

YOUR 2022 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.

What's changing?

- ▶ Your contributions for medical coverage are increasing. Beginning Oct. 28, you can visit digital.alight.com/BNSF or call **833-277-8051** for your 2022 rates.
- ▶ Health Savings Account (HSA) maximum contributions are increasing. The maximums for 2022 are \$3,650 for You Only coverage and \$7,300 for Family coverage. (Because you are at least age 55, you can contribute an extra \$1,000 in 2022 as a catch-up contribution.) To make HSA contributions, visit Health Equity at my.healthequity.com or call **866-346-5800**.
- ▶ If your doctor prescribes a specialty drug (one that requires special handling or ongoing monitoring and assessment by a health care professional), your doctor will need to seek clinical approval from Archimedes before the prescription is fulfilled by CVS.

As a result, you'll receive new prescription drug ID cards before the new year begins listing a separate phone number for Archimedes. Also, as a best practice to reduce product waste, 90-day refills will no longer be available for specialty medications.

Exceptional Cancer Expertise

If you or a covered family member faces a cancer diagnosis, contact AccessHope for support. Visit bnsf.myaccesshope.org or call **833-907-4673** to learn more about AccessHope's Cancer Support Line and Expert Advisory Review (offered at no cost to you and your eligible dependents covered by a BNSF medical option).

Key Dates for 2022 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, in addition to 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
Deductible	This is the amount you pay before you and BNSF share the cost of care. If you cover yourself plus any family members, only the family deductible applies.			
You Only	\$1,500		\$3,000	
Family	\$3,000		\$6,000	
Coinsurance	Once your deductible has been met, you and BNSF share costs.			
	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Out-of-Pocket Maximum	Once your expenses reach a certain amount, BNSF pays 100% of all remaining eligible costs for the rest of the year.			
You Only	\$3,500	\$5,500	\$5,000	\$7,000
Family	\$7,000	\$11,000	\$10,000¹	\$14,000

¹ With Family coverage, there is an individual in-network out-of-pocket maximum of \$8,700.

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 2022.

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 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 to plan a surgery? Don't forget to call SurgeryPlus at **855-200-2113**.

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

Be sure to review your eligible dependents.

You may only cover your legal spouse and children. If you divorce, you must notify Alight of the family status change within 30 days of the event. Your spouse's coverage as a dependent will end, but they will receive an enrollment kit for continuing coverage under COBRA.

If your divorce decree says you must cover your ex-spouse, they are able to continue coverage under COBRA.

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 ¹
Preventive Care	\$0 no deductible	\$0 no deductible
Office Visits	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Room²	20% after deductible	20% after deductible
Hospital Care and Mental Health³	20% after deductible	40% after deductible
Maternity		
Office Visits	20% after deductible	40% after deductible
Delivery	20% after deductible	40% after deductible

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. 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.

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

³ Pre-certification is required for inpatient care.

Prescription Drug Coverage

Both medical options include prescription drug benefits administered by CVS Caremark and Archimedes (for specialty drugs). If you choose to use a brand-name drug when a generic is available, you'll 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
Specific Preventive Drugs¹	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)
Preferred Brand	25% of the cost (\$30 minimum, \$120 maximum)	25% of the cost (\$30 minimum, \$120 maximum)
Non-preferred Brand²	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:	Not covered
Generic	\$15 (or actual cost, if less)	
Preferred Brand	25% of the cost (\$60 minimum, \$240 maximum)	
Non-preferred Brand²	40% of the cost (\$100 minimum, \$300 maximum)	
Specialty (CVS Caremark's Specialty Drug List)	After you meet your medical deductible, you pay:	Not covered
Up to a 30-Day Supply³	25% of the cost (\$175 maximum)	

¹ 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.

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

³ 90-day refills will no longer be available for specialty medications.

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 (using a browser other than Internet Explorer), click the tile to **Enroll in your benefits**, then click the blue **Begin Enrollment** button.

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.

General Benefits/Enrollment		
Alight	833-277-8051	digital.alight.com/BNSF
Medical		
Blue Cross Blue Shield	888-399-5945	bcbsil.com/bnsf
SurgeryPlus	855-200-2113	BNSF.SurgeryPlus.com
AccessHope Cancer Resources	833-907-4673	bnsf.myaccesshope.org
Prescription Drugs		
CVS Caremark (Generic & Brand Drugs)	800-378-7559	caremark.com
Archimedes (Specialty Drugs)	888-601-0967	N/A

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 emailing 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, 2022. 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.