

DATE: September 7, 2005

TO: All Eligible Employees

FROM: Kay Van Vreede

SUBJECT: Medical and Dental Group Insurance and Open Enrollment

I am writing to you about the open enrollment for medical and dental insurance for Fermilab employees. The laboratory is making changes in order to maintain levels of service and keep costs reasonable. It is important that you look at this information and that you decide if you wish to make any changes in your insurance coverage(s). The open enrollment period, from September 12-23, gives active employees the opportunity to transfer their medical and dental insurance from one plan to another.

The current Cigna PPO will become Cigna Open Access Plus; Cigna POS will become Cigna Network POS. How does this affect you personally? Some important features:

- The vast majority of participants whose medical providers were in-network in the current plans will see no change. These medical providers have contracts with Cigna Open Access Plus; therefore, claims will continue to be covered in-network.
- There may be some medical providers previously covered in-network, who may now be out-of-network. While you may choose to use these same providers, the claims will now be covered out-of-network.
- Other medical providers who were out-of-network may now be in-network. Cigna Open Access Plus will cover more claims in-network than are currently covered by Cigna PPO.
- If you currently are enrolled in the Cigna PPO or Cigna POS medical plans, you will be automatically enrolled in either Cigna Open Access Plus or Cigna Network POS.
- You will receive new insurance cards in the mail.
- New directories will be available in the Benefits Office, as well as in the atrium on the two days the insurance representatives are here. You can also look up your medical providers on the following Cigna

website: www.cigna.com or by calling Customer Service at 1-800-244-6224.

Fermilab will continue to offer both HMO IL and Blue Advantage medical plans. You can select which Blue Cross/Blue Shield HMO best meets your healthcare and financial needs. What advantages does Blue Advantage offer over HMO IL?

- Lower monthly insurance premium rate
- Lower prescriptions co pays

If you wish to switch to Blue Advantage from HMO IL you will need to complete the FNAL Open Enrollment Form and choose a Blue Advantage medical group.

Effective Date:

Below are the new monthly payroll deductions followed by a description of changes and open enrollment information. The new rates and plan changes will be effective October 1, 2005.

	Single Coverage		Family Coverage	
	Current	New	Current	New
Cigna Open Access Plus	\$52.80	\$59.94	\$179.76	\$204.11
Cigna Network POS	\$36.18	\$40.83	\$145.56	\$165.30
HMO Illinois	\$46.98	\$49.79	\$159.74	\$169.28
Blue Advantage HMO	\$43.36	\$44.31	\$147.43	\$150.66
Cigna Dental PPO	\$ 8.59	\$8.79	\$ 44.38	\$ 45.43
Cigna Dental Health (HMO)	\$ 8.45	\$8.88	\$ 24.05	\$ 25.26

OPEN ENROLLMENT PERIOD

Duration

Starts: Monday, September 12, 2005 at 8:00 A.M.

Ends: Friday, September 23, 2005 at 5:00 P.M.

Purpose:

You can elect to transfer your medical and/or dental coverage.

You have the opportunity to enroll, if you are not in a plan.

You can add eligible dependents in one of the medical and/or dental plans.

Choices:

Medical Plans: - Cigna Open Access Plus, Cigna Network POS, HMO IL or Blue Advantage HMO

Dental Plans: - Cigna PPO or Cigna Dental Health (HMO)

Enrollment Forms Available:

The plan representatives will provide forms in the atrium on September 12 and 13 or you can get forms from the Benefits Office (WH15 NW) anytime during open enrollment.

Website: <http://lss.fnal.gov/benedept/openenrollform.html>

Plan Representatives:

Purpose: Plan representatives from Cigna and Blue Cross/Blue Shield will be available to answer questions and to distribute forms and directories.

When:

Monday, September 12, 2005 from 8:00 A.M. to 1:00 P.M.

Tuesday, September 13, 2005 from Noon. to 5:00 P.M.

Where:

Atrium of Wilson Hall

Provider Information on the Web:

- Cigna's medical and dental plan provider directory is at www.cigna.com. (Please note on Cigna's website you will need to select either Cigna Open Access Plus or Cigna Network POS.)
- HMO Illinois' and Blue Advantage provider directory is at www.bcbsil.com. (Please note on their site our plan is called HMO Illinois, a Blue Cross HMO.)

Special Arrangements:

If you will not be present at the Laboratory during the entire enrollment period and you want to make a change, please make arrangements with the Benefits Office.

DEADLINE:

FINAL Open Enrollment forms with your changes must be received in the Benefits Office no later than 5:00 P.M. on Friday, September 23, 2005 and will not be accepted at a later date.

Reminder:

Cigna Network POS, HMO Illinois, Blue Advantage HMO or CIGNA Dental Health plans

- You must elect a primary care physician
- All services and specialist referrals are provided through the primary care physician

Cigna Open Access Plus and the CIGNA Dental PPO

- You may choose physicians and other health care providers either in-network or out-of-network.
- An in-network provider saves you and the Laboratory money.

The medical or dental plan in which you are enrolled effective October 1, 2005 may not be changed until the next annual open enrollment period.

Additional Information

One of the provisions of the Women's Health and Cancer Rights Act of 1998 requires employers to remind health plan members during the open enrollment period of their rights under this law.

On October 21, 1998 group health plans that provide benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. This includes reconstruction of the breast on which a mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance and prosthesis and physical complications of all stages of mastectomy, including lymph edemas.

The law also states "the services will be considered in a manner determined in consultation with the attending physician and the patient." In other words, you and your physician will determine the most appropriate treatment for your individual situation.

Coverage of these services is subject to the terms and conditions of your health plan, including your plan's normal co-payment, annual deductibles, and coinsurance provisions.

If you have any questions, please feel free to call the Benefits Office at extensions 4362, 3955 or 4361.