



WHO IS ELIGIBLE AND HOW TO ENROLL

CONTENTS

WHO IS ELIGIBLE?	3
Employees	3
Eligible Dependents	5
Dependents Who Are Not Eligible	7
Dual Coverage Rule	7
Eligible Dependents Under Business Travel Accident (BTA) Insurance	8
Dependents Who Are Not Eligible for BTA Insurance	8
WHEN COVERAGE BEGINS	8
Employee Coverage	8
Eligible Dependent Coverage	9
ENROLLING AND MAKING ENROLLMENT CHANGES	11
First Enrollment.....	11
Annual Enrollment	11
Changing Your Elections During the Year.....	12
HIPAA Special Enrollment Rules for Medical Coverage	13
Giving Notice of a Qualifying Family Status Event	14
Benefit Changes Due to Relocation or Significant Change in the DMO	14
Cost of Coverage.....	15
Effective Date of Coverage.....	15
WHO TO CALL ABOUT YOUR BENEFITS	16
DEFINED TERMS	17

WHO IS ELIGIBLE AND HOW TO ENROLL

The BNSF Group Benefits Plan

Effective Jan. 1, 2021

WHO IS ELIGIBLE?

Employees

You are eligible to participate in the following programs of the BNSF Group Benefits Plan if you are a regularly assigned, [salaried employee](#) of [BNSF](#) or a participating wholly owned subsidiary of BNSF:

- ▶ Medical Program,¹
- ▶ Dental Program,
- ▶ Vision Care Program,
- ▶ Employee Assistance Program (EAP),
- ▶ Basic Group Term Life Insurance,²
- ▶ Employee Optional Group Term Life Insurance,²
- ▶ Accidental Death & Dismemberment (AD&D) Insurance,²
- ▶ Business Travel Accident (BTA) Insurance Program,
- ▶ Short Term Disability (STD) Benefit Program,
- ▶ Long Term Disability (LTD) Insurance Program, and
- ▶ Cafeteria Plan, including the Health Care Flexible Spending Account (HCFSA) and Dependent Care Reimbursement Account (DCRA).

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.



Previous view: Return to your previous page by right clicking and selecting the “previous view” option.

To add the handy “previous view” button to your toolbar, open your Adobe Reader tools and select Page Navigation, then Previous View.

Individual programs within the BNSF Group Benefits Plan (the Plan) are independent of each other. For example, enrollment in the Medical Program is not required to enroll in the Dental Program.

Employees covered under a collective bargaining agreement are not covered under the Plan, including any employee in a temporary exempt position.

¹ Refer to the [Medical Program](#) chapter of this SPD for situations in which you cannot have dual coverage. For example, in the Medical Program with HSA, you cannot also be covered under the non-HSA Medical Program for BNSF Railway union employees.

² Under the BNSF Life Insurance and AD&D Insurance Program.

Furthermore, employees who reside and work outside the United States are excluded from eligibility.

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

When You Become Eligible

If you meet the above requirements, you first become eligible as shown below. Note that your coverage begins (in other words, you can claim benefits) as explained in the section of this chapter titled [When Coverage Begins](#).

- **Newly hired salaried employees** – You become eligible for benefits as follows:

At this time ...	You become eligible for ...
On your employment date	All the above-listed benefits except the STD Benefit Program
After completing three continuous months of service with BNSF as a salaried or scheduled employee, and completing one day of active salaried service prior to becoming disabled	STD Benefit Program only

- **Newly eligible salaried employees** (for example, BNSF Railway employees promoted from scheduled to salaried positions) – You become eligible for benefit programs as follows (or your eligibility continues if you are already eligible as a previously scheduled employee):

At this time ...	You become eligible for ...
On the first day that you are classified as a salaried employee	<ul style="list-style-type: none"> • EAP • BTA Insurance Program • LTD Insurance Program
After you have worked at least one day as a salaried employee (provided that you've already worked at least three months as a BNSF scheduled employee)	<ul style="list-style-type: none"> • STD Benefit Program
<p>The first day of the month after you have been classified for 30 days as a regularly assigned salaried employee (unless your promotion date is Feb. 1 – see below)</p> <p>Example of “first day of the month after you have been classified for 30 days as a regularly assigned salaried employee.”</p> <ul style="list-style-type: none"> • April 16 – Date you are classified as salaried exempt. • May 16 – 30 days in classification. • June 1 – Your eligibility begins the first day of the month following 30 days classified as salaried exempt. <p>If your promotion date is Feb. 1, you are eligible on March 1.</p>	<ul style="list-style-type: none"> • Medical Program • Dental Program • Vision Care Program • Basic Group Term Life Insurance • Employee Optional Group Term Life Insurance • AD&D Insurance • Cafeteria Plan

Eligible Dependents

Your eligible family members may participate in:

- ▶ Medical Program,
- ▶ Dental Program,
- ▶ Vision Care Program,
- ▶ Employee Assistance Program (EAP),
- ▶ Dependent Group Term Life Insurance,
- ▶ Accidental Death & Dismemberment (AD&D) Insurance,
- ▶ Business Travel Accident (BTA) Insurance, and
- ▶ Cafeteria Plan, including the Health Care Flexible Spending Account (HCFSA) and Dependent Care Reimbursement Account (DCRA).

Family members you may cover as eligible dependents are defined below. Note the differing definitions of dependents in the separate [Eligible Dependents Under Business Travel Accident \(BTA\) Insurance](#) section. Be aware that the term “dependent” used in other chapters of this SPD generally means a family member eligible to participate in that program. Qualifying as a tax dependent under Internal Revenue Service rules is required in some cases, but not in others. For example, in addition to the individuals defined in this section, other individuals may qualify as eligible dependents under the HCFSA and DCRA. See the [Cafeteria Plan](#) chapter of this SPD for information. Also, under Health Savings Account (HSA) regulations, eligible individuals are defined somewhat differently. See the Health Savings Account (HSA) section of the [Health Care Benefits Overview](#) chapter of this SPD for information.

If You and Your Spouse Both Work at BNSF

See [Dual Coverage Rule](#) for special rules if both you and your spouse are salaried employees of BNSF.

Spouse

You may cover your legal spouse, unless you are legally separated or divorced. (See [separate definition](#) for Business Travel Accident (BTA) Insurance.)

Children

For all coverages except BTA Insurance (see [separate definition](#)), you may cover your child (children) who:

- ▶ Is under age 26 and is **any** of the following:
 - Your natural child,
 - Your adopted child (or placed for adoption),
 - Your stepchild,
 - Your foster child, or
 - A 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 a 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 (ERISA) Section 609, as determined by BNSF, or another court order or decree such as a divorce decree.

Who Is a Full-Time Student?³

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. BNSF will require semi-annual proof that a child is registered as a full-time student.

When Coverage of a Child Ends³

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 Eligible Dependents section.

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 this Eligible Dependents section) takes a medically necessary leave of absence from the educational institution while suffering from a serious illness or injury, at minimum his or her Medical, Dental and Vision Program coverages 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 Group Benefits Plan's eligibility requirements.

³ For BTA insurance, see separate section titled [Eligible Dependents Under Business Travel Accident \(BTA\) Insurance](#).

For the child to be eligible for continued coverage due to a medically necessary leave of absence, you must email benefits.update@bnsf.com. You may be required to submit a written certification from the child's treating physician. This provision does not apply to coverage under the Life and Accidental Death and Dismemberment (AD&D) Insurance Program.

Continued Coverage of a Disabled Child⁴

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 financial support. To continue coverage for a disabled child, *you must contact* the benefit plans manager at 817-593-6445 with proof of the disability *within 60 days* of the child reaching the applicable age limit.

The benefit plans manager may request proof of disability from time to time thereafter.

Dependents Who Are Not Eligible

For all coverages except Business Travel Accident (BTA) Insurance (see [separate definition](#)), the following dependents (whether your spouse or children) are not eligible for coverage under the Group Benefits Plan:

- ▶ A person who is serving on active duty in the military.
- ▶ A person who lives outside of the United States (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).
- ▶ A child who is a regularly assigned employee of **BNSF** or a participating wholly owned subsidiary of BNSF.
- ▶ A child who has reached a program's age limit or otherwise does not meet eligibility requirements.

Dual Coverage Rule

If both you and your spouse are salaried employees of BNSF, there are special rules about covering each other and your children.

- ▶ For the Medical, Dental and Vision Care Programs, you cannot both take coverage for your spouse and/or children.
- ▶ For the Medical Program with HSA, you cannot also be covered under a non-HSA Medical Program for BNSF Railway union employees.
- ▶ For the Dependent Group Term Life and AD&D Programs, you both may cover your spouse, but only one of you may cover dependent children.
- ▶ For Business Travel Accident (BTA) Insurance, coverage is automatic and each spouse is covered individually. Any eligible child also is covered automatically. Dual benefits are not paid.

⁴ For BTA insurance, see separate section titled [Eligible Dependents Under Business Travel Accident \(BTA\) Insurance](#).

Eligible Dependents Under Business Travel Accident (BTA) Insurance

BTA covers the following dependents during covered business travel with you:

- ▶ Your legal spouse, unless you are legally separated or divorced.
- ▶ Your domestic partner, as defined by the insurance policy.
- ▶ Your unmarried child (children) who is under age 19, or under age 25 if a full-time student as defined by the insurance policy, and is *any* of the following:
 - Your natural child,
 - Your adopted child (or placed for adoption), or
 - A stepchild who resides with you or depends on you for financial support.
- ▶ Any person related to you by blood or marriage and who is eligible to be claimed as a dependent on your federal income tax return.

Continued Coverage of a Disabled Child

For an eligible child who reaches the age limit, BTA coverage will continue as long as the child is all of the following, as defined by the insurance policy:

- ▶ Disabled,
- ▶ Not capable of self-support, and
- ▶ Dependent mainly on you for support and maintenance.

You must provide the insurance company satisfactory proof that the child meets continued eligibility conditions, when requested. Proof will not be required more than once per year.

Dependents Who Are Not Eligible for BTA Insurance

A child who has reached the age limit or otherwise does not meet eligibility requirements is not covered by BTA Insurance.

WHEN COVERAGE BEGINS

Employee Coverage

Coverage Upon Becoming Eligible

- ▶ Your coverage under the Medical, Dental and Vision Care Programs and the Cafeteria Plan begins when you are first eligible, as long as you have enrolled as required.
- ▶ Your coverage under Business Travel Accident (BTA) Insurance and the EAP also begins when you are first eligible, but these do not require enrollment.

See [When You Become Eligible](#) in the previous section of this chapter for eligibility dates.

Life, AD&D and LTD Insurance Programs, and STD Benefit Program

Basic Life Insurance, STD Benefit and Basic LTD Insurance

You are covered automatically for Basic Life Insurance, the STD Benefit and Basic LTD Insurance when you are first eligible, as long as you are actively at work, as defined below, on the date each type of coverage is scheduled to take

effect. If you are not actively at work on that date, your coverage will take effect on the first day you return to active employment with [BNSF](#).

Actively at Work

You are considered to be actively at work if you meet one of the following conditions:

- The date your coverage takes effect is a scheduled workday and you are performing your regular salaried assignment with BNSF, either at one of your employer's usual places of business or at some location to which your employer's business requires you to travel; or
- The date your coverage takes effect is a scheduled holiday, vacation day or weekend and you were at work on the preceding scheduled workday, provided you are not disabled.

Employee Optional Life, Optional LTD and AD&D Insurance

If you elect Employee Optional Life Insurance, Optional LTD Insurance and/or Employee AD&D Insurance within 31 days of the date you first become eligible, coverage will take effect on the later of:

- ▶ The effective date of your Basic coverage, or
- ▶ The date the [Claims Administrator](#) approves any required evidence of good health for employee optional life insurance that exceeds three times your [benefits pay](#).

You must be "actively at work," as defined above, on the date any increased coverage is scheduled to take effect.

If You Do Not Enroll When First Eligible

If you do not enroll in any benefit option (except [default coverage](#) as described below) when first eligible, you must wait to elect or change coverage until you have a [qualifying family status event](#), [HIPAA special enrollment](#) event or the next annual enrollment period. You may be required to provide satisfactory evidence of good health before optional life coverage can become effective. Notify the BNSF Benefits Center within 31 days of a qualifying family status event and request enrollment or changes by calling 833-277-8051.

In addition, for Life and AD&D Insurance and LTD Insurance coverages, see the following sections of this chapter titled [Annual Enrollment](#), [Changing Your Elections During the Year](#) and [Effective Date of Coverage](#), for information on when you enroll after the first date you are eligible, such as at an annual enrollment or following a qualifying family status event.

Eligible Dependent Coverage

For all coverages except Business Travel Accident (BTA) Insurance, eligible dependents are covered only if:

- ▶ You have enrolled them as required when they are eligible,
- ▶ You have timely provided proof of dependency status, and
- ▶ You pay any necessary contributions for their coverage.

Any dependent not verified within 30 days will have their coverage terminated on a prospective (going forward) basis.

For BTA Insurance, dependents are automatically eligible if they meet the requirements stated in the section titled [Eligible Dependents Under Business Travel Accident \(BTA\) Insurance](#).

Spouse

Except as noted, coverage of your spouse begins when your coverage begins, provided you timely provide proof of marital status. If you get married, your spouse's coverage begins on your marriage date, so long as you elect spouse coverage within 31 days of your marriage date. Call the BNSF Benefits Center at 833-277-8051 to notify of your change in family status and to enroll your spouse. Proof of marriage will be required.

Dependent Life and/or AD&D Insurance for a new spouse is effective on the spouse's date of eligibility, provided that the spouse is enrolled within 31 days of becoming eligible and is eligible on the date of enrollment.

Children

Coverage of a child who is an eligible dependent begins on the latest of:

- ▶ The date your coverage begins,
- ▶ The date your election of children's coverage takes effect (if you later add children's coverage),
- ▶ The live newborn child's date of birth, or
- ▶ The date the child becomes your dependent.

Proof of dependent status will be required.

Note that you must notify the BNSF Benefits Center at 833-277-8051 within 31 days of the addition of a child, as it is a [qualifying family status event](#), and you must elect coverage for an eligible dependent (if you do not already have a currently in-force election for child coverage). The child must be eligible on the date you notify the BNSF Benefits Center.

If You Do Not Enroll Family Members When First Eligible

If you do not elect coverage for your spouse and/or children when they are first eligible, you must wait until you have a [qualifying family status event](#), [HIPAA special enrollment](#) event or the next annual enrollment period. You may be required to provide satisfactory evidence of good health for some coverages. Notify the BNSF Benefits Center within 31 days of a qualifying family status event and request enrollment or changes by calling 833-277-8051.

Coverage is automatic for Business Travel Accident (BTA) Insurance coverage; there is no enrollment.

ENROLLING AND MAKING ENROLLMENT CHANGES

First Enrollment

- ▶ **Newly hired *salaried employees*** – You must enroll within 31 days following your first day of employment.
- ▶ **Newly eligible *salaried employees*** (for example, BNSF Railway employees promoted from scheduled to salaried positions) – You must enroll within 31 days following the date that you become eligible. See the section titled *When You Become Eligible* in this chapter.

Default Coverages

If you do not properly enroll within 31 days following your eligibility date, you will be automatically enrolled in “**default coverages**.” Default coverages are:

- ▶ Employee Assistance Program (EAP),
- ▶ Employee Basic Life Insurance coverage of two times your **benefits pay**,
- ▶ Short Term Disability (STD) Benefit,
- ▶ Basic Long Term Disability (LTD) Insurance, and
- ▶ Business Travel Accident (BTA) Insurance.

No other coverage will be provided.

Annual Enrollment

Each year you have the opportunity to change your coverage elections during annual enrollment. You must make your elections by the deadline set for the annual enrollment.

Flexible Spending Account and Reimbursement Account Require Annual Election

To participate in the Health Care Flexible Spending Account (HCFSA) or Dependent Care Reimbursement Account (DCRA), you must actively enroll and elect a contribution amount *each year* during annual enrollment.

When New Elections Take Effect

Coverage will be effective on the date indicated for the annual enrollment, except that any optional life insurance that requires evidence of good health will be effective on the date approved by the **Claims Administrator**, if later. You must be “actively at work,” as defined in the *When Coverage Begins* section of this chapter, on the date any increased coverage is scheduled to take effect.

Important Considerations if Opting Out of Medical Coverage

If you opt out of Medical Program coverage, you should have other group or individual medical coverage in place to cover yourself and any dependents at the time you opt out.

Also, be aware that since the company contribution to an HSA or HRA is tied to enrollment in the Medical Program, opting out of Medical Program coverage means you will not receive a contribution from BNSF.

Company-Paid Coverage that Continues if You Elect Not to Participate

If you opt out of any or all programs that require you to make contributions, you will continue to be covered under the following benefits as long as you continue to be eligible and your [employer](#) continues to pay the full cost:

- ▶ EAP,
- ▶ Employee Basic Life Insurance,
- ▶ STD Benefit,
- ▶ Basic LTD Insurance, and
- ▶ Business Travel Accident (BTA) Insurance.

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](#) or qualify for [HIPAA special enrollment](#). 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;
- ▶ You or your eligible dependent becomes eligible or loses eligibility for other coverage, including Medicare or Medicaid coverage;
- ▶ A change in residence or worksite if it requires you to change Medical or Dental Program networks, or your Dependent Care Reimbursement Account (DCRA), as determined by the BNSF Benefits Center;
- ▶ A significant change in non-BNSF benefits coverage for you or your eligible dependents, including changes due to your spouse's annual enrollment decisions, as determined by the BNSF Benefits Center;
- ▶ A significant change in your Dependent Care Reimbursement Account (DCRA) expenses (such as changing day care providers); or
- ▶ Service of a Qualified Medical Child Support Order ([QMCSO](#)) issued under [ERISA](#) Section 609, as approved by the BNSF Benefits Team. If you either opted out of the BNSF Medical Program or chose employee-only coverage and the BNSF Benefits Center receives a valid QMCSO, the child will be enrolled under the Program's special enrollment rules. If you are not enrolled, you and the child will be enrolled in employee-plus-child coverage, and you will be required to pay the applicable cost of coverage. You may request a free copy of the BNSF policies and procedures for QMCSOs from the BNSF Benefits Center.

31-Day Deadline for Changes Due to Family Status Events

Except as noted in the following section, *HIPAA Special Enrollment Rules for Medical Coverage*, 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. For example, if your spouse becomes eligible for benefits through his or her employer, you may remove your spouse from your Medical, Dental and Vision Care Program coverages and change the amount you are contributing to a General Purpose or Limited Purpose Health Care Flexible Spending Account (HCFSA).

HIPAA Special Enrollment Rules for Medical Coverage

If you opted out of Medical Program coverage for yourself or an eligible dependent during annual enrollment, you may enter or re-enter the Medical Program on a HIPAA special enrollment date. In specific situations, you may also add eligible dependents to existing coverage and elect to change your medical coverage option on a HIPAA special enrollment date.

You must enroll through the BNSF Benefits Center *within 31 days* after one of the following events:

- ▶ If you become married, even though you may have opted out of coverage for yourself initially, you and your spouse may take advantage of special enrollment.
- ▶ If you are married, chose employee-only coverage and later gain a new dependent (whether through birth, placement for adoption or adoption), you may elect special enrollment for your spouse and child, or for the child only.
- ▶ If you opted out of BNSF Medical Program coverage because you were covered under another employer's group medical plan, and you lose coverage under that plan, you may elect special enrollment for you and any eligible dependents. However, special enrollment is not available if you lost coverage because you did not pay premiums or because of your misrepresentation.
- ▶ If your eligible dependent opted out of BNSF Medical Program coverage because they were covered under another employer's group medical plan and they lose coverage under that plan, they may elect special enrollment. However, special enrollment is not available if they lost coverage because they did not pay premiums or because of their misrepresentation.

Neither you nor your eligible dependent is required to elect [COBRA](#) continuation coverage under another employer's plan in order to become eligible for special enrollment under the BNSF Medical Program. However, if you also opted out of coverage under the BNSF Medical Program, once you or your dependent elects COBRA continuation coverage under another employer's plan, then the entire COBRA continuation period must be completed before you may enroll in the BNSF Medical Program under the [HIPAA special enrollment](#) rules.

- ▶ If you opted out of BNSF Medical Program coverage, or you opted not to enroll your eligible dependents because **COBRA** coverage was in effect on your eligibility date, you or your eligible dependents must exhaust the COBRA continuation period before special enrollment is available. This means you or your eligible dependents must continue COBRA coverage for the entire COBRA period. If you stop paying COBRA premiums, you do not qualify as exhausting the COBRA continuation period.
- ▶ If you are covered by another group medical plan and that plan terminates.
- ▶ If the employer sponsoring the other group medical plan ceases to make contributions.
- ▶ If you or your dependent is covered under a Medicaid plan or a state Children's Health Insurance Plan (CHIP), and your coverage or your eligible dependent's coverage under that plan is terminated because you or your eligible dependent loses eligibility. In this case, you may elect coverage for yourself or your eligible dependent under the BNSF Medical Program **not later than 60 days** after the date of termination of your prior coverage.
- ▶ If you or your eligible dependent becomes eligible for government assistance with the cost of the BNSF Medical Program coverage through Medicaid or a state Children's Health Insurance Plan (CHIP) (including under any related waiver or demonstration project). In this case, you may elect coverage for yourself or your eligible dependent under the BNSF Medical Program **not later than 60 days** after the date you or your eligible dependent becomes eligible for assistance.

You must notify the BNSF Benefits Center and enroll in the Medical Program within 31 days, as noted below.

Special enrollment is available at any time during the year.

Giving Notice of a Qualifying Family Status Event

Except as noted for certain special enrollment events, which allow 60 days for notification (regarding loss of Medicaid or CHIP coverage, or eligibility for government premium assistance), ***you must notify the BNSF Benefits Center of your [qualifying family status event](#) or HIPAA special enrollment 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 event or otherwise qualify for special enrollment.***

To notify the BNSF Benefits Center and change your election, call 833-277-8051 or go to the BNSF Benefits Center website at digital.alight.com/BNSF.

Benefit Changes Due to Relocation or Significant Change in the DMO

If you are enrolled in the Medical Program or the Dental Program DMO option and you relocate outside the program's service area, you will be switched automatically to the BCBS or Cigna Medical network, as applicable; or the Dental Program PPO option, depending on your new location. You may not change your coverage-level election until the next annual enrollment unless you have a qualifying family status event or HIPAA special enrollment event.

You also may change your dental election if the DMO significantly reduces its network coverage, as determined by the BNSF Benefits Center. A change in professional staffing in the DMO does not constitute a significant reduction in network coverage, even though you might be required to change dentists.

Cost of Coverage

You will be advised of the cost of coverage at the time you make your elections. From time to time, [BNSF](#) reviews the cost of the various program options. You will be notified of any changes in the cost of coverage before the change goes into effect.

Effective Date of Coverage**Coverage Requests Made During Annual Enrollment**

If you request coverage during annual enrollment:

- ▶ The effective date of medical, dental, vision care, HCFSA, DCRA, AD&D Insurance and Optional LTD Insurance coverages is the Jan. 1 following the end of the annual enrollment period.
- ▶ The effective date for Employee Optional Life and Dependent Life Insurance coverages is the later of:
 - The Jan. 1 following the end of the annual enrollment period, or
 - The date any required evidence of good health is approved by the [Claims Administrator](#).
- ▶ You must be actively at work, as defined in [When Coverage Begins](#) of this SPD chapter, on the date any increased coverage is scheduled to take effect.

Coverage Requests Made Other than During Annual Enrollment

If you request coverage at any time other than annual enrollment due to a [qualifying family status event](#) or [HIPAA special enrollment](#) event:

- ▶ The effective date of medical, dental, vision care, HCFSA, DCRA, AD&D Insurance and Optional LTD Insurance coverages is the date of the event allowing the coverage request, provided that the change request is made within the applicable time limit.
- ▶ The effective date for Employee Optional Life and Dependent Life Insurance coverages (provided that the change request is made for an eligible person within the applicable time limit) is the later of:
 - The date of the event allowing the coverage request, or
 - The date any required evidence of good health is approved by the [Claims Administrator](#).
- ▶ You must be actively at work, as defined in [When Coverage Begins](#) of this SPD chapter, on the date any increased coverage is scheduled to take effect.

WHO TO CALL ABOUT YOUR BENEFITS



For questions about eligibility for benefits or enrolling in any of the programs of the BNSF Group Benefits Plan, call the BNSF Benefits Center at 833-277-8051. Benefits Center representatives are available Monday through Friday, 7 a.m. to 7 p.m. Central time.

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.



Previous view: Return to your previous page by right clicking and selecting the “previous view” option.

To add the handy “previous view” button to your toolbar, open your Adobe Reader tools and select Page Navigation, then Previous View.

Benefits pay – For full-time employees (other than those employed by BNSF Logistics), benefits pay is your base salary plus your target ICP for your salary band (not actual payout) as of Aug. 31 of the prior year. For part-time employees (other than those employed by BNSF Logistics), benefits pay is base salary plus 50% of target ICP for your salary band (not actual payout) as of the later of (1) Aug. 31 of the prior year or (2) the date you became part-time. For BNSF Logistics employees, benefits pay is your base salary. Base salary means your base annual compensation as of Aug. 31 of the prior year and before any pre-tax or after-tax deductions.

BNSF, company, employer – Burlington Northern Santa Fe, LLC, 2301 Lou Menk Drive, Fort Worth, TX 76131 and wholly owned subsidiaries of BNSF.

Claims and Account Administrators – See the [Administrative Information](#) chapter of this SPD for identification of Claims and Account Administrators.

COBRA – Consolidated Omnibus Budget Reconciliation Act of 1985, as amended. For more information on your COBRA rights, see the chapter of this SPD titled [Continuing Health Care Coverage Under COBRA](#).

Default coverages – See the [Enrolling and Making Enrollment Changes](#) section of this SPD chapter.

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

HIPAA Special Enrollment – Period defined in HIPAA legislation during which you may enroll in Medical Program coverage when you otherwise would not be able to enroll. See the [Enrolling and Making Enrollment Changes](#) section of this SPD chapter.

Pre-existing condition – An injury, sickness or medical condition for which you, during a period before your effective date:

- ▶ Received medical treatment, consultation, care or services;
- ▶ Took prescription medications or had medications prescribed; or
- ▶ Had symptoms or conditions that would cause a reasonably prudent person to seek diagnosis, care or treatment.

QMCSO – Qualified Medical Child Support Order.

Qualifying family status event – See the [Enrolling and Making Enrollment Changes](#) section of this SPD chapter.

Salaried employee – An employee not covered by a collective bargaining agreement.