Screen for sexual activity and sexually transmitted diseases as appropriate. Screen for HIV between the ages of 16 and 18.

Recommended Immunizations for ages 7 to 18**

Vaccine	7 - 10 years	11 - 12 years	13 - 15 years	16 years	17 - 18 years
Tetanus Diphtheria Pertussis (Tdap)		●			
Human Papillomavirus (HPV) - females and males		● 3 doses			
Meningococcal (MCV)		●		●	
Influenza (Flu)			Yearly		

Range of recommended ages

● One dose

* Number of doses needed varies depending on vaccine used. Ask your doctor.

† The fourth dose of DTaP may be given as early as 12 months, as long as at least 6 months have passed since the third dose.

** These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individual advice on the recommendations provided.

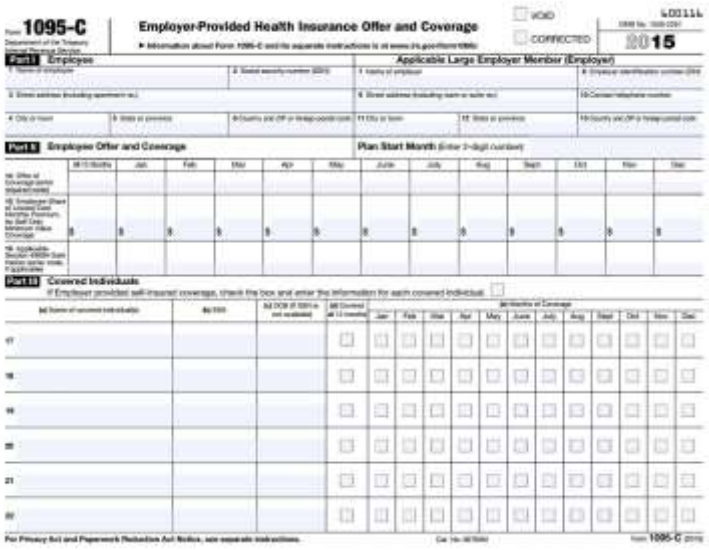
Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

02682.1215

ACA 1095 Reporting – Provided by January 31, 2017


Form 1095-B Health Coverage 2015

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


Form 1095-C Employer-Provided Health Insurance Offer and Coverage 2015

FORM 1095-C WILL BE PROVIDED BY THE BENEFITS OFFICE BY JANUARY 31, 2017

FORM 1095-B WILL BE PROVIDED TO BLUE ADVANTAGE HMO MEMBERS BY BLUE CROSS/BLUE SHIELD OF ILLINOIS DIRECTLY, BY JANUARY 31, 2017

Go Mobile – access benefits information via mobile device.

- Are you always on the go? Do you have a college student living away from home?
- Mobile apps allow you to access the information you need when you need it.
- Blue Access mobile and myCigna mobile allow secure access to healthcare coverage information, claims status, provider search and ID cards from your mobile device.
- PayFlex mobile allows employees to view account transactions, claims status and file a claim through the mobile device.
- See the instructions on the following pages for details on Blue Access mobile, myCigna mobile and PayFlex mobile.
- Fidelity's mobile option currently allows Fermilab employees to view their accounts, but not make changes. We are working on adding this functionality, which will be available Spring 2017. More details to come.

Fidelity – 403(b) deferrals move to percent only – Spring 2017

All participants in the Fermilab 403(b) will move to a percentage-based contribution next spring. Contributing a percentage of your pay, rather than a flat dollar amount, provides several advantages:

- Contributions based on a percentage of pay helps ensure that as your salary increases, so does your contribution amount – a key factor in saving an adequate amount for retirement.
- This change will allow Fermilab employees to take advantage of enhanced retirement savings tools provided by Fidelity, such as:
  - One click mobile enrollment.
  - Improved retirement savings modeling with the Fidelity Netbenefits Planning and Guidance Center calculators and tools.
  - Availability of a feature that allows you to automatically increase the percentage of pay you contribute to the 403(b) plan each year. The automatic increase program makes it easier to achieve your retirement savings goals.

BlueCross BlueShield of Illinois

Blue Access Mobile℠

allows you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime.

BCBSIL App and Mobile Website:

- Find a doctor, hospital or urgent care facility or search for Spanish-speaking providers
- Register or log in to Blue Access for Members℠
  - View coverage details
  - Check claims status
  - Access ID card information

Centered App for iPhone®:

- Promote wellness through mindful meditation and activity
  - Set a daily steps goal and a weekly meditation goal
  - Choose from three meditation sessions - short, mindful or body awareness
  - Record activity automatically

Text Messaging:

- Set up personalized, daily reminders to take your prescriptions, multi-vitamins or check your blood glucose
- Get weekly diet, exercise and fitness tips
- Send texts to BCBSIL when you need instant account information

Learn more about Blue Access Mobile at bcbsil.com/mobile or text* GO to 33633.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.

23197.0215

YOUR HEALTH HAS MET ITS APP®

Get the myCigna Mobile App and access your health plan anytime and anywhere you go.

Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna Mobile App, to log in anytime, anywhere to:

- **Find** a dentist near you
- **Review** your dental coverage
- **Use** the dental treatment cost estimator to calculate costs
- **View**, fax or email ID card information

The myCigna Mobile App is all about helping you stay organized and in control of your health – anytime, anywhere – so you can get more out of life.

Download the myCigna Mobile App for your mobile device.*

GET IT ON Google play

Get it at BlackBerry World

amazon apps Available on kindle fire

Download on the App Store

Disponible en Español.

Together, all the way.℠

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. | Google Play is a trademark of Google Inc.

*The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NB), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. OK Policy Forms: Dental Indemnity/PPO: GM6000 ELI288 et al (CGLIC), Cigna Dental Care (DHMO): GM6000 DEN201V1 (CGLIC), Cigna Dental Care Specialty Access: GM6000 DEN200V1 (CGLIC); Dental Indemnity/PPO: HP-POL99 (CHLIC), Cigna Dental Care (DHMO) & Specialty Access: HP-POL115 (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

 SR 36195971-80773849

Quick Reference Guide

PAYFLEX®

PayFlex Mobile® App

Don't go another day without our mobile app

Get access to your PayFlex® account with our free* PayFlex Mobile application. This app makes it easy to manage your account. It's available for iPhone® and iPad® mobile digital devices, and Android™ application.

Getting started is easy

First, you'll need to create a user name and password. You'll use the same user name and password for the app, as you do to access your PayFlex member website. If you already have a user name and password, skip to step 4 (below).

1. To create a user name and password, go to **payflex.com**.**
2. Click **Sign In**, located at the top right corner.
3. Click **Create Your Profile** and complete the required fields.
4. From your mobile app store, download PayFlex Mobile.
5. After you log in to the app, you'll see **My Dashboard**. This connects you to:
   - Financial Center
   - Benefits Center (if applicable)
   - My Resources
   - Alerts
   - Contact Us

Using the mobile app features

Financial Center

You can view your account information and request reimbursement for your out-of-pocket expenses.

View account information:

To get started, select the account you wish to view.

- If you have a **reimbursement account**, you can:
  - **View all of your transactions in one list**. Select **Claims** or **Deposits** to narrow your view.
  - **View the details of your transactions**. Select the transaction you wish to view.
  - **View a summary of your account**. On the Details page, select the account to view a summary.
  - Select **File a Claim** to submit claims to PayFlex. Simply upload an image of your documentation.
- If you have a **health savings account (HSA)**, you can:
  - Use the **Make a Deposit** feature to contribute funds to your HSA.
  - Use the **Make a Withdrawal** feature to request reimbursement for your out-of-pocket expenses.
  - Use the **Make a Payment** feature to pay your health care provider directly for the amount you owe.
  - **View all of your transactions in one list**.
  - **View the details of your transactions**. Select the transaction you wish to view.
  - **View a summary of your account**. On the Details page, select the account to view a summary.

*Standard text messaging and other rates from your wireless carrier still apply.

If you're an Aetna member, log in at **www.aetna.com. Click **Access Your Account** to get your PayFlex member website. Click **PayFlex Mobile** to create a user name and password.

69.03.650.1 (11/15)

Benefits Center

If offered by your employer, this center features your benefits information and the contact details for your health plan and primary physician.

- You have to enter this information on your PayFlex member website to view it on the app.
- To add information or make changes, click on the **Benefits Center** tab from your PayFlex member website.

My Resources

You can view a list of common eligible expenses. You can also view any agreements and terms of use that we have sent to you.

- Select **Expenses** and choose the expense list you wish to view.
- Select **Documents Center** and choose the document you wish to view.

Alerts

If you see an alert, select it to view more details. If you have a PayFlex reimbursement account, here are the alerts you may see on the mobile app.

Alert: Claims requiring substantiation

You may see this if your employer offers the PayFlex Card®, your account debit card. This red alert message will let you know if we need documentation for a debit card purchase.

- To take action, select **Learn More**.
- You can upload your documentation on the app. Select the **Add Photo** image.
- Take a photo of your documentation or choose the image from your photo library. Make sure your photo clearly shows the date of service, the amount of purchase, a description of the product or service, the name of the merchant or provider and, if applicable, the name of the patient.
- If the photo isn't clear, select **Cancel**.
- If the photo is clear and readable, select **Choose**.

Alert: Claims payments

After you submit a claim, you'll see an alert message confirming the amount and when you can expect reimbursement. This shows after we process and approve your claim. Simply select the alert to view the details.

Contact us

You have a number of ways to contact us. Through the app, you can view our toll-free customer service number, fax number and mailing address; our customer service hours; and the member website.

Questions?

Log in to your PayFlex member website and click **Contact Us**. We're here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

PayFlex Systems USA, Inc.

This material is for informational purposes only and not an offer of coverage. it contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about PayFlex, go to **payflex.com**.

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PAYFLEX®

Employee Assistance Program (EAP)

Helpful information about Fermilab's Employee Assistance Program

All of us experience problems in our lives at one time or another. Most of the time, we manage perfectly well on our own; however, occasionally we may need additional help. Dealing with home and/or work place challenges can disrupt our lives as well as the lives of our family members. Knowing where to turn when these problems arise can be difficult.

For that reason, Fermilab employees and their family members have access to counseling, support services and resources through the EAP for:

* Marital and family problems
* Job-related stress management
* In person counseling
* Adolescent & parenting support
* Budgeting & financial counseling
* Child & elder care resources
* Legal concerns
* Substance abuse assessment

Fermilab contracts with Employee Resources Systems (ERS) to provide a comprehensive employee assistance and work/life referral program to our employees and their families.

ERS's Premium Work-Life Services program offers 24 hour telephone and internet access to Work-Life consultants for referrals as well as a comprehensive collection of web-based informational tools, assessments, calculators, locators, articles and other resources. Telephone based financial assist, legal consultation and ID theft recovery are also included.

Through the EAP, you and your eligible dependents can receive up to three (3) free counseling sessions per incident; there is no cost to you for these sessions. If the ERS counselor believes an issue cannot be addressed in three sessions or if a more intensive level of care is required, you or your dependent will be referred to an in network licensed clinician to get the services you need. The cost of any additional services beyond the sessions provided by the EAP will be your responsibility, but in many cases can be covered by health insurance.

When you or a family member has a personal problem, you can contact the EAP by calling **1-800-292-2780 or ext. 3591** while you're at work. An EAP counselor can refer you a clinician in your community or you can meet with the on-site EAP counselor on Wednesdays.

Counselors and Work-Life Consultants are available 24/7 to help with anything you or your family might need. You can also login to **www.ers-eap.com**, enter the username: **fermilab** and password: **eap** and search for the information or resources you need.

Ready to enroll for 2017 benefits?

*Login to **FermiWorks** to start the process.*

*Your open enrollment event is in your **FermiWorks** inbox.*

Make sure you click SUBMIT when you are done. Keep the confirmation statement for your records.

You can make changes until Friday, October 28 at 5 p.m.

Need a password reset? Call the Service Desk at x2345.

Visit the redesigned Employee Benefits website

The employee benefits website has been redesigned with you in mind. All of your benefits information easier to access website located at http://hr.fnal.gov/benefits/.

Benefit Plan Contacts

Product/Plan	Contact	Location	Phone Number	Email/Web Address
Blue Cross Blue Shield of IL PPO & PPO Premium PPO (P56727) PPO Premium (P56733)	Blue Cross/Blue Shield	Customer Service	800-548-1686	www.bcbsil.com
Prescriptions (BCBS IL PPO Plans) Retail Mail Order	Prime Therapeutics Prime Mail	Customer Service	800-423-1973 877-357-7463	www.myprime.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
Cigna Dental Plans (3208852) Dental PPO Dental HMO	CIGNA CIGNA	Customer Service	800-CIGNA24 (800-244-6224)	www.cigna.com
Flexible Spending Accounts (121378)	Jennifer Gondorchin PayFlex	Fermilab Benefits FSA Processing Unit	630-840-4361 800-284-4885	jgondo@fnal.gov www.payflex.com
Life Insurance	Ann Marie Matthei	Fermilab Benefits	630-840-3395	amatthei@fnal.gov
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	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-cref.org
Retiree Medical Medicare eligible retirees Retiree Medical Questions	OneExchange Ann Marie Matthei	Service Center Fermilab Benefits	855-241-5721 630-840-3395	www.medicare.oneexchange.com/fermilab amatthei@fnal.gov
CNA – Long Term Care Plan	CNA	Service Center	800-932-1132	www.cna.com
Pre-Tax Commuter Account	PayFlex	Service Center	800-284-4885	benefitsoffice@fnal.gov www.payflex.com

Legally Required Notices

Grandfathered Health Plan

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

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 or flexible spending 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

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.

Employees receive these notices separately. Check your email or contact the Benefits Office for a copy:

- Health Insurance Marketplace Notice
- Summary of Benefits Coverage

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.

The Newborn's and Mother's Health Protection Act

The Newborns' and Mothers' Health Protection Act (Newborns' Act) includes important protections for mothers and their newborn children with regard to the length of the hospital stay following childbirth. The Newborns' Act requires that group health plans that offer maternity coverage pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of Cesarean section). The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

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

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 http://hr.fnal.gov/benefits/legal-notices/

http://hr.fnal.gov/benefits/legal-notices/

Do you have questions? Attend an Open Enrollment Meeting!

Open Enrollment Meeting Schedule	
Date	**Time & Location**
Mon 10/17	10 a.m. *ReadyTalk – spouses invited
Mon 10/17	2 p.m. WH1 – One West
Tues 10/18	6 p.m. WH1 – One West – spouses invited
Tues 10/25	2 p.m. WH2 – Curia II
Wed 10/26	10 a.m. WH2 – Curia II

Web Conference on Monday, October 17

To hear the audio and view the slides, login to both the website and dial into the conference call. To access the **web conference** go to **www.readytalk.com**. Under "participant join a meeting", enter **access code 8406463** and click join. To hear the **audio**, dial **1-866-740-1260 access code 8406463**.