

2021 benefits decisions

- ✓ Medical & pharmacy
- ✓ Dental
- ✓ Vision
- ✓ Pretax accounts: health savings or health care spending account & dependent care spending account
- ✓ Life insurance
- ✓ Supplemental health insurance
- ✓ Personal liability protection
- ✓ Personal ID theft & anti-virus protection
- ✓ Legal services

BMS also offers a wide range of work life offerings and financial savings and wellbeing resources available year-round that don't require elections during enrollment.

If you don't enroll

If you do not complete your enrollment event within 31 days of your date of hire – even if you intend to decline coverage – you will be assigned default 2021 individual coverage only that includes:

- **Medical:** Individual medical coverage, **NO dependent medical coverage**
- **Dental:** NO coverage
- **Life insurance:** Company-provided life insurance of 1x pay at smoker rates

Default coverage for 2021 applies to all who do not complete an enrollment event. If you fail to complete a valid enrollment event within 31 days of your date of hire, you will need to wait until annual enrollment for 2022 benefits to make any changes in coverage unless you have a life event such as marriage or birth of a child.

Enroll now at mybenefits.bms.com



1. Go to mybenefits.bms.com and find the "I want to" section on the top right of the screen

My Personal Info & Actions

> myElections

I want to:

 - > Enroll / Make Changes
 - > Use Health Benefits Decision Tool and compare my medical options
 - > View detailed Medical Summaries of Benefits Coverage
2. Use the Health Benefits Decision Tool to compare your estimated spending under each medical plan option
3. Make your 2021 benefits choices, including pretax payroll deductions to an HSA and/or FSA; add dependent information
4. Submit your choices and review your enrollment confirmation summary to confirm your 2021 elections

Get more information



[2021 Benefits Decision Guide for New Hires](#)



[Virtual Benefits Fair](#)



[Frequently Asked Questions](#)

2021 medical & pharmacy key info*

(in-network coverage)

	Consumer Choice	Point of Service	In-Network Only**
Medical (Aetna and UnitedHealthcare)			
Annual deductible	Individual: \$1,400 Family: \$2,800	\$400/individual \$1,200 family	\$250/individual \$500 family
Out-of-pocket maximum (incl. deductible)	\$4,400 / \$8,800	\$3,400 / \$7,200	\$2,500 / \$5,000
Preventive care	You pay \$0	You pay \$0	You pay \$0
Coinsurance (after deductible)	You pay 10%	You pay 10%	N/A
Copayment	N/A	N/A	Primary Care Physician: \$30 Specialist: \$50 Hospital: \$0 after deductible
HSA company contribution	Up to \$350 / \$700 prorated quarterly based on when you join plan	N/A	N/A
Wellbeing incentive (paid quarterly, max of \$100/elig. indiv.)	\$400 / \$800 to HSA (federally tax-free)	\$400 / \$800 (taxable payroll contributions)	\$400 / \$800 (taxable payroll contributions)
Pharmacy Benefit Program (CVS Caremark)			
Annual deductible	Included in medical	N/A	N/A
Out-of-pocket maximum		\$2,000 / \$4,000	\$2,000 / \$4,000
Retail • Tier 1: Generic • Tier 2: CVS preferred • Tier 3: Non-CVS preferred	After deductible: • Tier 1: \$10 • Tier 2: 10% (\$20 min/\$35 max) • Tier 3: 10% (\$35 min/\$55 max)	• Tier 1: \$15 • Tier 2: 20% (\$25 min/\$45 max) • Tier 3: 20% (\$45 min/\$65 max)	
Mail order • Tier 1: Generic • Tier 2: CVS preferred • Tier 3: Non-CVS preferred	After deductible: • Tier 1: \$25 • Tier 2: 10% (\$50 min/\$87.50 max) • Tier 3: 10% (\$87.50 min/\$137.50 max)	• Tier 1: \$37.50 • Tier 2: 20% (\$62.50 min/\$112.50 max) • Tier 3: 20% (\$112.50 min/\$162.50 max)	

* See the [2021 Benefits Decision Guide for New Hires](#) for details on out-of-network coverage and pharmacy coverage for branded BMS and Celgene drugs (\$0 copay, after deductible in some cases).

** There are no benefits provided under the In-Network Only Plan for services performed by out-of-network providers.