

ANNUAL ENROLLMENT: STRAIGHT AHEAD



we are
BNSF

Enroll Oct. 31 – Nov. 14, 2017

IT'S THAT TIME AGAIN.

TIME TO ENROLL FOR YOUR BENEFITS.

It's important to review your choices and determine what is best for you and your family. We don't want you to spend more than you have to for health care. So, take a look at this guide for the information you need to make sure you get the right benefits.

BE READY.

LET'S GO!



WHAT'S NEW

For 2018, you'll have the same plan options, but we're making some changes. Here's what you need to know:

1

CONTRIBUTIONS FOR MEDICAL BENEFITS ARE INCREASING.

See the personalized worksheet you will receive in the mail for your rates. Vision contributions will stay the same.

2

HEALTH SAVINGS ACCOUNT (HSA) MAXIMUM CONTRIBUTION AMOUNTS ARE INCREASING.

For 2018, the IRS has increased the maximum HSA contribution amount for You Only coverage to \$3,450 and for all other coverage levels to \$6,900.

3

OPTUM IS TAKING OVER DIRECT BILLING FOR YOUR HEALTH CARE CONTRIBUTIONS.

Consider having your contributions automatically deducted from your pension checks so you don't have to remember to write a check each month. Call the BNSF Benefits Center at **877-451-2363** and ask a representative to transition you. If you make the request by the end of November, you might not have to write any checks to Optum!

Go to
myBNSF.com or
BNSF.mercerhrs.com
for all your
enrollment information!

CHOOSE YOUR BENEFITS

Make sure you get the benefits you want for 2018. Here are the steps you need to take:

1

REVIEW YOUR OPTIONS AT MYBNSF.COM.

If you are a post-Medicare retiree married to a pre-Medicare spouse, you will not have access to myBNSF.com. Go to BNSF.mercerhrs.com for your enrollment information.

2

DECIDE IF YOU NEED TO ENROLL.

You must enroll if you want to:

- › Make any changes to your benefits and/or covered dependents.

If you do not enroll:

- › Your current elections will roll over.

You won't be able to enroll or make changes during the year unless you experience a qualifying family status event, such as marriage, divorce, etc. You must notify the BNSF Benefits Center within 31 days of the event to make any changes.

3

USE THE TOOLS TO HELP YOU CHOOSE.

myBNSF.com or BNSF.mercerhrs.com

These websites have everything you need to enroll for your 2018 benefits.

BNSF Benefits Center

The BNSF Benefits Center can answer questions about your plan options, eligibility, the enrollment process and more. Call **877-451-2363** Monday – Friday from 8:30 a.m. to 5:30 p.m., Central time.

4

ENROLL ONLINE BEFORE MIDNIGHT CENTRAL TIME TUESDAY, NOV. 14.

Log in to myBNSF.com and click on **VIEW, ENROLL OR CHANGE MY BENEFITS** on the right side of the home page, or go directly to BNSF.mercerhrs.com to make your elections. **Be sure to check out after you enroll** and confirm your elections.

YOUR OPTIONS

Both medical options pay 100% of the cost for in-network preventive care, including some preventive prescription drugs. But before the options pay anything else, you must meet your deductible, which is based on who you cover.

		Option 1		Option 2	
		In Network	Out of Network ¹	In Network	Out of Network ¹
Deductible	You Only Family	\$1,500 \$3,000		\$3,000 \$6,000	
Out-of-Pocket Maximum	You Only Family	\$3,500 \$7,000	\$5,500 \$11,000	\$5,000 \$10,000 ²	\$7,000 \$14,000
Coinsurance	Office Visits, Urgent Care, Hospital Care, Maternity Care ³	20% after deductible	40% after deductible ⁴	20% after deductible	40% after deductible ⁴

Note: Family coverage applies for retiree + spouse and retiree + child(ren) coverage

¹ 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.

² With Family coverage, there is an individual in-network out-of-pocket maximum of \$7,350.

³ Some prenatal care is covered 100% as preventive.

⁴ There are no out-of-network benefits for bariatric services or dialysis.

Know this!

Both medical plans pay the majority of the cost for care after you meet your deductible. If you have a lot of expenses during the year, you may hit your **out-of-pocket maximum**, which is the most you'll pay (including your deductible) out of your own pocket for in-network expenses you have during the calendar year. Once you hit the out-of-pocket maximum, the plan pays 100% of eligible expenses. Out-of-network providers may bill you the balance you owe after the plan pays.

PRESCRIPTION DRUGS

Both medical options include prescription drug coverage administered by CVS Caremark.

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

¹ There are formulary exclusions where you will pay 100% of the cost of the drug.

Know this!

If you choose 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 will not apply to your deductible or out-of-pocket maximum.

ADDITIONAL BENEFITS

In addition to medical coverage, you can contribute to a Health Savings Account (HSA) and enroll yourself and your eligible dependents in vision coverage.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in a BNSF medical option, you are eligible to contribute to an HSA. The money you put in an HSA can be used to pay for eligible health care expenses now or in the future.

In 2018, the maximum HSA contribution amounts are as follows:

Who You Cover	Maximum Contribution
You Only	Up to \$3,450
You and Family	Up to \$6,900

Since you are age 55 or older, you may make an additional contribution of up to \$1,000 as a catch-up contribution.

VISION

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

Go to myBNSF.com or BNSF.mercerhrs.com for full details about your benefits.



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, 2018. 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.