

May 13, 2020

Summary of Material Modifications to the Plan

The purpose of this notice is being provided to you to highlight important changes to the BNSF Group Benefits Plan (the Plan).

The changes, which are described more fully below relate to the “Medical” and “Cafeteria Plan” sections of the Plan.

Medical Plan: Waiver of deductible and coinsurance for COVID-19 testing and diagnostic services

Effective from March 18, 2020 until May 31, 2020 (unless extended as required by law), pursuant to the Families First Coronavirus Response Act, the following shall be 100% covered without application of the deductible or coinsurance:

- Testing for COVID-19 and products related to such testing; and
- Office visits (including primary care, urgent care, emergency room, and telehealth) and any items or services provided during such visit when the purpose of the visit is to be screened and/or tested for COVID-19.

Please note that the waiver of deductible and coinsurance described above is required by applicable law and is subject to modification if such applicable law expires or is amended. All other Plan rules remain in effect including, for example, the exclusion for services that are not medically necessary and for out-of-network expenses that exceed the reasonable and customary amount set by the Claims Administrator.

Additionally, until May 31, 2020 (unless extended by the Claims Administrator), you are permitted to receive care from your providers through digital or telephonic means. In other words, instead of physical office visits, provider services may be received via online video or chat (including video capabilities on your phone) or via a telephone call. Your responsibility for deductible and coinsurance is billed just as if it were a physical office visit.

For questions about benefits and coverage, contact the Claims Administrator using the toll-free number on the back of your medical program ID card.

Cafeteria Plan: New definition of qualified medical expenses for Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs) and Health Care Flexible Spending Accounts (HCFSAs)

Effective with expenses incurred on or after January 1, 2020, pursuant to the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the following changes will be made to the use of Health Savings Accounts (HSAs), General Purpose Health Care Flexible Spending Accounts (HCFSAs) and General Purpose Health Reimbursement Accounts (HRAs).

- The CARES Act restores the ability to use HSAs, General Purpose FSAs and General Purpose HRAs to purchase certain over the counter drugs and medications, like pain medications, allergy medication, etc., without a doctor’s prescription.
- Menstrual care products have been added to the definition of qualified medical expenses.

Note that Limited Purpose HCFSAs and Limited Purpose HRAs are not impacted by these changes, because these accounts can only be used for dental and vision expenses.

This communication serves as a Summary of Material Modifications (SMM) to the Summary Plan Descriptions (SPDs) for various programs included in the BNSF Group Benefits Plan. Complete details of the plans are included in the official plan documents and contracts. If any 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 BNSF Group Benefits Plan, individual programs or any provisions of any program at any time.