



Your 2021 Benefits Decision Guide

For U.S. new hires

Important: Benefit elections are required within 31 days of your date of hire



Enrolling for 2021 benefits

1. Do I have to enroll in benefits?

Yes! You are required to submit benefit elections within 31 days of your date of hire.

2. What will happen if I 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.

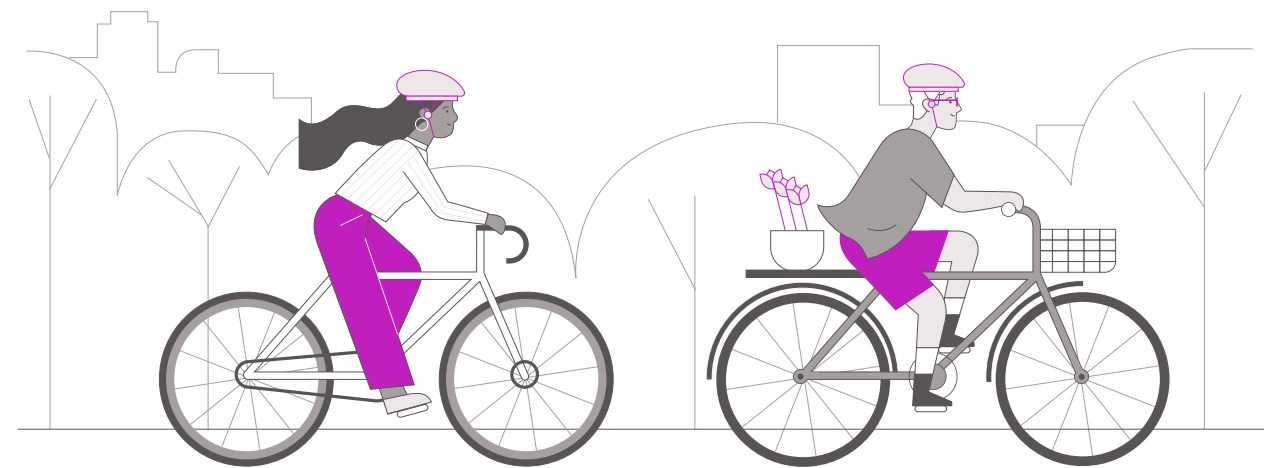
3. Where do I enroll in benefits?

All U.S. employees will use the BMS mybenefits site to enroll: mybenefits.bms.com.

4. Where can I learn more?

Prepare to make the 2021 benefit elections that are best for you.

- **Read** this guide.
- **Explore the [Virtual Benefits Fair](#):** Get to know BMS benefit and work life offerings through provider materials.
- **Use the Health Benefits Decision Tool:** Explore which medical plan option makes the most financial sense based on your health needs and those of your dependents.
 - You can find this tool on the enrollment site — mybenefits.bms.com.



Employee Eligibility

You are eligible to participate in BMS benefits if you are:

- A regular, permanent employee at a participating division; or
- Covered by a collective bargaining agreement that makes provisions for BMS benefits participation.

You can also enroll eligible dependents as described on this page.

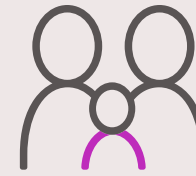
Each year during the annual enrollment period, you will be able to change your benefit elections for the next calendar year.

Dependent Eligibility

You may enroll the following eligible dependents* in the BMS medical, dental, vision 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 spouse or domestic partner, under age 26.

If you and your spouse or partner both work for BMS, consider coordinating benefits coverage so you don't pay for more coverage than you need.



Managing benefit choices when there's a life event

Once your enrollment decisions take effect, you cannot change them unless you have an eligible change in status during the plan year, and you update your enrollment online or with the assistance of a Benefits Services representative within 31 days of the change.

Eligible changes in status include life events such as marriage, divorce, birth of child, change in employment status, etc., that may require a change in coverage. Your election to change coverage must be consistent with your eligible change in status.

Learn more at mybenefits.bms.com.

* Any employee who knowingly seeks to enroll a dependent who does not meet eligibility criteria or a dependent who has previously been determined to be ineligible — and who cannot provide sufficient proof that the individual is in fact an eligible dependent — may be subject to disciplinary action up to and including termination of employment.

2021 BMS benefits decision map

Choose among the following plans and programs. In addition to the options shown below, you can choose to actively decline any coverage.

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 annual enrollment.

Choices available only during annual enrollment



Health care coverage

Plan	Choices
Medical & pharmacy	<ol style="list-style-type: none"> 1. Consumer Choice Plan 2. Point of Service Plan 3. In-Network Only Plan 4. HMO — Syracuse or Hawaii
Dental	<ol style="list-style-type: none"> 1. Comprehensive Dental Plan 2. Dental HMO Plan — CA, FL, NJ, NY, TX
Vision	<ol style="list-style-type: none"> 1. Vision Core Plan 2. Vision Enhanced Plan
Pretax health savings and flexible spending accounts	<ol style="list-style-type: none"> 1. Health Savings Account* 2. Health Care Flexible Spending Account** 3. Dependent Care Flexible Spending Account



Financial protections

Plan	Choices
Life insurance	Life insurance for: <ol style="list-style-type: none"> 1. Employee 2. Spouse/partner 3. Child(ren)
Supplemental health insurance	<ol style="list-style-type: none"> 1. Critical care 2. Accident & injury protection 3. Hospital care
Personal coverage and protections	<ol style="list-style-type: none"> 1. Personal liability protection 2. Legal services 3. Personal ID theft and anti-virus protection

* Can only participate if you elect the Consumer Choice medical plan option

** Cannot participate if you elect the Consumer Choice medical plan option

Commuter accounts: BMS offers commuter benefits for all U.S. employees who are not in field sales roles through a voluntary program that offers pre-tax advantages on qualified transit expenses, such as public transportation and parking expenses. If you would like to make commuter account elections for 2021, look for more information regarding a separate enrollment process through WageWorks, our commuter account administrator. You can also find more information at mybms.bms.com by entering “commuter” in the search field.

Medical and pharmacy

The BMS medical plans provide choice and flexibility in how you manage your health, choose your care and manage the providers you need.

Most employees have a choice of three medical plan options in 2021 that cover the full spectrum of health care needs, each with a pharmacy benefit program administered through CVS Caremark:

1. **Consumer Choice Plan**
2. **Point of Service Plan**
3. **In-Network Only Plan**

Each option includes the choice of an Aetna or UnitedHealthcare (UHC) national provider network. The In-Network Only Plan uses a different, narrower network of providers.

BMS commitment across medical options

The coverage available through the BMS medical options reflects our commitment to comprehensive health care and access to pharmacy benefits for all employees regardless of preexisting conditions. Coverage includes:

- Protection from catastrophic health care expenses
- Coverage for preventive health care
- Accessibility to advocates to ensure there is support and guidance available when you need it most
- Choice among skilled and expert physicians, specialists and health care facilities, all held to the highest quality standards of our Aetna and UHC national networks

You may have additional coverage options

BMS will also offer HMO options through Excellus (in the Syracuse, NY area only) and HMSA (in Hawaii) if you reside in their service areas. Note: The only medical coverage option available for Hawaii residents is HMSA. The Aetna and UHC options are not available due to state insurance regulations.



Take note for 2021

- ✓ Choice of 3 medical options with national provider networks*
- ✓ Provider networks through Aetna & UHC*
- ✓ HMO options available in specific service areas (Syracuse and Hawaii)

* National networks are not available in Hawaii due to state insurance regulations. HMSA is the only medical option offered in Hawaii.

Key takeaway: No matter what you intend to choose for medical coverage in 2021 — including to decline coverage — you must indicate your election during enrollment.

Paying for coverage

BMS is committed to employee contribution amounts that are competitive and enable the company to sustain the plan costs to minimize year-over-year increases in what employees pay toward the cost of coverage. Each year, the company assesses medical and total benefit costs relative to the pharmaceutical industry to ensure what you pay toward medical care remains competitive.

A few things to know about costs for 2021:

- Based on benchmarking studies, the percentage of the overall cost of coverage that employees share with BMS remains competitive and lower than both the pharmaceutical industry and national employers.

BMS pays	Pharma companies pay*	National companies pay*
85%	81%	77%

* 2019 Mercer National Survey of Employer-Sponsored Health Plans, companies with 500+ employees

- Coverage levels provide three choices with descriptions inclusive of family definitions of dependents:

Employee Only	Employee + 1 dependent	Employee + 2 or more dependents
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2021 BMS medical plan monthly employee payroll deductions

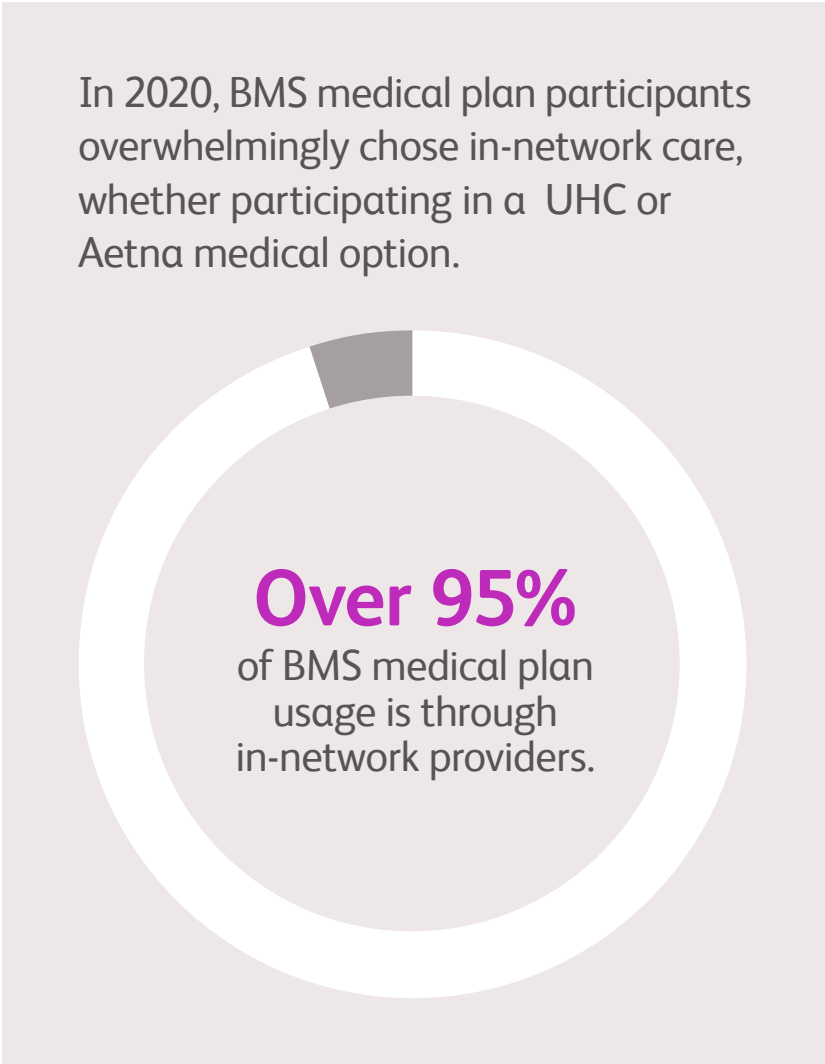
Coverage level	Consumer Choice*	Point of Service	In Network Only
Employee only	\$90	\$175	\$100
Employee + 1 dependent	\$185	\$350	\$200
Employee + 2 or more dependents	\$280	\$500	\$300

* The Consumer Choice Plan provides the highest level of financial flexibility. To model and determine the best plan for you based on the coverage level and health expenses you anticipate, you can model your own needs with the medical decision support tool available through the enrollment portal.

Navigating the differences among the medical options

When determining the best plan for you, be sure to compare your monthly cost for coverage with your cost at the point of care and the overall financial value available to you. When enrollment begins, a medical decision support tool will be available so that you can compare and contrast medical options with your real-life health need scenarios.

Key takeaway: It's personal. Determining the best medical plan for you and your family is something only you can determine. When making your choice, consider health care needs, cash flow preferences, short- and long-term pretax savings opportunities, the importance of being able to see a provider who is not within the network, and whether you participate in another medical plan, such as that of your spouse or domestic partner, and/or if you or your partner is or will become Medicare-eligible in 2021.



Features	Consumer Choice Plan	Point of Service Plan	In-Network Only Plan
What you pay each month	Lowest monthly payroll deductions	Highest monthly payroll deductions	Lower monthly payroll deductions
What you pay first at point of care	Full cost of service until you satisfy the deductible (individual amount for employee only coverage or family amount for all other coverage levels) Deductible amount is set at lowest level by law to allow contributions to be made to a Health Savings Account (HSA)	Full cost of service until you meet the individual and/or family deductible	Depending on the type of service, a copayment applies or full cost of service until you meet the individual and/or family deductible
Opportunities to plan for and manage costs	HSA for immediate use and long-term savings Pretax employee contributions up to \$2,850 (individual coverage) or \$5,700 (all other coverage levels) to allow for full IRS limit when combined with company contributions and wellbeing incentives (contribution elections made during annual enrollment can be changed mid-year) Company contributions of up to \$350 (individual coverage) or \$700 (all other coverage levels), prorated based on when you join the plan Catch-up contributions up to \$1,000 for employees age 55+ Triple tax advantages: <ul style="list-style-type: none"> • Pretax when you contribute • Tax-free growth of account • Tax-free pay as you go or withdrawal later for eligible expenses regardless of expense year 	Health Care Flexible Spending Account (FSA) for single year use only Pretax contributions up to \$2,500 (must choose during annual enrollment) No company contributions No catch-up contributions Use it or lose it rule applies to reimbursement requested for expenses in 2021	
BMS wellbeing incentives	Tax-free through HSA annually: \$400 individual; \$800 family maximum (paid quarterly, with a max individual award per eligible individual of \$100)	Taxable earnings for wellbeing incentives annually: \$400 individual; \$800 family maximum (paid quarterly, with a max individual award per eligible individual of \$100)	
Network options through Aetna & UHC	In- and out-of-network coverage		Narrower network of providers In-network coverage only No coverage for out-of-network use
Fertility/infertility network	Fertility/infertility network through Progyny only; no coverage if use a provider outside the Progyny network		
Second opinion & health advocate	2nd.MD network available in partnership with all UHC and Aetna options		
Pharmacy benefit program	Pharmacy benefits available through all medical options and administered through CVS Caremark		

When you need medical care: A comparison of your share of cost

	Consumer Choice*	Point of Service	In-Network Only
Cost for coverage			
Monthly payroll deduction	Lowest cost	Highest cost	Lower cost
In-network			
Annual deductible	Individual: \$1,400 Family: \$2,800	\$400 per individual \$1,200 family	\$250 per individual \$500 family
Out-of-pocket maximum (including 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	<ul style="list-style-type: none"> • Primary Care Physician: \$30 • Specialist: \$50 • Hospital: \$0 after deductible
HSA company contribution	\$350 / \$700	N/A	N/A
Wellbeing incentive	\$400 / \$800 to HSA (federally tax-free)	\$400 / \$800 (taxable payroll contributions)	\$400 / \$800 (taxable payroll contributions)

	Consumer Choice*	Point of Service	In-Network Only
Out-of-network			
Annual deductible	\$2,700 / \$5,400	\$750 / \$1,500	N/A
Out-of-pocket maximum (including deductible)	\$8,700 / \$17,400	\$6,750 / \$13,500	N/A
Preventive care	You pay 30% after deductible	You pay 30% after deductible	N/A
Coinsurance (after deductible)	You pay 30%	You pay 30%	N/A
Copayment	N/A	N/A	N/A
Prescription drugs			
Deductible	Eligible prescription costs you pay out of pocket toward Rx count toward the Consumer Choice Plan deductible and out-of-pocket maximum	N/A	N/A
Out-of-pocket maximum		\$2,000 / \$4,000 (in addition to the medical out-of-pocket maximum)	\$2,000 / \$4,000 (in addition to the medical out-of-pocket maximum)
For all other provisions, see the Pharmacy benefits chart on page 10			

* The Consumer Choice Plan has the greatest financial value, due to the lowest payroll deductions, ability to contribute to the Health Savings Account and flexibility to use out-of-network providers.

Pharmacy benefits

Pharmacy benefits are available automatically to U.S.-based employees who enroll in a BMS medical plan. The prescription drug benefit is administered through CVS Caremark, providing access to prescription medicines at retail locations and through mail service. The CVS retail network includes most major pharmacy chains and many independent pharmacies.

The chart below shows how the pharmacy benefits program works together with the medical plan option you choose to determine your out-of-pocket costs at the point you require prescription medications for yourself or someone you cover in your medical plan.


What are prescription drug tiers?

Prescription drug tiers determine your prescription cost based on the type of medicine filled. The benefit to you is that maximum amounts charged to you are based on the type of medicine supplied so that you are not paying the same maximum for a lower cost medicine as you would for a non-CVS preferred brand.

Medicines supplied at each tier are defined exclusively through CVS Caremark through its pharmaceutical and therapeutics committee.

Pharmacy Benefit Program			
	Consumer Choice Plan	Point of Service Plan	In-Network Only Plan
Out-of-pocket maximum (no deductible)	No separate limit; all eligible prescription expenses count toward Consumer Choice plan deductible and out-of-pocket maximum	\$2,000 per individual / \$4,000 per family	
Preventive prescription medications			
Preventive: BMS- and Celgene-branded drugs	\$0	\$0	
Preventive: Non-BMS- and non-Celgene-branded drugs	Deductible waived; subject to regular coinsurance	Regular plan cost share will apply	
Retail and mail service: BMS- and Celgene-branded prescriptions			
What you pay for non-preventive medicines (34-day supply)	\$0 after deductible**	\$0	
Retail and mail service: Non-BMS and non-Celgene-branded prescriptions (per 34-day supply)			
Retail: Tier 1: Generic Tier 2: CVS preferred brand Tier 3: Non-CVS preferred brand	After deductible: <ul style="list-style-type: none"> Tier 1: \$10 Tier 2: 10% (\$20 min, \$35 max) Tier 3: 10% (\$35 min, \$55 max) 	<ul style="list-style-type: none"> Tier 1: \$15 Tier 2: 20% (\$25 min, \$45 max) Tier 3: 20% (\$45 min, \$65 max) 	
Mail service: Available for home mailing or pick up at CVS pharmacy (90-day supply for 2½ times the copayment of the 34-day supply)	After deductible: <ul style="list-style-type: none"> Tier 1: \$25 Tier 2: 10% (\$50 min, \$87.50 max) Tier 3: 10% (\$87.50 min, \$137.50 max) 	<ul style="list-style-type: none"> Tier 1: \$37.50 Tier 2: 20% (\$62.50 min, \$112.50 max) Tier 3: 20% (\$112.50 min, \$162.50 max) 	

** As required by law for a high deductible plan such as our Consumer Choice Plan



Will my doctor be in our 2021 networks?

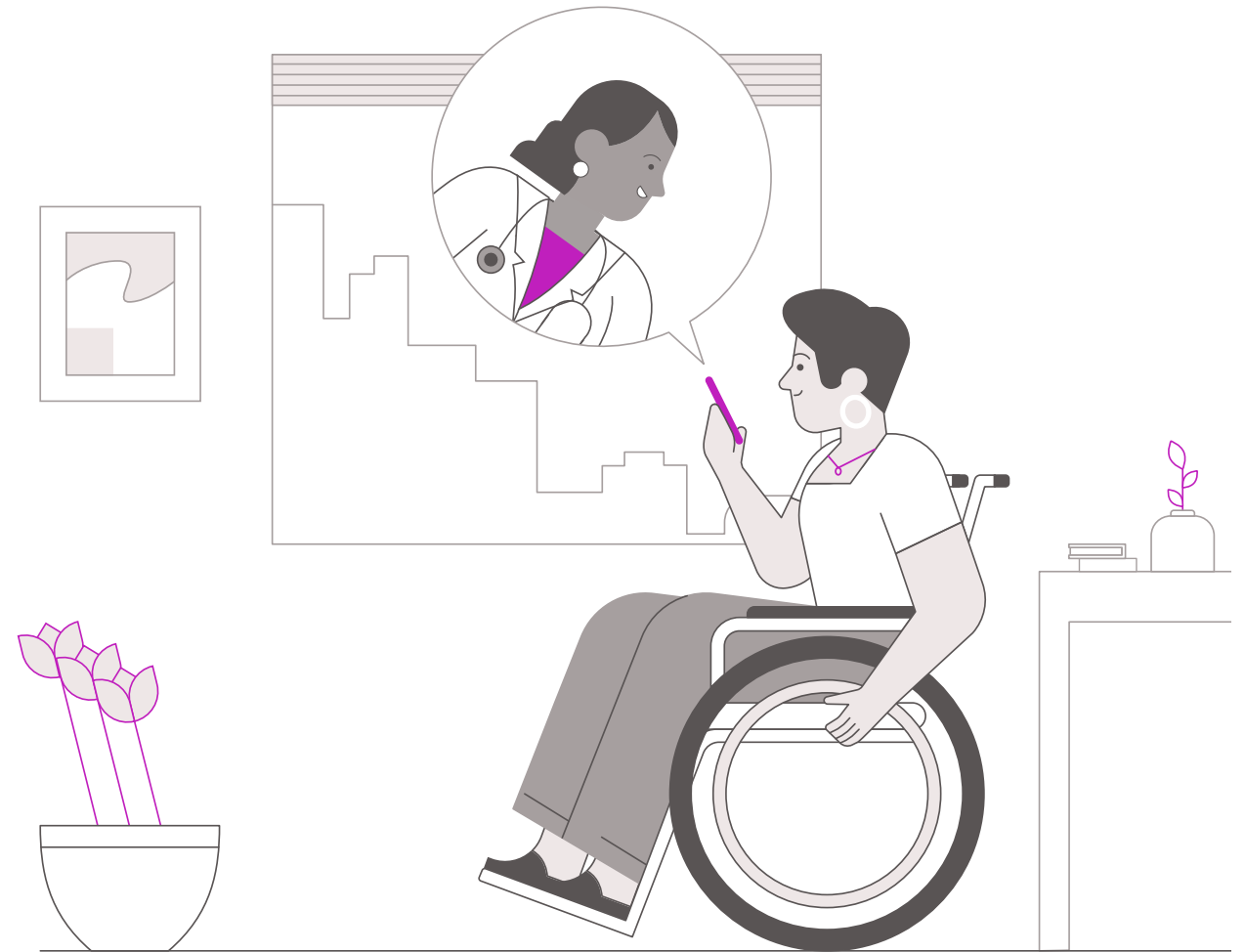
Our 2021 medical plan options will be supported and administered by Aetna and UHC.

Explore the provider networks available to you:

- [Aetna](#)
- [UHC](#)

Reason to check network providers: At the point when you need care, first check or ask your intended provider to confirm participation in your applicable plan network.

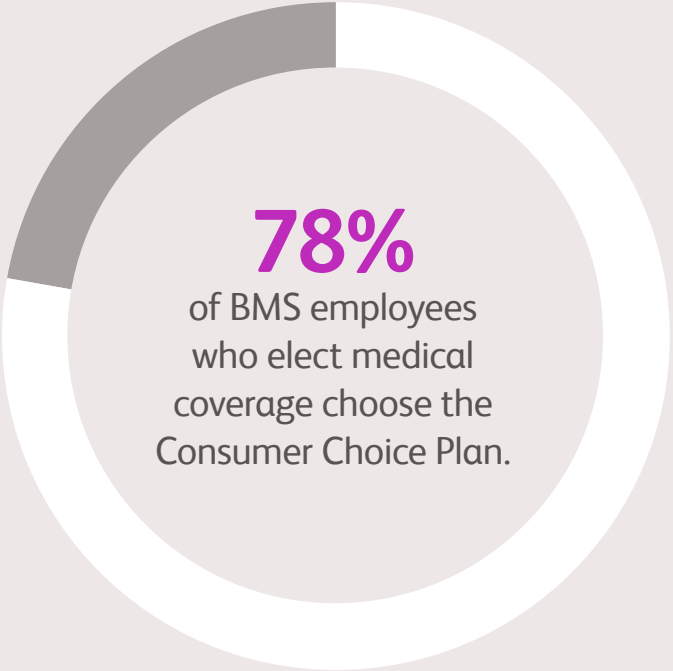
Networks continue to be updated frequently throughout the year: Regardless of your provider network, be sure to check to see if your doctors remain in the networks available.



The Consumer Choice Plan continues to offer the best financial flexibility in 2021

BMS remains committed to our Consumer Choice Plan due to the value it offers when you use the plan to its fullest.

<p>Consumer Choice Plan</p> <ul style="list-style-type: none"> ✔ Significantly lowest monthly payroll deductions ✔ Opportunity to open and fund an HSA ✔ Benefits available when using doctors in- and out-of-network 	+	<p>Health Savings Account</p> <ul style="list-style-type: none"> ✔ Pre-tax savings opportunities: <ul style="list-style-type: none"> • Up to \$2,850/\$5,700 pretax employee deduction • Catch-up contributions available for employees age 55+ • \$350/\$700 company contribution, prorated based on when you join the plan • \$400/\$800 wellbeing incentives tax-free throughout year ✔ Tax-free account growth over short- and long-term ✔ Tax-free payment of eligible expenses and withdrawal at any time regardless of the year the expense was incurred ✔ Ability to invest account balance ✔ Always 100% vested and portable if you leave BMS for any reason; account balance can be used during retirement 	=	<p>Best financial flexibility</p>
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78%
of BMS employees who elect medical coverage choose the Consumer Choice Plan.

Dental

BMS provides you with two dental plan options to choose from through MetLife.

1. Comprehensive Dental Plan

- National network of providers
- In- and out-of-network coverage
- Child and adult orthodontia coverage

2. Dental HMO Plan

- Offered in CA, FL, NJ, NY and TX
- In-network coverage only
- Child and adult orthodontia coverage

An overview of coverage

	Comprehensive Dental Plan		Dental HMO Plan
	In-network	Out-of-network	In-network only
Annual deductible	Single/Family: \$50/\$150		None
Annual plan maximum (per individual)	\$2,000	\$1,500	None
Preventive	Plan pays 100%, no deductible		Plan pays 100%
Basic	Plan pays 80%		You pay \$0 or small copay
Major	Plan pays 50%		You pay a copay*
Orthodontia (child and adult)	Plan pays 50%, no deductible Lifetime maximum of \$2,000 per individual		24 months of treatment, after which copays apply

* Copays vary by service; refer to MetLife copay schedule



Take note for 2021

- Provider network for both dental options through are MetLife
- Orthodontia coverage is provided for children and adults, up to the lifetime maximum
- New Dental HMO Plan offers an expanded dental network

Your cost for dental coverage

2021 dental plan monthly employee payroll deductions

Coverage level	Comprehensive Dental Plan	Dental HMO Plan
Employee only	\$17	\$7
Employee + 1 dependent	\$35	\$20
Employee + 2 or more dependents	\$51	\$28

Will my dentist be in the 2021 MetLife network?

Explore the MetLife provider network available to you.

- When searching for Comprehensive Dental Plan providers select “PDP” from the “Your Network” drop down box.
- When searching for Dental HMO Plan providers select “Dental HMO/Managed Care” from the “Your Network” drop down box. Then select “MET 185A” from the “Select your Plan” drop down box (If you enroll in the Dental HMO Plan, MetLife will send you a letter with ID cards and instruct you to pre-select a dentist by calling Customer Service or going to MetLife’s MyBenefits site).



Vision

BMS offers two vision plans to choose from. Each plan offers comprehensive coverage through EyeMed. You have the option of seeking in-network or out-of-network services, but it costs less when you go to an EyeMed network provider.

1. Vision Core Plan
2. Vision Enhanced Plan

An overview of coverage

	Vision Core Plan		Vision Enhanced Plan	
	In-network	Frequency	In-network	Frequency
Eye exam	You pay \$0	Once every 12 months	You pay \$0	Once every 12 months
Frames	Plan provides \$150 allowance		Plan provides \$250 allowance	Twice every 12 months
Lenses (single, bifocal, trifocal)	You pay \$15 copay (\$65+ for progressive lenses)		You pay \$15 copay (\$65+ for progressive lenses)	
Contact lenses	Plan provides \$150 allowance You pay \$0 when medically necessary You pay \$40 for lens fitting		Plan provides \$250 allowance You pay \$0 when medically necessary You pay up to \$40 for lens fitting	
Laser correction (LASIK, etc.)	You pay 85% of retail price or 95% of promotional price	N/A	You pay 85% of retail price or 95% of promotional price	N/A



Take note for 2021

The vision provider network is through EyeMed.

Your cost for vision coverage

2021 vision plan monthly employee payroll deductions

Coverage level	Vision Core Plan	Vision Enhanced Plan
Employee only	\$7.40	\$12.55
Employee + 1 dependent	\$14.04	\$23.81
Employee + 2 or more dependents	\$20.62	\$34.97

Pretax savings and spending accounts

BMS offers various pretax savings and spending accounts to help you save for eligible health care and dependent care expenses in a tax-advantaged way.

Health Savings Account (HSA)

- You are eligible to participate in an HSA only if you elect to participate in the Consumer Choice plan.
- You can make pretax contributions to your HSA up to IRS limits, after subtracting the BMS automatic contributions and wellbeing incentives.
- BMS also contributes to your account:
 1. **Automatic company contribution:** \$350 for employee only coverage or \$700 for family coverage, prorated based on when you join the plan
 2. **Earned wellbeing incentive company contribution:** Up to \$400 annually for employee only coverage or up to \$800 annually for all other coverage levels (\$400 for you and \$400 for your covered dependents age 18+), paid quarterly with a maximum quarterly award per eligible individual of \$100

Together, this means BMS can provide more than half the money needed to satisfy the full in-network deductible amount under the Consumer Choice Plan.

- You can use the funds in your HSA to pay for eligible medical, dental and vision expenses — including your deductible.



Take note for 2021

- Annual IRS contribution limits to HSAs are increasing for 2021 by \$50 and \$100, based on coverage level:
 - \$3,600 for employee-only coverage
 - \$7,200 for all other coverage levels
- Limits combine both employee and company contributions

Flexible Spending Accounts (FSAs)

You can use the FSAs to pay for eligible health care expenses (such as deductibles, coinsurance and copays) or dependent care expenses with pretax dollars.

BMS offers two FSAs to help pay for these expenses with the tax opportunity of contributing to each account through your pretax payroll deductions.

During annual enrollment, you can enroll in:

- 1. Health Care FSA:** You can elect to contribute on a pretax basis up to \$2,500 to pay for eligible medical, dental and vision expenses. If you enroll in the Consumer Choice Plan you cannot participate in a Health Care FSA.
- 2. Dependent Care FSA:** You can elect to contribute on a pretax basis up to \$5,000 to pay your qualified dependent day care expenses, including services such as licensed day care, preschool, elder care, in-home day care and au pair services.

FSAs are a “use it or lose it” benefit. You must incur your health care and dependent care expenses by December 31 and submit for reimbursement by April 30 of the following year. Estimate your FSA contributions carefully.



Take note for 2021

- Continued tax-advantaged way to pay for eligible health and dependent day care expenses
- Contribution limits for 2021:
 - Health Care FSA: \$2,500
 - Dependent Care FSA: \$5,000
- All FSAs are administered through UHC
- The use it or lose it rule applies — there is no roll over of amounts into the following year

Life insurance

BMS provides employee and dependent life insurance coverage through Prudential that is designed to provide financial protection for you and your dependents.

Company-provided

- BMS provides you with basic life insurance equal to 1x your annual base pay. Non-smokers may elect an additional 1x pay for no additional payroll deduction.
- The value of company-provided and employee life insurance combined that exceeds \$50,000 is subject to taxation as imputed income.

Employee choice

Employee life insurance

- You can elect total employee life insurance of up to 7x your annual base pay, which includes the company-provided amount. The maximum total life insurance available is \$4 million.

Spouse/partner and child life insurance

- You can elect life insurance for your spouse/domestic partner and/or your child(ren) as follows:
 - Spouse/domestic partner: \$10,000; \$25,000, \$50,000, \$100,000 or up to 1x your base pay, whichever is less
 - Child: \$10,000 per child

You pay for the employee life insurance you elect through monthly pretax payroll deductions. You pay for spouse/partner and child life insurance on an after-tax basis.

During enrollment, you will be able to see the life insurance rates for payroll deduction that apply to you based on age, smoker status and coverage amounts.



Take note: Special Enrollment Opportunity for new hires

- Evidence of insurability is not be required for elections of life insurance made within 31 days of your date of hire.
- This is a unique opportunity to secure coverage without having to provide evidence of insurability.

Disability coverage

BMS provides a **Short-Term Disability (STD)** benefit for up to 26 weeks if you have to miss work due to illness or injury. Your benefits are based on your years of service as follows:

Years of service (as of the date of disability claim)	Weeks at 100% pay	Weeks at 70% pay	Total weeks allowed
Less than 1 year	4	22	26
1-4 years	8	18	26
5-9 years	16	10	26
10 or more years	26	0	26

Once STD coverage ends, the company provides **Long-Term Disability (LTD)** coverage of 70% of base pay with a maximum benefit of \$20,000 per month. You must continue to meet the Plan definition of disability in order to continue to receive benefits and provide evidence of disability to the claims administrator.

For disabilities commencing in 2021, STD is managed by Absence One (Sedgwick) and LTD is insured by Prudential.

The value of disability coverage

Disability coverage is provided automatically; you do not need to make an election during annual enrollment. It is included here because it is a vital component of the financial protection and peace of mind that BMS provides as part of its core benefits offering.

Supplemental health insurance

For additional protection for you and your family, BMS offers the following supplemental health insurance through MetLife:

- Critical care insurance
- Accident & injury protection insurance
- Hospital care insurance

These insurance coverages are completely optional and in addition to coverage available through the BMS medical plan options. Examples of use are to cover out-of-pocket medical costs in varied circumstances.

You pay 100% of the cost on an after-tax basis with the benefit of knowing they are negotiated by BMS and you receive the advantage of group rates.

You have the option of choosing one or more types of supplemental health insurance. For more information, be sure to attend the [Virtual Benefits Fair](#) to review MetLife's materials.

See the next page for details.



Take note for 2021

- Provided exclusively through MetLife; no evidence of insurability is required; however, dependents may be subject to certain state rules and restrictions.
- To receive coverage, you must be actively at work.

Critical care insurance

- This plan provides you with a lump-sum payment upon the first diagnosis of a serious covered condition, as defined by MetLife. These include some cancers, heart attack, stroke and kidney failure.
- You have the option to elect coverage for yourself and your eligible dependents. The benefit payment is \$20,000 for employees and \$20,000 for eligible dependents.
- Examples of use: While being treated for a serious condition, you may need to travel and stay in a location where treatment is more conveniently available. A payment through this plan can help pay expenses not otherwise covered by your medical plan, such as this travel or your deductible and coinsurance.

Accident & injury protection insurance

- This insurance pays you a specified amount for specific injuries resulting from a covered accident on or after your coverage effective date. Covered accident events are defined exclusively through MetLife and include approximately 150 types of covered accident events.
- The benefit amount depends on the type of injury and care received and is in addition to any health insurance benefits you may receive from the BMS medical plan. You can use the payment made to you however you choose.
- Examples of use: A payment through this plan can help to pay expenses not otherwise covered by your medical plan, such as your deductible or coinsurance. It may also be used to pay for non-medical expenses.

Hospital care insurance

- This insurance pays you a specified amount for specific hospitalizations due to accidents or sickness on or after your coverage effective date and as defined by MetLife. Certain hospital stays can create out-of-pocket costs beyond what your medical plan may cover, including your deductible.
The benefit amount typically is based on a flat amount upon a hospital admission and a daily amount paid from each day of your hospital stay. Payment amounts are in addition to any health insurance benefits you may receive from the BMS medical plan. You can use the payment made to you however you choose. For a hospitalization, the plan pays \$1,000 plus \$50 per day confined. Frequency limits apply.
- Examples of use: Your medical plan provides comprehensive coverage for hospitalization; however, you would still like help to pay for the deductible and or other expenses. You can also use the benefit for non-medical expenses as well, such as child care while you are confined or non-ambulance transportation to the hospital.

Supplemental health insurance 2021 monthly employee payroll deductions

Coverage level	Critical care	Accident & injury protection	Hospital care
Employee only	Amounts based on age tiers and smoker status	\$8.91	\$11.72
Employee + 1 dependent		\$20.16	\$22.89
Employee + 2 or more dependents		\$24.64	\$31.92

Personal coverage and protection

BMS offers the following personal insurance offerings:

- Personal liability protection
- Legal services
- Personal ID theft and anti-virus protection for personal devices

These programs are 100% employee paid and offer the advantage of a significant discount at group rates compared to what you could obtain as an individual.

Personal liability protection

BMS offers personal liability coverage, administered by Chubb and offered at group rates, for all employees, including personal injury and property damages. This coverage is in addition to your personal liability coverage such as homeowners or automobile insurance.

Note that this coverage is not available to employees residing in Vermont or Arizona, due to state insurance regulations.

Coverage in excess of certain limits requires placement of personal homeowners and automobile coverage with Chubb. If this applies to you, you will be contacted by the plan's insurance broker, Marsh PCS.

2021 personal liability protection monthly employee payroll deductions

Personal excess liability limit	2021 monthly rate per participant
\$25 Million	\$ 358.50
\$20 Million	\$ 281.92
\$15 Million	\$ 184.58
\$10 Million	\$ 111.50
\$5 Million	\$ 58.67
\$3 Million	\$ 49.67
\$2 Million	\$ 46.75
\$1 Million	\$ 35.75

Legal services

You have the opportunity to enroll in the legal services benefit and choose coverage for your family and your parents and/or parents-in-law.

The MetLaw Legal Services Plan provide professional assistance with personal legal matters including mortgages, wills, family law, document preparation, court appearances (excluding DUI) and more.

Participants who enroll will have access to a nationwide network of 14,000 attorneys for counsel and assistance with personal legal matters.

2021 legal services plan monthly employee payroll deductions

Coverage level	Monthly payroll deductions
You, your spouse and eligible dependents	\$15.75
You, your spouse, eligible dependents and parents and/or parents-in-law	\$21.75



Take note

You have the option to choose legal services coverage that includes your parents and/or parents-in-law.

Personal ID theft and anti-virus protection for personal devices

This optional coverage is available to you and your dependents to provide personal protection from ID theft and anti-virus protection for personal devices.

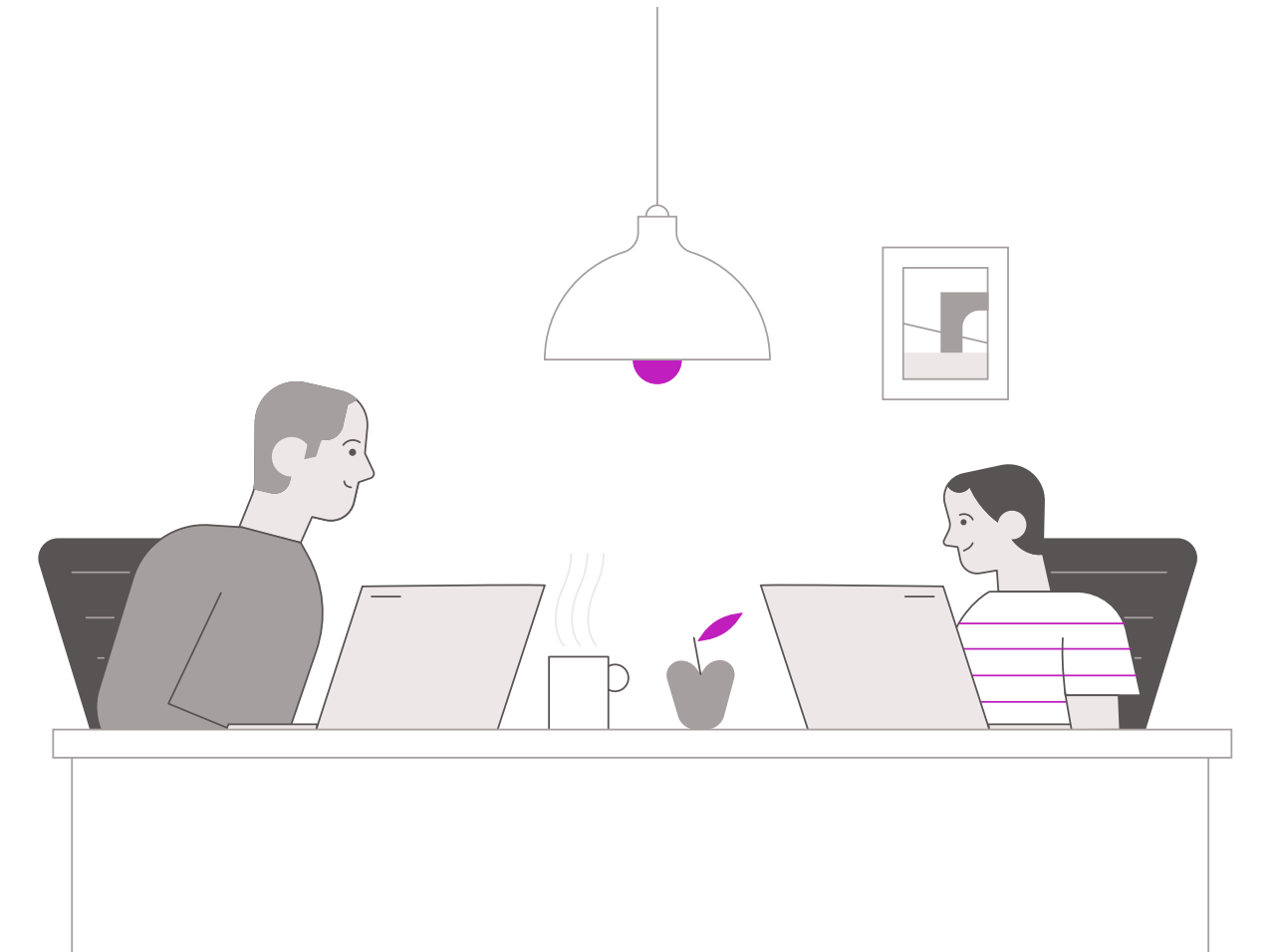
LifeLock with Norton Benefit Plans combine leading identity theft protection and device security against online threats, viruses, ransomware and malware that occur on your personal home or mobile devices. **This benefit is for use on your personal devices only and should not be installed on any BMS-provided devices.**

There are two options that provide the same basic protection of up to 3 personal devices (up to 6 for family). The Benefit Premier option provides additional protection that includes home title monitoring, checking and savings account application alerts, and personal protection for up to 5 devices or 10 for family.

2021 LifeLock with Norton monthly employee payroll deductions

Coverage level	LifeLock with Norton Benefit Essential	LifeLock with Norton Benefit Premier
Employee only	\$5.49	\$9.99
Employee + 1 or more dependents	\$10.98	\$19.98

For more information about the services available through LifeLock with Norton, be sure to attend the [Virtual Benefits Fair](#).



Get ready to elect 2021 benefits

Take advantage of the following BMS resources to make the best benefit choices for you and your family for 2021:

What	Why	How	When
Health Benefits Information Site	2021 benefits information, including videos, FAQs, contacts and more.	Go to https://bms.healthbenefitsus.com	Anytime
Virtual Benefits Fair	Learn more about 2021 plans and programs straight from the providers.	Go to https://benefitsfair.online/bms	Anytime
Health Benefits Decision Tool	Compare estimated medical expenses to help you choose the right plan for 2021.	You will be able to find the decision support tool through the enrollment portal at mybenefits.bms.com .	Anytime
Enroll in 2021 benefits	If you don't enroll you will receive default benefits coverage.	Go to mybenefits.bms.com	Within 31 days of your date of hire

Questions?

BMS benefits representatives are available to answer your enrollment questions at **1-844-557-3344**, Monday to Friday, 9 a.m. to 6 p.m. ET.

This Guide provides information related to the Bristol Myers Squibb 2021 benefits program; it is considered a Summary of Material Modifications and updates the current BMS Summary Plan Descriptions. This document does not attempt to cover all the details of the plans. Details of each plan are contained in the plan documents that govern plan administration, the rights of employees to benefits, and the calculation and payment of benefits. Notwithstanding any provision herein, such plan document provisions supersede and govern all plan matters. The company reserves the right to amend, suspend, or terminate any or all plans, in whole or in part, at any time. Nothing in this document says or implies that plan participation is a guarantee of employment nor is anything described herein a guarantee that benefit levels or costs will remain unchanged in the future.