

2020 Health Benefits FAQs

If you cannot find the answer to your question below or within the information available through the Resources link on the Bristol-Myers Squibb Health Benefits website (bms.healthbenefitsus.com (<https://bms.healthbenefitsus.com/>)), contact Benefits Services at 1-844-557-3344 to speak with a benefits representative.

Enrolling for Benefits

Q1. Do I have to enroll for benefits each year? What if I want to keep my current coverage?

A1. No. While enrollment isn't required each year, it's always a good idea to review your choices, and to make sure they still fit your needs for the following calendar year.

If you don't update your choices through mybenefits.bms.com (<https://mybenefits.bms.com>) during Annual Enrollment, you will be assigned the following default coverage for 2020 with applicable monthly cost increases:

- **Medical, Dental, and Vision:** You will be enrolled in the same plans, coverage levels and with the same covered dependents you elected in 2019.
- **Life Insurance, Legal Services, and Identity Theft Protection:** You will have the same coverage levels as in 2019.
- **Flexible Spending Account(FSA) or Health Savings Account (HSA):** You will have no payroll deductions applied to an FSA or HSA, as applicable, UNLESS you specifically elect those amounts for 2020.

You cannot change your enrollment once the plan year begins, with the exception of your payroll contributions to your Health Savings Account. All other elections will remain **in effect throughout the calendar year unless you have an eligible change in status.**

Q2. Last year I enrolled in the Point of Service Plan. Can I easily switch to the Consumer Choice Plan for 2020?

A2. Yes, as long as you make the election by the Annual Enrollment deadline of November 8, 2019. By switching to the Consumer Choice Plan, you will be able to receive up to \$750 – \$1,500 in company contributions to a Health Savings Account (HSA) depending on your level of coverage. Company contributions include automatic contributions plus earned wellness incentives. You can also benefit by making your own pretax contributions to the HSA. Most important is that you remember to also open up your HSA through Fidelity at netbenefits.com/bms (<https://netbenefits.com/bms>) as soon as you can so that it's possible for company contributions and your own pretax contributions to be deposited on your behalf.

Benefits for New Hires

Q1. I am a new hire. What is my enrollment deadline for health and insurance benefits? When will my benefit elections be effective?

A1. As a newly eligible employee, you have 31 days from the date of eligibility (e.g., your hire date) to enroll in BMS benefits. You can enroll by logging on to mybenefits.bms.com (<https://mybenefits.bms.com>). Your coverage generally takes effect as of the date you first become eligible for benefits. In cases where proof of insurability is required, such as spouse life insurance, coverage takes effect when satisfactory proof is received and approved.

Q2. I am a new hire. If I don't make a health and insurance benefits election, what coverage will I have?

A2. If you do not enroll within 31 days of the date you first become eligible for BMS benefits, you automatically will default to the following coverage:

- Medical: Aetna Consumer Choice Plan, employee only coverage
- Dental, Vision, Legal Services, and Identity Theft Protection: No employee or family coverage
- Life insurance: Coverage of one times pay at smoker rates; no dependent life coverage for spouse or child

Your next opportunity to enroll yourself or family members for BMS benefits will be during the next Annual Enrollment, unless you have an eligible change in status (e.g., marriage or birth of a child).

Q3. What if I need coverage before I enroll?

A3. As a new hire, your health care coverage takes effect as of the first day of your active employment.

However, you must elect a health care coverage option before your claim can be reimbursed. When seeking care, even in an emergency, it is important to consider the type of health care you might elect. For example, if you elect a regional HMO and submit a claim from a non-participating provider for care you received prior to submitting your health care election, you may not receive full reimbursement at plan coverage levels for the care you received.

If you need to fill a prescription before you elect a medical coverage option, you will need to pay the full cost of the prescription and submit a claim for reimbursement at pharmacy benefit coverage levels.

Keep in mind that you may be responsible for deductibles and expenses that are not considered covered expenses under the plan you elect.

Reviewing Your Health Care Options

Q1. With all of the tools available, what is the best way to compare my plan options?

A1. To read more about your options, review the Resources page of the BMS Health Benefits website (bms.healthbenefitsus.com (<https://bms.healthbenefitsus.com>)).

To explore and compare your options more interactively, use the Health Benefits Decision Tool, available through mybenefits.bms.com (<https://mybenefits.bms.com/>).

Q2. When I use the Health Benefits Decision Tool, all of my modeling suggests that the Consumer Choice Plan is a better fit. Why?

A2. The Health Benefits Decision Tool is designed to highlight the medical plan that provides the best financial value based on your estimated annual financial responsibility, including payroll contributions, expected out-of-pocket spending within the plan (deductible, coinsurance, etc.), and company contributions available under the Health Savings Account (HSA).

In most cases, the Consumer Choice Plan option will have the lowest participant financial responsibility when all plan features are taken into consideration, which include:

- Lower monthly payroll contributions for coverage
- Automatic company contributions to a Health Savings Account
- In addition, the savings you experience in lower monthly payroll contributions can be contributed to a Health Savings Account, which can be used toward the cost of actual health care received instead of toward the cost of insurance.

The Health Benefits Decision Tool allows you to see each financial component and make your decision considering all factors.

Your financial responsibility is just one of the decision points to consider. Just as important is your comfort with paying a higher deductible for non-preventive care and your willingness to contribute to a tax-advantaged account to fund current and future year expenses.

Q3. The medical plan covers vision exams. What is the benefit of enrolling in the EyeMed Vision Plan?

A3. The medical plans cover eligible expenses for vision exams but do not cover the purchase of glasses or contact lenses.

The EyeMed Vision Plan offers an exam, frames, and lenses or contacts once every 12 months. Members also receive a 40% discount off additional pairs of eyeglasses. For a list of providers through the EyeMed “Insight” network, visit [eyemed.com \(https://www.eyemed.com\)](https://www.eyemed.com).

EyeMed also provides hearing exams at a 40% discount and discounts for hearing aids.

Contributions for vision coverage are pretax.

Q4. How is my “out-of-pocket maximum” different from my “total out-of-pocket amount”?

A4. The out-of-pocket maximum limits your cost-sharing for covered health expenses after you and/or your family has satisfied the annual deductible. For either the Point of Service Plan or the Consumer Choice Plan, the in-network out-of-pocket maximum is \$3,000 per person, and no more than \$6,000 per family. This means that, after the annual deductible is satisfied, and after an individual has paid \$3,000 in coinsurance (10% of covered in-network expenses), the plan would pay 100% of covered in-network expenses for that individual for the remainder of the year.

Your total out-of-pocket amount includes all expenses that you are expected to pay for the year. This may include costs associated with covered expenses, but paid toward your cost-sharing, including deductibles and coinsurance amounts. It may also include non-covered expenses for which you must pay the full cost. Non-covered expenses do not count toward your deductible or cost-sharing limits (out-of-pocket maximum).

Q5. What is telemedicine (virtual health care)?

A5. Telemedicine (virtual health care) is available to employees and covered dependents who are enrolled in the Consumer Choice or Point of Service Plan. Virtual health care services are provided directly through UnitedHealthcare's or Aetna's provider networks, based on your medical plan enrollment. Care is provided at in-network benefit levels and you have 24/7 access to board-certified primary care doctors and pediatricians through a phone call or web chat using your mobile device or computer.

This service can be a nonemergency alternative for when your regular doctor is unavailable for medical issues such as:

- Allergies
- Ear infections
- Pediatric care (nonemergency)
- Nausea, vomiting
- Respiratory infections
- Sinus problems
- Urinary tract infections
- And more

For more information about virtual care, contact member services at UnitedHealthcare or Aetna. You can find these phone numbers by visiting bms.healthbenefitsus.com (<https://bms.healthbenefitsus.com>) and clicking Benefits Contacts or Resources. You can also visit the UnitedHealthcare or Aetna member sites for information and instructions on how to access virtual care.

Anticipating and Tracking Health Care Expenses

Q1. Am I able to track what I am spending toward my medical plan deductible?

A1. Yes. Throughout the year, it will be important to anticipate what your medical services might cost and to also track what you spend. You can do this directly through the provider site of the plan you choose.

Medical Benefits

To find a host of useful consumer resources and track your medical expenses, visit your plan's provider site on a regular basis. You will be able to review all medical plan charges, see what is covered, as well as your share of the cost, including the breakdown in deductible expenses and coinsurance.

- Aetna Consumer Choice or Point of Service Plan: [aetna.com](http://aetnaresource.com/8250/bms) (<http://aetnaresource.com/8250/bms>)
- UHC Consumer Choice or Point of Service Plan: [myuhc.com](http://bms.welcometouhc.com/home) (<http://bms.welcometouhc.com/home>)

Pharmacy Benefits

- When you choose a BMS medical plan, your pharmacy benefits are automatically included. To anticipate and track prescription drug expenses through Caremark, be sure to access the Caremark site directly through [caremark.com](https://www.caremark.com/) (<https://www.caremark.com/>).
- If you have a question about your prescription drug expenses, be sure to call Caremark directly.

Q2. Will I be able to track what I am spending from my HSA?

A2. Yes. After you open an HSA with Fidelity, you can track what you contribute to—and spend from—your account when you visit Fidelity NetBenefits through [netbenefits.com/bms](http://www.netbenefits.com/bms) (<http://www.netbenefits.com/bms>).

Provider Networks

Q1. How can I easily find providers associated with each BMS health care plan?

A1. Both UHC and Aetna have websites that allow potential new members to access the provider networks supporting the BMS plans (no password needed). These sites let you access the provider networks supporting the BMS plans. For all provider links and contact information, refer to the Benefits Contacts section of the BMS Health Benefits website on bms.healthbenefitsus.com (<https://bms.healthbenefitsus.com>).

Consumer Choice Plan and Point of Service Plan provider networks through:

- UnitedHealthcare (UHC): [bms.welcometouhc.com](http://bms.welcometouhc.com/home) (<http://bms.welcometouhc.com/home>)
- Aetna: aetnaresource.com/bms-250 (<http://aetnaresource.com/bms-250>)

Medical provider network names are not the same as the BMS plan names. Your physician's office may also need to know the name of the network, which will be listed on your ID card. The Consumer Choice Plan and Point of Service Plan provider network names are:

- UnitedHealthcare (UHC): UHC Choice Plus network
- Aetna: Aetna Choice POS II network (Open Access Aetna Plan)

Participants on long-term disability (LTD) and retirees have coverage under UnitedHealthcare's Comprehensive Medical Standard Plan, which offers the Options PPO network.

Health Savings Account (HSA)

Q1. What are the tax advantages of the Health Savings Account (HSA)?

A1. With an HSA, you can benefit from federal tax protection in three ways:

1. Your and the company's contributions to the HSA on a pretax basis
2. You can invest your savings in the account and earn interest tax-free on a federal basis
3. You pay no taxes on a federal basis when you use the money to pay for qualified health care expenses

If you choose a Consumer Choice Plan with the HSA, IRS rules do not permit you to participate in the Health Care Flexible Spending Account (FSA).

Q2. How do I deposit money into my HSA?

A2. You must be enrolled in a Consumer Choice Plan and open an HSA with Fidelity. Company and payroll contributions will be deposited as soon practicable after your first pay period of the new year or your opening of an HSA, if later. Once those funds are deposited and available, you can use funds toward eligible expenses. There are three kinds of contributions possible:

- **Company Automatic:** If you are an active employee, BMS automatically contributes up to \$350 (employee only coverage) or up to \$700 (family coverage) after you open an HSA. The amount is prorated based on the date you join the plan.
- **Company Earned:** If you are an active employee, BMS contributes up to an annual maximum of \$400 (employee only coverage) or up to \$800 (family coverage) are made quarterly and in coordination with completion of Living Life Better activities that include the Health Screening and Health Assessment. You must be actively at work when the payments are made in order to receive these payments .
- **Employee Pretax:** You can make pretax contributions through payroll deduction into your account. When you enroll in the Consumer Choice Plan, the pretax amount you indicate through mybenefits.bms.com (<https://mybenefits.bms.com/>) will enable your payroll contributions to the HSA. You can also change this amount prospectively throughout the year.

Q3. Why must I open an HSA through Fidelity on its NetBenefits site?

- A3.** When you open an account at Fidelity, you are authorizing Fidelity to accept contributions from the company and your own pretax contributions, if elected, to be deposited into your account. Without opening an account, you cannot receive company contributions or make your own contributions through payroll deductions.

If you are opening your HSA for the first time, we encourage you to open your account with Fidelity as soon as possible so that there won't be any delay in depositing company contributions and your contributions, if any, into your HSA.

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- Q4.** When I elect or change my payroll deductions for my HSA, must I also indicate my election/change on Fidelity's NetBenefits site ?

- A4.** No. Once you open your HSA with Fidelity, all future changes to your pretax contributions are made directly on mybenefits.bms.com (<https://mybenefits.bms.com/>). BMS will adjust your payroll deduction and transmit your revised contribution amount to Fidelity to be deposited into your HSA.

You must make a new contribution election each Annual Enrollment to authorize payroll deductions for the following calendar year.

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- Q5.** Will I be able to track what I am spending from my HSA?

- A5.** Yes. After you open an HSA, you can track what you contribute to—and spend from—your account when you visit Fidelity NetBenefits through [netbenefits.com/bms](http://www.netbenefits.com/bms) (<http://www.netbenefits.com/bms>).

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- Q6.** What is the most I can contribute to the HSA on a pretax basis?

- A6.** According to IRS regulations, the most you can contribute in 2020 in combined employee and company contributions is \$3,550 (employee only coverage) and \$7,100 if you cover one or more dependents through the Consumer Choice Plan (family coverage). If you have an HSA and are age 55 or older, you can save an extra \$1,000 on a pretax basis each year. Tax treatment described above refers to federal taxes. State or local taxes may apply in some cases.

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- Q7.** What kind of expenses can I pay for with my HSA funds?

- A7.** Most out-of-pocket health expenses are eligible for reimbursement through an HSA. For more information on eligible expenses, refer to the enrollment and additional reference materials on the Resources page of the Bristol-Myers Squibb Health Benefits site (bms.healthbenefitsus.com (<https://bms.healthbenefitsus.com>)).

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- Q8.** May I spend money from the HSA before it has been deposited?

- A8.** No. the HSA works a little differently than the Health Care Flexible Spending Account (FSA). You must have funds in your HSA to reimburse yourself (tax-free) for an eligible medical expense. However, there is no annual deadline to direct payment from your HSA to pay a health care expense. HSA funds remain available to pay qualified expenses as long as they are incurred after you have opened your HSA with Fidelity.

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- Q9.** Can I contribute to my HSA outside of payroll deduction?

- A9.** Yes, you can do so by contacting Fidelity for directions on submitting your check directly to your account. Important to keep in mind is that payroll deductions are calculated to ensure that when contributions are combined with those from the company, they do not exceed the IRS limits. If you make direct contributions outside of payroll deductions, you become responsible to the IRS for managing compliance with contribution limits and related tax penalties if you exceed these limits.

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- Q10.** What are the fees, if any, that accompany the HSA?

A10. There are different kinds of fees depending on how you use the account:

For use of debit card or check writing: No Fidelity fees apply.

For maintenance and administration of account: You pay no maintenance fees as long as you remain an active BMS employee. If you leave the company and still have funds in your HSA, an annual account maintenance fee will apply, which will be deducted from your account.

For investment transactions: Once you have at least \$500 in your HSA, you may wish to invest your HSA savings. As with any investment, there are fees that apply when you make investment transactions. Refer to the Health Savings Account section and the Brokerage Commission Schedule of Fees on [netbenefits.com/bms](http://www.netbenefits.com/bms) (<http://www.netbenefits.com/bms>) for more information. If you choose to invest, remember to keep some of your account in available cash, *such as amounts that would be needed for your annual deductible or any other eligible out-of-pocket expenses*, in case you wish to access it sooner rather than later.

Q11. What happens to my HSA participation if I switch to the Point of Service Plan or become covered under my spouse's employer's medical plan?

A11. Once you are no longer in a high deductible plan like the Consumer Choice Plan, you may no longer make new contributions to your HSA. However, you will still be able to use your account to pay for eligible medical expenses.

Q12. My spouse plans to participate in a Flexible Spending Account (FSA) through her employer. Am I still eligible to open a Health Savings Account (HSA) through Bristol-Myers Squibb?

A12. No. If your spouse is enrolled in a health care FSA with his or her employer, you are not eligible to open an HSA. This is the case even if your spouse does not plan to submit your expenses for reimbursement.

Q13. I cover my eligible dependent child under my BMS medical plan. If I choose the Consumer Choice Plan and open an HSA, can I use the account to pay her qualified medical expenses if she files her own tax returns?

A13. If your dependent child files his or her own tax return, consult with your tax advisor and refer to the IRS Publication 969 in which it states that qualified medical expenses are those incurred by the following persons:

- You and your spouse
- All dependents you claim on your tax return
- Any person you could have claimed on your return except that:
 - the person filed a joint return,
 - had gross income of in excess of IRS threshold that changes every year, or
 - you, or your spouse if filing jointly, could be claimed as dependent on someone else's return for the applicable tax year.

Q14. Where can I find out more about HSAs?

A14. For more information about HSAs and qualified medical expenses, please refer to your Benefits Guide and the Resources page of the BMS Health Benefits website (bms.healthbenefitsus.com (<https://bms.healthbenefitsus.com>)).

Flexible Spending Accounts

Q1. Does money need to be in my Flexible Spending Accounts to reimburse myself for eligible expenses?

A1. The answer depends on which FSA you have:

- For the Health Care FSA, you have access to the entire annual contribution election even if the money is not yet in your account.
- For the Dependent Care FSA, your claims for reimbursement will be paid only after the money is in your account.

Q2. Can I participate in the Health Care FSA if I am enrolled in the Consumer Choice Plan?

A2. No. However, there are many advantages to choosing the Health Savings Account over the Health Care FSA. For example, you will never lose the money in your Health Savings Account and can take it with you when you leave BMS or retire. We encourage you to review the [Comparing Pretax Accounts for Health Care Expenses \(/Article/Read/Resources#Choices\)](#).

Other Benefits

Q1. What is identity theft protection through LifeLock?

A1. LifeLock provides identity theft protection by monitoring over a trillion data points a day and sending alerts if suspicious activity is detected. If a member's identity is ever compromised, a dedicated team of U.S.-based specialists will address fraud-related issues on behalf the victim. Identity-related events are proactively monitored, such as new account openings and credit-related applications.

You can choose between two levels of coverage, and you can enroll yourself only or yourself + your entire family.

For more information about the LifeLock benefit, call 1-800-607-9174.

NEW: Reduced rates for 2020.

Q2. What benefits are available through the legal services plan?

A2. The MetLaw Legal Services Plan from Hyatt Legal Services provides access to a nationwide network of 14,000 attorneys for counsel and assistance with personal legal matters such as:

- Estate planning documents
- Document review
- Family law (up to 20 hours on Divorce)
- Immigration assistance
- Elder law matters
- Real estate matters
- Financial matters
- Document preparation
- Traffic offenses
- And more

For more information about our new legal services benefit, visit info.legalplans.com (<https://info.legalplans.com>) and answer access code 3540010 or call 1-800-821-6400.

NEW: An additional option to include parents and parents-in-law

If you and your parents and/or parents-in-law need access to affordable legal services, there is an additional choice through Hyatt Legal—the MetLaw Plus Parents option.

This additional option gives you the choice to cover you, your spouse, eligible dependents and your parents and parents-in-law for legal services associated with estate planning, document review, and more.

Q3. How much life insurance coverage do I have as an employee of BMS?

- A3.** BMS provides you with company-paid basic life insurance and the ability to purchase additional coverage.
- Non-smoker employee basic coverage is two times base pay. Non-smokers may choose to reduce coverage to one times pay in order to minimize imputed income.
 - Smoker employee coverage is one times base pay.
 - You can choose to purchase additional employee coverage for up to a combined total of seven times base pay (\$4 million maximum).

You may also purchase life insurance for your spouse and dependent children.

Prudential's Life Insurance Needs Estimator ([prudential.com/EZLifeNeeds](https://www.prudential.com/EZLifeNeeds)) (<https://www.prudential.com/EZLifeNeeds>) can help you determine the life insurance that makes sense for you.

Q4. What is the cost of life insurance through BMS?

- A4.** Life insurance costs are based on your age, pay, and smoker status. Employees are responsible for the full cost of coverage—with the benefit of group rates—and in excess of the company provided amount.

Your cost for life insurance may change from year to year due to entering a different age bracket, an increase in pay, and/or an increase in rates for coverage.

If you have a question about your life insurance coverage, contact a Benefits Services representative. During Annual Enrollment, you will also be able to see your cost as part of the enrollment process at mybenefits.bms.com (<https://mybenefits.bms.com>).

Q5. I have stopped using tobacco. How do I change my status from smoker to non-smoker?

- A5.** To be eligible for the company-paid basic life insurance amount for non-smokers and the lower non-smoker rates for additional life insurance, you will need to be tobacco-free for 24 months. You may change your smoking status as part of your life insurance elections.

Q6. I plan to adopt a child. Does BMS offer support or financial assistance?

- A6.** Yes, BMS offers an adoption assistance benefit. Assistance is available at \$10,000 per child, regardless of need. Employees are also eligible for up to eight weeks of paid leave to be used within one year of the qualifying event. For more information about adoption assistance and all work life benefits, visit mylife.bms.com (<https://mylife.bms.com>).

Eligible Dependents

Q1. Who is considered an eligible dependent?

- A1.** You may enroll the following eligible dependents through the Bristol-Myers Squibb medical, dental, vision, identity theft protection, and dependent life insurance plans:

- Your same- or opposite-sex spouse, as recognized by state law (from whom you are not legally separated or divorced);
- Your same- or opposite-sex domestic partner who has been living with you in a spouse-like relationship for at least 12 months; or
- Your child(ren), or child(ren) of a domestic partner, under age 26.

Q2. What if I need to add a new dependent during the year due to an eligible change in status?

A2. Once your enrollment decisions take effect, you cannot change them unless you have an eligible change in status during the plan year, such as marriage or birth of a child. If you have a qualifying change in status and wish to change your benefit elections, you must request a change through a Benefits Services representative within 31 days of the change.

To add a new dependent for the first time to BMS coverage, you will need to provide your dependent's Social Security Number and birth date. You also need to be prepared with documentation (such as a birth certificate or marriage license) at a later date if additional certification is requested.

To request a change, log on to [mybenefits.bms.com \(https://mybenefits.bms.com/\)](https://mybenefits.bms.com/) or call Benefits Services at 1-844-557-3344.

Terminating Employment or Retiring from BMS

Q1. What happens to my benefits when I terminate employment or retire ?

A1. It depends on the plan as follows:

- **Medical, Dental, and Vision coverage:** Coverage ends at the end of the month in which you terminate employment. You may choose to continue coverage for a period of time paying the full cost of these benefits through the COBRA period. If you retire from BMS, refer to Q2 on page 11 for more details on retiree medical coverage.
- **Health Savings Account:** If you are contributing to a Health Savings Account at the time you terminate employment or retire, your contributions to the Health Savings Account will end with your final BMS paycheck. The account goes with you and can be used to pay for future eligible health care expenses.
- **Health Care Flexible Spending Account:** If you are participating in a Health Care FSA when you terminate employment or retire, your contributions will end with your final BMS paycheck. In addition, only eligible health care expenses incurred during that calendar year and prior to your termination date may be reimbursed. If you haven't used the entire account balance and you don't want to lose it, you may choose to continue participating in the Health Care FSA on an after-tax basis through COBRA, which will allow you to be reimbursed for eligible health care expenses incurred between your termination date and the date your COBRA contributions end.
- **Dependent Care Flexible Spending Account:** Your contributions to this FSA will end with your final BMS paycheck. You may continue to file claims for eligible dependent care expenses incurred after your termination date but before the end of the year until your account balance has been used up.
- **Company-paid Basic Life Insurance:** Coverage ends on your last day of employment with BMS. If you are eligible to retire, you will be enrolled in Retiree Life Insurance.
- **Additional Life Insurance for yourself, your spouse, or your children:** Coverage continues through the end of the month in which you leave BMS or retire. You will have an opportunity to convert your coverage to an individual policy, possibly without having to satisfy the insurer's evidence of good health requirements. If you are eligible to retire and enrolled as an active employee in coverage greater than one times pay, you may be eligible to elect Optional Retiree Life Insurance.
- **Identity Theft Protection:** Identity theft protection continues through the end of the month in which you leave BMS or retire.
- **Legal Services Plan:** Coverage under the Legal Services Plan continues through the end of the month in which you leave BMS or retire.

Q2. What are my medical plan choices if I retire during the upcoming year?

A2. Regardless of your retirement date, it will be important to indicate your medical plan choice during Annual Enrollment and make a separate election for retiree medical coverage upon your retirement event.

If you are considering retirement, your plan choices for coverage in retirement will depend on whether you wish to continue your active employee medical plan coverage through COBRA first or immediately begin with the available retiree medical coverage option.

BMS retiree medical coverage is provided under the Comprehensive Medical Standard Plan and is administered by UnitedHealthcare. Your monthly contributions for this coverage will be determined by your age and service as of your retirement date.

If you or a covered dependent is Medicare-eligible, the Standard Plan will be the only option available to you as a retiree. Medicare will be your primary coverage. Under the Standard Plan, you will not be able to contribute to the Health Savings Account. If you have funds remaining in a Health Savings Account from your active employee participation, you can use them to pay for medical expenses in retirement, including certain Medicare premiums.

You and/or your Medicare-eligible dependents must enroll in Medicare as soon as you are eligible after you are no longer an active employee. If you do not enroll, you may be subject to penalties from Medicare and your benefit under the Standard Plan will be reduced by an estimate of what Medicare would have paid.

Q3. If I leave the company, what happens to the Bristol-Myers Squibb contributions made to my HSA?

A3. Once company contributions are made to your account, they are yours to use or save.

Q4. What happens to the funds in my HSA when I die?

A4. When you open an HSA, you will need to choose a beneficiary directly from within the HSA section of your Fidelity NetBenefits account. If your beneficiary is your spouse and there are funds remaining when you die, your spouse may continue to use the HSA and pay for qualified expenses on a pretax basis. If your designated beneficiary is not your spouse, your HSA funds will be paid out and taxed accordingly.