

# WHO IS ELIGIBLE Non-Salaried Employees

#### **CONTENTS**

EMPLOYEE ASSISTANCE PROGRAM (EAP)	4
Who is Eligible	
Dependents Who Are Not Eligible	
When Coverage Begins	
Enrollment	
Cost of Coverage	
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HEALTH FSA)	
Who is Eligible	
When Coverage Begins	
Enrollment	
Cost of Coverage	
Irrevocability of Election	
DAY CARE ASSISTANCE PROGRAM (DCAP)	<b></b> 7
Who is Eligible	
When Coverage Begins	
Enrollment	
Cost of Coverage	8
Changing Your Elections During the Year	
Giving Notice of a Qualifying Family Status Event	9
SUBSTANCE ABUSE PROGRAM	9
Who is Eligible	9
When Coverage Begins	
Enrollment	
Cost of Coverage	9
Naturally Slim	
WHO TO CALL ABOUT YOUR BENEFITS.	9
DEFINED TERMS	10

## Who Is Eligible BNSF Railway Company Group Benefits Plan for Non-Salaried Employees

Effective Jan. 1, 2021

Programs within the BNSF Railway Company Group Benefits Plan for Non-Salaried Employees are available to eligible employees. Programs include the Employee Assistance Program (EAP), Health Care Flexible Spending Account (Health FSA), Day Care Assistance Program (DCAP) and Substance Abuse Program. Eligibility to participate, the date that coverage begins and enrollment requirements each may differ by program.

Individual programs within the BNSF Railway Company Group Benefits Plan for Non-Salaried Employees are independent of each other. For example, if you are eligible for *both* the DCAP and Health FSA, you may enroll in one or both.

Individuals classified by BNSF as leased employees, independent contractors or employees of independent contractors are not eligible to participate in the Group Benefits Plan for Non-Salaried Employees by reason of such status.

**Defined terms:** For the meaning of terms in blue, click to see the Defined Terms section.

*Links:* Click on *blue italic* items to link directly to the section or chapter indicated.

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#### EMPLOYEE ASSISTANCE PROGRAM (EAP)

#### Who is Eligible

#### **Employees**

You first become eligible for the EAP on your first day of employment as a non-salaried (also called scheduled) employee. Your coverage begins (in other words, you can claim benefits) as explained in the section of this chapter titled *When Coverage Begins*.

Your eligible family members as defined below may participate in the EAP.

#### Spouse<sup>1</sup>

You may cover your legal spouse, unless you are legally separated or divorced.

#### Children<sup>1</sup>

- ► You may cover your child (children) who:
  - Is under age 26 and is *any* of the following:
    - Natural child,
    - Adopted child (or placed for adoption),
    - Stepchild,
    - Foster child, or
    - Child for whom you and/or your spouse has legal custody.
  - Is your grandchild (or other child related by blood or marriage), under age 19 (or under age 23 if a full-time student) and is *all* of the following:
    - Unmarried.
    - Living with you (unless a full-time student), and
    - Eligible to be claimed as a dependent on your federal income tax return.
  - Is incapable of self-support due to a physical or mental disability, so long as the child became disabled before reaching the program's maximum age. See *Continued Coverage of a Disabled Child*.
  - Is the subject of a Qualified Medical Child Support Order (QMCSO) issued under the Employee Retirement Income Security Act of 1974, as amended (ERISA) Section 609, as determined by BNSF, or another court order or decree, such as a divorce decree.

#### Who Is a Full-Time Student?

To be considered a full-time student, your child must be registered as a full-time student at an accredited high school, college, university, trade school, professional school, school in a foreign country or remedial education facility.

#### When Coverage of a Child Ends

Coverage of a child who is an eligible dependent and is not disabled ceases at the end of the month during which the child no longer meets the eligibility requirements outlined in this Dependents section.

<sup>&</sup>lt;sup>1</sup> Eligibility for the breast milk shipping program under the EAP is limited to BNSF employees traveling on company business.

Coverage of a disabled child can continue as long as the child meets the eligibility requirements. See *Continued Coverage of a Disabled Child* below.

If a child older than age 18 whose eligibility depends on being a full-time student at a post-secondary educational institution (see the *Children* subsection of the Dependent section above) takes a medically necessary leave of absence from the educational institution while suffering from a serious illness or injury, his or her coverage will continue until whichever of the following occurs first:

- ▶ One year after the start of the medically necessary leave of absence, or
- ► The date on which coverage would otherwise end due to the BNSF Railway Company Group Benefits Plan for Non-Salaried Employees' eligibility requirements.

You may be required to provide proof of the disability.

#### Continued Coverage of a Disabled Child

An eligible child who is mentally or physically disabled may retain coverage beyond the applicable limiting age stated within this Children subsection as long as the disability began before reaching the age limit.

To be eligible for continued coverage, the child must be unmarried, incapable of self-sustaining employment, and must not provide more than one-half of his or her own financial support.

If the disability occurs while the child is a full-time student age 19-22, you may be required to provide proof of the disability *within 60 days* of whichever of the following comes first:

- ► The child loses full-time student status, or
- ► The child reaches age 23.

The Plan Administrator may request proof of disability from time to time thereafter.

## Dependents Who Are Not Eligible

The following dependents (whether your spouse or children) are not eligible for coverage:

- ► A person who is serving on active duty in the military;
- ► A person who lives outside of the United States or Canada (unless he or she is enrolled as a full-time student in an accredited foreign school and has a permanent address in the United States or Canada);
- A child who is a regularly assigned employee of BNSF or a wholly owned subsidiary employer; and
- A child who has reached a program's age limit or otherwise does not meet eligibility requirements.

#### When Coverage **Begins**

#### **Employees**

Your coverage under the EAP begins when you first are employed as an eligible non-salaried employee.

#### Spouse

Coverage of your eligible spouse begins when your coverage begins. If you get married, your spouse's coverage begins on your marriage date.

Coverage of an eligible dependent child under the EAP begins on the latest of:

- ► The date your coverage begins;
- ► The live newborn child's date of birth; or
- ► The date the child becomes your dependent.

#### **Enrollment**

No enrollment is necessary for eligible employees and eligible dependents.

**Cost of Coverage** BNSF pays the entire cost of coverage while you are an eligible employee.

#### HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HEALTH FSA)

#### Who is Eligible

#### **Employees**

You are eligible to participate if you resided in the United States and were an employee of BNSF Railway Company or a wholly owned subsidiary on both August 31 and December 31 of the year immediately prior to the plan year, and are included on a list prepared and maintained by BNSF Railway of employees who had a preponderance of earnings as an engineer during the one-year period ending on June 30 of the year immediately prior to the plan year.

#### **Dependents**

Your eligible dependents as defined below are covered by the Health FSA:

- ▶ **Spouse** Your legal spouse, unless you are legally separated or divorced.
- ► **Children** Your children (natural, adopted, stepchildren, foster) under age 26 regardless of the child's student, marital, residency or income tax-dependency status.
- **Other** Anyone who qualifies as your dependent for income tax purposes even if the person is not eligible for other BNSF coverage.

#### When Coverage **Begins**

#### **Employees**

Once you become eligible to participate, coverage begins on the first day of the next plan year, as long as you submit the necessary enrollment forms by the date indicated on the forms.

#### **Dependents**

Coverage of your eligible dependents begins when your coverage begins. If you acquire eligible dependents while you are participating, their coverage begins when they become your dependent.

#### **Enrollment**

Once you are eligible, you must make elections each year to participate in the Health FSA. Elections do not carry over from year to year. The Claims Administrator will provide the option to enroll to all employees who meet eligibility requirements no later than November 1 of each year. The enrollment forms must be completed by the date indicated in the enrollment material.

#### **Cost of Coverage**

You determine the amount you want to contribute to the Health FSA. BNSF pays the administrative costs associated with coverage while you are an eligible employee.

### Irrevocability of Election

Once you have made an election to receive Health FSA benefits (or not to receive them) for a plan year, that decision is irrevocable for the duration of the plan year. You cannot change the amount that is deducted from your wages. An election will not carry over to the next plan year; however, if you will be a Participant for the next plan year, you will have an opportunity to make a new election during the open enrollment period for that plan year.

#### DAY CARE ASSISTANCE PROGRAM (DCAP)

#### Who is Eligible

#### **Employees**

You are eligible to participate if you:

- ► Resided in the United States and were an employee of BNSF Railway Company or a wholly owned subsidiary on both August 31 and December 31 of the year immediately prior to the plan year, and
- ► Are covered under a collective bargaining agreement which provides for participation in this program, and
- ▶ Are not considered a "Highly Compensated Employee" (HCE) as defined in section 414(q) of the Internal Revenue Code. For example, if you earn more than \$130,000 in 2020, you are deemed an HCE and will be unable to contribute in 2021.

#### **Dependents**

Your dependents who are eligible for the DCAP include the following:

#### Spouse

- ➤ Your legal spouse, unless you are legally separated or divorced. Your spouse must meet all of the following criteria:
  - Is mentally or physically disabled,
  - Is incapable of self-care, and
  - Lives with you for more than half the year.

#### Children

▶ Your children (natural, adopted, stepchildren, foster) under age 13.

#### Other

- ► Family members, as defined under the Internal Revenue Code (referred to as "qualifying relatives"), who:
  - Live with you for more than half the year,

- Are mentally or physically incapable of caring for themselves, and
- Are dependent on you and your spouse (if you are married) for at least 50% of their support.

For additional information about who is eligible, see IRS Publication 503 at irs.gov.

## When Coverage Begins

#### **Employees**

Once you become eligible to participate, coverage begins on the first day of the next plan year, as long as you submit the necessary enrollment forms by the date indicated on the forms.

#### **Dependents**

Coverage of your eligible dependents begins when your coverage begins. If you acquire eligible dependents while you are participating, their coverage begins when they become your dependent.

#### **Enrollment**

Once you are eligible, you must make elections each year to participate in the DCAP. Elections do not carry over from year to year. The Claims Administrator will provide the option to enroll to all employees who meet eligibility requirements no later than November 1 of each year. The enrollment forms must be completed by the date indicated in the enrollment material.

#### **Cost of Coverage**

You determine the amount you want to contribute to the DCAP. BNSF pays the administrative costs associated with coverage while you are an eligible employee.

## Changing Your Elections During the Year

Your elections normally remain in place for the entire year for which you enroll. You may make a change *only* if you have a qualifying family status event. Otherwise, you must wait until the next annual enrollment period to make a change.

#### **Qualifying Family Status Event**

Qualifying family status events include these changes in your family, employment or coverage situation:

- Your marriage, legal separation, divorce or annulment of your marriage;
- ▶ Birth, placement for adoption or adoption of a child, or court-appointed legal guardianship of a child;
- ▶ Death of an eligible dependent (including your spouse);
- A change in your family's eligibility for benefits coverage due to your spouse beginning or losing employment, a change in hours worked by you or your spouse, or an unpaid leave of absence taken by you or your spouse;
- ► A significant change in non-BNSF benefits coverage for you or your eligible dependents, including changes due to your spouse's annual enrollment decisions; or
- ► A significant change in your Day Care Assistance Program (DCAP) expenses (such as changing day care providers).

#### 31-Day Deadline for Changes Due to Family Status Events

You must request enrollment or a change in enrollment within 31 days following your qualifying family status event. If you experience one of the qualifying family status events listed, you may only make changes that are on account of, and correspond with, the event that affects eligibility for coverage for you or your eligible dependents under the program to which your election change relates.

#### Giving Notice of a Qualifying Family Status Event

You must notify the Claims Administrator of your qualifying family status event and make your enrollment election within 31 days after the event. Otherwise, you will not be allowed to make any changes until the next annual enrollment period unless you have a subsequent qualifying family status.

To notify the Claims Administrator and change your election, call 888-298-9754.

#### SUBSTANCE ABUSE PROGRAM

#### Who is Eligible

#### **Employees**

You are eligible for the Substance Abuse Program if you are a full-time employee covered by a local benefits agreement with BNSF and enroll in an Allied Services Division Welfare Fund medical program. Your coverage begins (in other words, you can claim benefits) as explained in the section of this chapter titled *When Coverage Begins* immediately below.

#### **Dependents**

Your family members are not eligible for coverage under the Substance Abuse Program.

## When Coverage Begins

Once you, the employee, become eligible to participate, coverage begins on the first of the month following three months of continuous employment.

#### **Enrollment**

When you enroll in an Allied Services Division Welfare Fund medical program, you are automatically enrolled in the Substance Abuse Program.

#### Cost of Coverage

Your premium (if any) for your medical coverage includes the cost of this program.

#### **NATURALLY SLIM**

Refer to the Naturally Slim SPD for more information.

#### WHO TO CALL ABOUT YOUR BENEFITS



For questions about eligibility for benefits in any of the programs of the BNSF Railway Company Group Benefits Plan for Non-Salaried Employees, call the BNSF Scheduled Benefits Team at 817-352-1258.

#### **DEFINED TERMS**

#### **About These Terms**

The following definitions of certain words and phrases will help you understand the benefits to which the definitions apply.

Some definitions apply in a special way to specific benefits. So, if a term that is defined in another chapter of this SPD also appears as a defined term listed here, the definition in the other chapter will apply to that specific chapter rather than the definition below.

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**BNSF**, **company**, **employer** – BNSF Railway Company, 2301 Lou Menk Drive, GOB-3E, Fort Worth, TX 76131, and subsidiary companies.

**Claims Administrators** – See the *Administrative Information* chapter of this SPD for identification of Claims and Account Administrators.

**ERISA** – Employee Retirement Income Security Act of 1974, as amended.

**QMCSO** – Qualified Medical Child Support Order.

**Non-salaried employee** – An employee covered by a collective bargaining agreement.

**Plan year** – The calendar year in which the provisions of a program apply.