

HELLO, ENROLLMENT.



we are
BNSF

Choose your benefits Oct. 25 – Nov. 8

ARE YOU READY?

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 sure you make the best choice.

WHAT'S NEW

Here's a quick look at what's new:

1

WE ARE CHANGING BENEFIT ADMINISTRATORS.

Effective this enrollment period, we are changing the administrator for our benefits (from Mercer to Alight). This means there will be a new enrollment process this year. Even if you don't want to make any changes to your benefits for 2019, you'll need to register on the new administrator's website at digital.alight.com/BNSF and verify that all of your information transferred over correctly. If you find an error, call the BNSF Benefits Center at 833-277-8051.

2

CONTRIBUTIONS MAY BE CHANGING.

Go to digital.alight.com/BNSF to see your rates.

3

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

For 2019, the IRS has increased the maximum HSA contribution amount for You Only coverage to \$3,500 and for all other coverage levels to \$7,000.

Go to
digital.alight.com/BNSF
for all your
enrollment information!

CHOOSE YOUR BENEFITS

Make sure you get the benefits you want. Here's what you need to do:

1 REVIEW YOUR OPTIONS AT [DIGITAL.ALIGHT.COM/BNSF](https://digital.alight.com/BNSF).
Check out your choices and compare the options.

2 KNOW 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 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.

3 USE THE TOOLS TO HELP YOU CHOOSE.
digital.alight.com/BNSF
This website has everything you need to enroll for your 2019 benefits.

BNSF Benefits Center
The BNSF Benefits Center can answer questions about your plan options, eligibility, the enrollment process and more. Call **833-277-8051** Monday – Friday from 7 a.m. to 7 p.m., Central time.



4 ENROLL ONLINE BEFORE MIDNIGHT CENTRAL TIME THURSDAY, NOV. 8.
Log in to digital.alight.com/BNSF to make your elections.

Check your beneficiary designation!

Be sure to log on to digital.alight.com/BNSF and verify that your beneficiary designation transferred over properly. If you see an error, call the BNSF Benefits Center at their new number, **833-277-8051**, to get it corrected.

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. Here's what you pay when you need care:

		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, Skilled Nursing Care	20% after deductible	40% after deductible ³	20% after deductible	40% after deductible ³

Note: Family coverage applies for retiree + spouse, retiree + child(ren) and retiree + family 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 \$7,900.

³ There are no out-of-network benefits for dialysis. Certain bariatric services are only covered at a Blue Distinction Center, Blue Distinction Center+ or SurgeryPlus provider.

Know this!

- 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:
 - > Blue Distinction Centers are facilities and providers recognized for their expertise in delivering specialty care.
 - > Blue Distinction Centers+ are facilities and providers recognized for their expertise and efficiency in delivering specialty care.

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 2019, the maximum HSA contribution amounts are as follows:

Who You Cover	Maximum Contribution
You Only	Up to \$3,500
You and Family	Up to \$7,000

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, 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.

Go to digital.alight.com/BNSF for details about these 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, 2019. 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.