



# Summary of Benefits

## **Employee Groups**

### **Full-time Employees**

An employee regularly working 40 hours per week for an indefinite duration

### **Part-time Employees**

An employee regularly working less than 40 hours per week

### **Term Employees**

An Employee regularly working 40 hours per week with a limited employment duration of more than six months

### **Scientific Term Employees**

Associate Scientist or Research Associate regularly working 40 hours per week with a limited employment duration of more than six months

### **Cooperative Education Students**

A student from a four year higher education institution with an accredited co-op program who works at Fermilab as part of this program

### **Temporary Employees**

An employee regularly working 40 hours per week with a limited employment duration of six months or less

### **Guest Scientists/Guest Engineers**

Visiting professional granted a temporary or term position

### **No Pays**

Visiting professional granted a temporary or term position not receiving pay through the Fermilab payroll

The benefits package provided through Fermi Research Alliance , LLC (FRA) is an important part of our total compensation at Fermilab. This summary is intended to provide an overview of the benefits that are available to you. As part of our effort to provide competitive, cost effective benefits, we continuously review our benefits program; therefore, the benefits and cost associated with those benefits are subject to change. This summary is intended to provide you with the information you need to enroll in the benefits that are best for you.

This summary does not contain all the plan rules or details; more detailed descriptions of these plans will be provided in the summary plan description. These plans are governed by legal documents. Should there be any discrepancy between the content of this summary and the legal plan documents, the plan document will be the final authority.

## **MEDICAL COVERAGE**

### **Eligibility**

#### ***When Coverage Starts:***

- ◆ You are eligible to enroll in medical coverage as of the first day of your employment

#### ***Eligible Employee Groups:***

- ◆ Full-Time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Guest Scientists
- ◆ No Pay Guest Scientists
- ◆ No Pay Guest Engineers
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employees

#### ***Eligible Dependents:***

- ◆ Your lawful spouse
- ◆ Your unmarried children who are less than 19 years old
- ◆ Your unmarried children who are less than 23 years old, a full time student and primarily supported by you

Employees choose the medical

plan that best fits their needs and the needs of their families from the four plans offered by Fermilab. The attached summary will assist you in choosing the plan that best fits your healthcare needs.

You and Fermilab share the cost of medical coverage. Fermilab offers the following medical plan options:

- ◆ Cigna Open Access Plus
- ◆ Cigna Network POS
- ◆ HMO Illinois
- ◆ Blue Advantage HMO

### **Cigna Open Access Plus**

The Cigna Open Access Plus Plan, provides coverage for care received from in network or out of network providers. Every time you need medical care, you can use this plan in the way that best meets your health care needs. This means you can go in-network and visit a contracted provider and enjoy cost savings, or you can go out-of-network and use any doctor or hospital you choose but at a higher cost. You pay your portion of the charges through the

deductible, co-payment and coinsurance features of the plan. The Cigna Open Access Plus Plan includes prescription drug coverage. When you have your prescription filled at a participating pharmacy, you pay a co-payment, and the balance is paid by the plan. The co-payment you pay is based on the type of drug purchased (e.g. generic or brand).

You may also have your prescription filled at a non-participating pharmacy, which may result in higher out of pocket expenses. Out of network pharmacy purchases are subject to a \$50.00 annual pharmacy deductible and then paid at 80%. Prescriptions may also be purchased through the Tel-Drug Home Delivery Pharmacy Program. You may obtain up to a 90 day supply of your medication for two times the retail participating pharmacy cost.

### **Cigna Network POS**

Cigna Network POS is a managed care plan that has features of an HMO combined with coverage for out of network services. You must select a primary care physician (PCP) from those who are members of the network. Services are provided by the primary care physician, and all referrals to specialists and hospitals are arranged through the primary care physician. The Network POS Plan is designed to cover your eligible expenses when you are injured, sick or healthy. Routine and preventive services are covered. The Cigna Network POS plan includes an out of network feature that allows you to go to providers who are not

members of the plan. Your costs are lowest when you use participating providers, but you have the freedom to choose the providers you prefer, even if they are not part of the network. Having your care coordinated by your PCP provides access to quality care at the lowest out of pocket costs available under this plan. The Cigna Network POS Plan includes prescription drug coverage. When you have your prescription filled at a participating pharmacy, you pay a co-payment, and the balance is paid by the plan. The co-payment you pay is based on the type of drug purchased (e.g. generic or brand).

You may also have your prescription filled at a non-participating pharmacy, which may result in higher out of pocket expenses. Out of network pharmacy purchases are subject to a \$50.00 annual pharmacy deductible and then paid at 70%. Prescriptions may also be purchased through the Tel-Drug Home Delivery Pharmacy Program. You may obtain up to a 90 day supply of your medication for two times the retail participating pharmacy cost.

### **Blue Cross/Blue Shield**

#### **HMO Illinois and Blue Advantage**

HMO Illinois and Blue Advantage HMO are managed care plans. You must select a primary care physician from those who are members of the HMO. Services are provided by the primary care physician, and all referrals to specialists and hospitals are arranged

through the primary care physician. HMOs are designed to cover your eligible expenses when you are injured, sick or healthy. Routine and preventive services are covered. HMOs service a particular area. Out-of-area care is limited to emergency life threatening care only.

The HMO Illinois and Blue Advantage HMO Plans include prescription drug coverage. When you have your prescription filled at a participating pharmacy, you pay a co-payment, and the balance is paid by the plan. The co-payment you pay is based on the type of drug purchased (e.g. generic or brand).

Prescriptions may also be purchased through the Home Delivery Prescription Drug Program. You may obtain up to a 90 day supply of your medication for two times the retail participating pharmacy cost.

Using the Home delivery Prescription Drug Program will save you money on your maintenance medication costs.

Under this program you are allowed to purchase a 90-day supply of maintenance medications through a network of contracting retail and mail service pharmacies. Contracting retail pharmacies include Osco and Walgreens pharmacies located throughout the state of Illinois as well as several independent pharmacies.

The contracting mail services pharmacies include Walgreens and PrimeMail Pharmacy.

### **DENTAL COVERAGE:**

Fermilab offers two dental plans, Cigna Dental PPO and Cigna Dental Care Plan (HMO) from which you can choose the plan that best meets your needs. You and Fermilab share the cost of dental coverage. Both plans make it easy for you to obtain regular, preventive care to keep your teeth healthy. The plans also help pay the cost of more extensive dental care such as crowns, bridgework and dentures. Please review the attached summary for additional information on your dental plan benefits.

### **Eligibility**

#### ***When coverage Starts***

- ◆ You are eligible to enroll in dental coverage as of the first day of your employment.

#### ***Eligible Employee Groups:***

- ◆ Full-time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Guest Scientists
- ◆ No Pay Guest Scientists
- ◆ No Pay Guest Engineers
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employees

#### ***Eligible Dependents:***

- ◆ Your lawful spouse
- ◆ Your unmarried children who are less than 19 years old
- ◆ Your unmarried children who are less than 23 years old, a full time student and primarily

supported by you

### **Cigna Dental PPO Plan**

Under the Cigna Dental PPO Plan, you can go to any licensed dentist or specialist of your choice. If you choose a dentist that is part of the Cigna provider network, you will save money because you receive the advantage of negotiated rates.

### **Cigna Dental Care Plan (HMO)**

Under the Cigna Dental Care Plan (HMO), you must select a primary care dentist from those who are members of the plan. The plan does not provide coverage for services received from a non-network dentist without CIGNA Dental's prior approval (except emergencies). You will need to check the Patient Charge Schedule for a list of covered services. Services that are not listed on the Patient Charge Schedule are not covered under the plan.

### **FLEXIBLE BENEFITS PLAN**

#### **Eligibility**

#### ***When coverage Starts***

- ◆ You are eligible to enroll in FSA coverage as of the first day of your employment. You will have 30 days from your date of hire to complete an enrollment form. You must be assigned to work within the U.S. to be eligible for this benefit.

#### ***Eligible Employee Groups:***

- ◆ Full-time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists

Research Associates

- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Co-ops
- ◆ Temporary Employee

#### ***Eligible Dependents:***

- ◆ Your lawful spouse
- ◆ Your unmarried children who are less than 19 years old
- ◆ Your unmarried children who are less than 23 years old, a full time student and primarily supported by you

Fermilab's Flexible Benefits Plan includes a Premium Conversion Plan and Flexible Spending Accounts of which there are two: Health Care Reimbursement Account and Dependent Care Reimbursement Account.

### **Premium Conversion**

Under the Premium Conversion Plan the premium contributions you make toward your medical and dental coverage will be taken before taxes are calculated. If you do not want to have your premiums calculated on a before tax basis, you will need to complete and sign a waiver form within 30 days of your date of hire.

### **Flexible Spending Accounts**

The Flexible Benefits Plan allows you to pay your health and dependent care expenses on a before tax basis resulting in a tax savings to you. This money is deducted from your paycheck in equal portions throughout the year and deposited into your account.

You are reimbursed for certain health or dependent care expenses not covered by any other health plan.

### **Health Care FSA**

This account allows you to set aside tax-free money for certain healthcare expenses not reimbursed by any other health care plan. You do not need to be enrolled in the Fermilab medical or dental plan to take advantage of the Health Care FSA. The annual maximum amount you can elect to deposit in the Health Care Reimbursement Account is \$4,000.00.

Below is a partial listing of services and supplies that you can pay for using your health care reimbursement account. Please visit the CIGNA web site at [www.CIGNA.com](http://www.CIGNA.com) for additional information.

### **Reimbursable Through FSA**

- ◆ Deductibles, co-payments or coinsurance
- ◆ Expenses for diagnosis, treatment, cure or prevention of disease charged by a licensed physician
- ◆ Prescription Drug Expenses
- ◆ Over the counter medications
- ◆ Hearing aids
- ◆ Vision care expenses

A complete list of eligible expenses is contained in IRS Publication 502.

### **Dependent Care FSA**

This account is designed to pay for eligible dependent care expenses so that you and your spouse, if applicable, can work.

The annual maximum amount you can elect to deposit in the Dependent Care Reimbursement Account is \$5,000.00 or

\$2,500.00 if you are married filing a separate income tax return.

To qualify as eligible day care expenses, the following requirements must be met:

Dependents must be under age 13 and:

- ◆ You must be able to claim an exemption on your federal income tax return, or if you are not able to claim the child as an exemption, you were the child's custodial parent
- ◆ Care may be provided by a state licensed dependent care center, an individual that comes to your home or by a person providing services in their own home
- ◆ Reimbursement cannot be made for services provided by your spouse, the parent of your qualifying dependent, a person whom you can claim as a dependent, or your child under the age of 19
- ◆ If the child turned 13 during the year, the child is a qualifying person for the part of the year he or she was under age 13.
- ◆ Your disabled spouse who is not able to care for himself or herself
- ◆ Any disabled person not able to care for himself or herself whom you can claim as a dependent (or could claim as a dependent except that the person had income or filed a joint return)

The amount you designate will remain in effect for the entire plan year.

The IRS requires that all unused account balances be forfeited after the end of the claim period. Forfeited funds will be used to offset the administrative costs of the plan. Therefore, it is critical that you estimate your expenses carefully.

### **Notes on FSAs**

- ◆ You cannot change the amount you contribute to either FSA unless you experience a change in family status
- ◆ You cannot transfer money between FSA accounts
- ◆ You can claim expenses incurred from January 1 of the plan year or the date of your enrollment until March 15th of the following year.
- ◆ You will have until March 31 of the year following the plan year to file your expenses
- ◆ You may enroll in the FSA plan if you have a qualified status change

### **LIFE INSURANCE**

#### **Eligibility**

You are eligible to participate in life insurance coverage as of the first day of your employment.

#### **Eligible Employee Groups:**

- ◆ Full -Time Employees
- ◆ Part-Time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Co-ops

**Eligible Dependents:**

- ◆ Your lawful spouse
- ◆ Your unmarried children who are less than 19 years old
- ◆ Your unmarried children who are less than 23 years old, a full time student and primarily supported by you.

**Basic Life Insurance**

Fermilab pays for the Basic coverage which equals one times your annual base pay rounded to the nearest \$1,000 up to a maximum of \$300,000.

**Supplemental Life Insurance**

You may choose voluntary additional life insurance coverage to increase the benefit amount that will be paid to your designated beneficiary. You may choose additional coverage of 1,2,3,or 4 times your salary rounded to the nearest \$1,000. You select additional coverage from the following options:

- ◆ Supplemental I
- ◆ Supplemental II
- ◆ Supplemental III
- ◆ Supplemental IV

The combined maximum for your basic and voluntary supplemental coverage is the lesser of 5 times your annual salary or \$1,000,000. Coverage is provided in increments of pay. Coverage is not provided in partial increments of pay.

**Guaranteed Coverage**

The guaranteed amount of coverage is the maximum amount of insurance that may be purchased without having to provide evidence of good health. The combined guaranteed coverage amount for your basic and voluntary supplemental coverage is the lesser of 3 times

your annual salary or \$500,000.

If you apply for coverage for yourself which is greater than the guaranteed coverage amount , coverage in excess of the guaranteed amount will not be issued until CIGNA approves acceptable evidence of good health. In addition, if you apply for life insurance coverage after your initial 30 day enrollment period, you will need to complete the evidence of good health form. Coverage will not be effective until you have been approved for coverage by CIGNA.

Forms to apply for coverage in excess of the guaranteed amount or late enrollment may be obtained from the Benefits Office.

**DEPENDENT LIFE**

**INSURANCE:** Dependent life insurance is available when an employee elects Supplemental life coverage. There are two dependent life insurance options available; Option A and Option B.

**Option A**

Option A provides dependent life insurance coverage for your eligible dependents. Your spouse is covered for \$5,000 of life insurance and your children are covered for \$2,000.

**Option B**

Option B provides dependent life insurance coverage for your eligible dependents. Under Option B your spouse is covered for \$10,000 of life insurance and your children are covered for \$4,000.

**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD & D).**

AD & D is provided in amounts equal to the Basic Life Insurance coverage up to a maximum of \$12,500. This coverage is in addition to the regular group life insurance program. Fermilab pays the cost for AD&D Coverage.

**Eligibility**

- ◆ You are eligible to participate in AD&D coverage as of the first day of your employment.

**Eligible Employee Groups:**

- ◆ Full-time Employees
- ◆ Part-Time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employees

**BUSINESS TRAVEL INSURANCE**

**Eligibility**

- ◆ You are automatically covered as of your first day of employment . Fermilab pays the full cost of this coverage.

**Eligible Employee Groups :**

- ◆ Full-time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Cooperative Students
- ◆ Temporary Employees

The Business Travel Accident Policy provides full 24 hour accident coverage while you are traveling on a business trip. Benefits are equal to five times your annual salary to a maximum of \$300,000. The minimum benefit is \$50,000.

Business Travel Insurance is an Accidental Death and Dismemberment plan that provides an added level of protection while you are traveling on laboratory business.

The travel accident policy also provides travel assistance services. In the event of a travel-related emergency MEDEX Traveler's Assistance Network will provide services for:

- ◆ Replacing lost or stolen travel documents
- ◆ Emergency fund transfers
- ◆ Locating the nearest, most appropriate medical care
- ◆ Establishing contact with family, personal physician and employer
- ◆ Translation services and referrals to local interpreters

Additional information may be obtained from the Fermilab Benefits Office.

### **LONG-TERM DISABILITY**

Long Term Disability coverage will pay a monthly benefit equal to 60% of your basic monthly salary at the time your disability begins. Participation in the Plan is mandatory and effective after completion of six months of continuous active employment. You and Fermilab share the cost of long term disability coverage. If you are eligible to participate in this coverage, your required

contribution will automatically be deducted from your pay check.

### **Eligible Employee Groups:**

- ◆ Full-time Employees
- ◆ Scientific Terms  
Associate Scientists  
Research Associates

### **SICK LEAVE**

Fermilab's sick leave plan protects employees against loss of income due to illness or injury.

Sick days are carried over from one calendar year to the next until the maximum accrual of 130 days is reached.

### **Accrual Rate**

**Weekly (non-exempt)** accrue sick leave at the rate of 144 hours per year. Sick leave is accrued on a monthly basis (12 hours per month) for each calendar month that an employee is in pay status at least 11 working days.

**Monthly (exempt)** accrue sick leave at the rate of 1.5 days per month for a total of 18 days per year.

### **Part time employees**

accrual is pro-rated based on hours worked.

### **Eligible Employee Groups:**

- ◆ Full-Time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms  
Associate Scientists  
Research Associates
- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employees

## **LONG-TERM CARE**

### **INSURANCE**

#### **Eligibility**

You are eligible to enroll in Long Term care Insurance on your first day of employment. You are guaranteed coverage if you enroll for coverage within 30 days of your employment date. You may apply for coverage at any time, but will need to be approved for coverage after your initial 30 day enrollment period.

***Eligible Employee Groups:*** (you must reside in the United States to be eligible for coverage)

- ◆ Full-Time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms  
Associate Scientists  
Research Associates
- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Co-ops
- ◆ Temporary Employees

Coverage is also available for your spouse.

You or your spouse's parents and grandparents may apply for coverage as long as they are under the age of eighty.

Long term care provides a wide range of services for people with prolonged illnesses, such as cancer, or cognitive disorders (e.g. Alzheimer's). Long term care is not necessarily medical care but rather custodial care. Custodial care involves providing assistance with activities of daily living which include eating, dressing and bathing.

Coverage under Long Term Care Insurance includes home health care, adult day care and nursing home care.

If you are interested in Long-Term care Insurance, please contact the Benefits Office.

## **RETIREMENT PLAN**

### **Eligibility**

#### **When Participation Begins:**

- ◆ After completion of the two-year waiting period
- ◆ Must have attained age 21

#### **Eligible Employee Groups:**

- ◆ Full-Time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates

- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employees

### **FRA Contributions**

FRA contributes an amount equal to 10% of your regular monthly salary into annuity contracts issued by TIAA (Teachers Insurance and Annuity Association) and CREF (College Retirement Equity Fund) (401(a)).

## **VOLUNTARY SUPPLEMENTAL RETIREMENT PLAN OPTION**

### **Eligibility**

- ◆ You are eligible to participate in the supplemental program as of the first day of your employment

#### **Eligible Employee Groups**

- ◆ Full-Time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists

### Research Associates

- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employees

The supplemental retirement program (403(b)) is a voluntary tax-deferred program consisting solely of employee contributions. The supplemental retirement plan offers the following investment fund sponsors from which to choose:

Dreyfus, Fidelity Investments, TIAA-CREF and T. Rowe Price.

As a participant in the plan, you will decide how your contribution is invested among the plan sponsors and the investment choices they offer.

Please note: Before making your investment choices, it is important that you read the available materials describing the objectives and relative risk/return profile of each fund. These materials are available from the fund sponsor. You will also need to complete enrollment materials for the plan investment fund sponsor which may be obtained from the Benefits Office.

### **Contribution Limits**

The maximum allowable 403 (b) contribution for 2007 is \$15,500.

### **Catch-up Contributions**

Employees age 50 (or turning age 50 during the calendar year for which you are making contributions) or older may make an additional catch-up elective deferred contribution. To be eligible you must

contribute the 403(b) maximum amount and meet the age requirement.

## **VACATION**

### **Eligibility**

Vacation is accrued from the date of hire. To accrue vacation you must be in pay status for at least 11 working days of the month. You may start using accrued vacation after you have completed three months of service.

### **Weekly (non-exempt)**

#### ***Date of Hire until 5th anniversary***

##### ***Monthly Accrual Rate***

- ◆ 10 Hours
- ##### ***Annual Accrual Rate***

#### ***From 5th anniversary until 10th anniversary***

- ◆ 12 Hours
- ##### ***Annual Accrual Rate***

#### ***From 10th anniversary until 15th anniversary***

##### ***Monthly Accrual Rate***

- ◆ 14 Hours
- ##### ***Annual Accrual Rate***

- ◆ 21 days

***From the 15th anniversary***

***Monthly Accrual Rate***

- ◆ 16 Hours

***Annual Accrual Rate***

- ◆ 24days

***Monthly (Exempt)***

***Date of Hire until 5th anniversary***

***Monthly Accrual Rate***

- ◆ 1 1/2 days

***Annual Accrual Rate***

- ◆ 18 days

***From 5th anniversary until 10th anniversary***

- ◆ 1 3/4 days

***Annual Accrual Rate***

- ◆ 21 days

***From 10th anniversary***

***Monthly Accrual Rate***

- ◆ 2 days

***Annual Accrual Rate***

- ◆ 24 days

**Part time Employees**

Vacation for part time employees is pro-rated based on hours worked.

Accrued vacation may not exceed 24 times the employee's current monthly accrual rate.

**HOLIDAYS**

Fermilab observes ten (10) paid holidays, which includes one floating holiday that may be taken on any regular workday with your supervisor's approval.

***Eligible Employee Groups:***

- ◆ Full-Time Employees
- ◆ Part-time Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Guest Scientists
- ◆ Monthly Terms
- ◆ Cooperative Education Students
- ◆ Temporary Employee

**Part time Employees**

Holidays for part time employees are based on employee's work schedule.

Employees located at CERN will follow the CERN holiday schedule.

**TUITION ASSISTANCE**

Fermilab supports the continuous professional development of employees through the Tuition Assistance Program. The program covers the cost of tuition, required fees and textbooks for accredited education that is beneficial to both the employee and the Laboratory.

***Eligible Employee Groups:***

All regular, full -time employees and part-time employees who work a minimum of 20 hours a week are eligible for tuition advances. New employees who are in the initial six month hire period may enroll in courses on a reimbursement basis. However, new employees must complete the initial six -month hire period and submit an approved tuition assistance request form prior to enrolling in any course or degree program.

Cooperative Education Students are also eligible, but only on a reimbursement basis.

**RELOCATION EXPENSES**

***Eligible Employee Groups:***

- ◆ Exempt Full-Times Employees
- ◆ Scientific Terms
  - Associate Scientists
  - Research Associates
- ◆ Monthly Terms

Eligible expenses may include:

- ◆ Actual cost of moving household goods, including shipment of a personal automobile
- ◆ Household goods storage expenses for a maximum period of 60 days
- ◆ Commercial air fare (less than first class rate)
- ◆ Living expenses while securing permanent living quarters (30 day maximum)

**THE CHILDREN'S CENTER**

**DAY CARE FACILITY**

Fermilab operates an infant/ day-care facility on site called The Children's Center. The center is located at 34 Shabbona in the Fermilab village. For your convenience, the school hours closely correspond to the regular business hours of the Laboratory. Hours are Monday through Friday from 6:45 a.m. to 5:30 p.m.

**Infant and Toddler Care**

The infant/toddler care section is intended to provide an extension of the family for children who are six weeks to 2 years of age. The children are provided with nurturing care and a home environment while they are away from their parents. Since children in this age group are in a constant phase of growth and development, this section is divided into four different areas.

## **Infant Care**

The first area is Infant Care, which provides care for your child from six weeks old and continues until the child is mobile.

## **Pre-Toddler Room**

The second area is the Pre-Toddler Room which provides care for infants who are mobile until they are 15 months old.

## **Toddler Room**

The third area is the Toddler Room which provides care for children who are 15 months to 2 years old.

## **2 Year Old Room**

The fourth area is the 2 Year Old Room which provides care for children who are 2 years old.

## **Day Care Section**

The Day Care section is intended to provide an educational, quality-care program primarily for children age three through six years. Each of the four classrooms in this section of the school has a planned curriculum in which the children can learn at their own pace and develop a variety of skills.

Since these programs have been very well received by our employees and visitors, enrollment is contingent on the availability of space. If you are interested in obtaining further information about the center, please feel free to contact Patti Hedrick or Mary Simmons at ext. 3762.

## **Helpful Information**

### **Credit Union**

The Argonne Credit Union located in Wilson Hall offers a wide variety of financial services. Please contact them directly, if

you are interested in learning more about their services.

## **CHANGING YOUR BENEFIT CHOICES**

The benefit choices you make will remain in effect through the end of the plan year. Your next opportunity to change your election will be during the annual enrollment period, unless you experience a qualified family status change.

## **Retiree Medical**

### **Coverage**

Employees who have met the Plan's age and service requirements will be provided information about the retiree medical plan at the time of retirement. Specific information may be found in the Summary Plan Description

### **Key Terms**

#### **Coinsurance**

The portion of the cost for certain medical and dental expenses above the deductible that you pay. Eligible coinsurance accumulates toward the satisfaction of the out-of-pocket limit .

#### **Co-payment**

The co-payment is the flat dollar amount you must pay before the plan pays benefits toward certain services.

#### **Deductible**

The deductible is the amount you must pay each calendar year toward the cost of certain services. The deductible amount does not accumulate toward the satisfaction of your out-of-pocket maximum.

#### **Eligible Dependents**

An employee's eligible dependents include the

employee's spouse, unmarried children (including step and legally adopted children who are under age 19 (under age 23 if full-time students)).

#### **Network**

This term refers to providers who are members of a specific network created and maintained by the applicable insurance carrier. Generally, if you use a network provider you will receive benefits based on negotiated rates.

#### **Out-of -Network**

Refers to providers who are not part of the insurance carriers network

#### **Out-of-pocket limit**

The amount of money you will pay toward your expenses during a calendar year, before the plan will pay benefits at 100%. Deductible, and co-payments do not count toward your out- of- pocket limit.

#### **Helpful Information**

##### **CIGNA Website**

##### **www.cigna.com**

Select the CIGNA Healthcare site. You can then select *Provider Directory* from the *Popular Links* . Fermilab offers medical coverage under the Network (HMO) or Point of Service (POS) Plans and the Open Access Plus Only. When you are searching for providers you will need to select the appropriate plan to determine if your physician is in-network. The health plan network is IL-Chicago & Northwest Indiana .

Fermilab offers dental coverage under the Cigna

Dental PPO Plan and the Dental Care Plan (HMO).

**Blue Cross Website**

**[www.bcbsil.com](http://www.bcbsil.com)**

Select the Provider Finder .

Under Group products indicate the plan for which you would like provider information.

Fermilab offers coverage under HMO Illinois and Blue Advantage HMO.