

BENEFITS. YOUR WAY.

RETIREE OPEN ENROLLMENT 2020.



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OUR NEW BENEFITS ADMINISTRATION PLATFORM.

We're introducing a new, easy way to learn about, enroll in and change your benefits this year through Benefitsolver. Our new site will be your one-stop shop for all Medical plan and beneficiary information, both during Open Enrollment and throughout the year. Our Retiree website (www.bmwretiree.com) will continue to be your go-to resource for all other retiree benefits.



Through Benefitsolver, you will have access to a series of online educational materials. You will also have the ability to chat with Sofia, an interactive feature that provides instant online support from your desktop or mobile device – she speaks over 20 languages including English, French, Spanish and German.

QUESTIONS

If you have questions or need additional support, visit www.bmwflexbenefits.com or use the mobile app to live chat with Sofia, or call 888.413.0702 from 8 a.m. – 8 p.m. EST Monday – Friday. During Open Enrollment, October 15th - 31st, the Participant Call Center will operate extended hours from 8 a.m. – 9 p.m. EST Monday – Friday and 9 a.m. – 3 p.m. EST on Saturdays.

ENROLL

Enroll at www.bmwflexbenefits.com – to login, you will need to register using either your BMW Associate ID number (your 6 digit payroll ID) or your Social Security Number, and date of birth. You will need to create a username and password and enter the company key: bmw (all lowercase).

For more information on the tools and resources available through Benefitsolver refer to page 12 of this guide.

IMPORTANT LEGAL NOTICES.

This retiree guide contains important legal notices beginning on page 13. If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. See page 16 for more details.



**OPEN ENROLLMENT.
OCTOBER 15-31, 2019.**

**REMEMBER TO MAKE YOUR 2020 BENEFIT ELECTIONS
ONLINE VIA WWW.BMWFLEXBENEFITS.COM OR BY
CALLING 888.413.0702.**

YOU ARE IN CONTROL.

Taking time to select the right benefits during Open Enrollment gives you peace of mind throughout the year.

READY

Think about your current circumstances and your coverage needs for 2020. Some key points to consider are:

- Will you and your family's medical needs be more, less, or the same as last year?
- When thinking about enrolling in a medical plan, consider the total costs - monthly contributions and out-of-pocket expenses (deductible, coinsurance, copayments)
- The medical and prescription drug plans are not changing for 2020. Retirees and/or eligible spouses who are not Medicare-eligible will have the same medical coverage options to choose from
- Decide on your coverage tier:

RETIREE ONLY

FAMILY: which includes your spouse and/or child(ren)

SET

Information about the medical plans is available in this guide. Take the time to review your options in detail.

Using a combination of this guide and online resources, you'll be equipped with the information you need to make an informed decision about which plan is right for you.

FOR MEDICAL PLAN & BENEFICIARY INFORMATION:

www.bmwflexbenefits.com

Register using either your BMW Associate ID number or SSN, and date of birth. You will need to create a username and password and enter the company key: bmw (all lowercase).

FOR ALL OTHER RETIREE BENEFITS INFORMATION:

www.bmwretirees.com

Login: bmwretiree
Password: yourchoice

ENROLL

Make your 2020 benefit elections online at www.bmwflexbenefits.com or by calling 888.413.0702 between October 15 - 31, 2019.

Once you have created your username and password for the new Benefitsolver site, click the "Start Here" button to begin enrollment.

After you have selected your benefits you will be asked to review your elections. Here you can review, edit and approve your personal information and elections. You can also upload any necessary documents required for dependents and beneficiaries.

If you do not make any elections, your medical plan and coverage tier from 2019 will carry over to 2020.

For more information on Benefitsolver refer to page 12 of this guide.



IF YOU HAVE QUESTIONS OR NEED ADDITIONAL SUPPORT, PLEASE CALL 888.413.0702 FROM 8 A.M. - 8 P.M. EST MONDAY - FRIDAY. DURING OPEN ENROLLMENT (OCTOBER 15TH - 31ST) THE PARTICIPANT CALL CENTER WILL OPERATE EXTENDED HOURS FROM 8 A.M. - 9 P.M. EST MONDAY - FRIDAY AND 9 A.M. - 3 P.M. EST ON SATURDAYS. TO ENROLL ONLINE VISIT WWW.BMWFLEXBENEFITS.COM.

HEALTHCARE.

PROTECTING YOUR HEALTH.

As a BMW retiree, you have access to comprehensive medical plan options. The plans are designed to cover you and your family for preventive care and illness, providing peace of mind and financial security when you need it most.

Whichever health plan you're enrolled in, it's worth noting that preventive care is **covered at no cost**. This care includes free check-ups, immunizations and screening tests – all designed to keep you well (based on your age, health, and family history).

Visit <https://www.cigna.com/health-care-reform/preventive-care-services> to view general preventive care guidelines based on a covered individual's age and gender. Recommended screenings/services are covered at 100%.

HERE ARE THE PLAN OPTIONS:

RETIREE ENHANCED PLAN – OPEN TO NEW ENTRANTS.

- This plan has lower monthly contributions, but there is a higher cost when you receive medical care
- When you access services, you pay until your deductible is met (\$200 for individual and \$400 for family coverage), when you stay within the Cigna network
- The out-of-pocket maximum is \$3,000 for individual and \$6,000 for family coverage when you stay within the Cigna network
- All office visits are subject to 20% coinsurance

RETIREE DELUXE PLAN – CLOSED TO NEW ENTRANTS.

- You may only remain in the Deluxe Plan for 2020 if you are currently enrolled in it
- This plan has higher monthly contributions, but there is a lower cost when you receive medical care
- When you access services in-network, there is no deductible
- The out-of-pocket maximum is \$2,500 for individual and \$5,000 for family coverage when you stay within the Cigna network
- All office visits are subject to 20% coinsurance

CIGNA'S NETWORK.

You have access to Cigna's national network of providers (doctors, hospitals and pharmacies). Follow these simple steps to check if your provider is in-network.

1. GO TO WWW.MYCIGNA.COM – CLICK ON 'FIND CARE & COSTS' OR ON 'PRESCRIPTIONS' AT THE TOP OF THE SCREEN.

2. FIND YOUR PROVIDER

DOCTOR OR HOSPITAL

Under 'Find Care & Costs' you can search for a provider by doctor type, name, reason for visit and/ or by location. Your city, state and zip code will automatically populate.

PHARMACY

Under 'Prescriptions' click on 'Find a Pharmacy' for a list of pharmacies close to your home.

HOW DO THE PLANS WORK?



BMW contributes to help cover the cost of retiree medical coverage.



You are responsible for paying your portion of the cost each month to maintain coverage.

You also pay for services when using the plan until your out-of-pocket maximum is met.



Your deductible, copayments, and coinsurance total up to meet an out-of-pocket maximum limit.

This is the most you will pay for covered services in any annual plan year.

Out-of-pocket expenses are:

- **Deductible** – The amount you must meet before the insurance pays
- **Copayments** – A set dollar amount for a service
- **Coinsurance** – A percentage of cost

WWW.MYCIGNA.COM.

Visit www.mycigna.com for personalized benefit information, claims information and a wealth of tools, features and functions relating to health and wellbeing including:

MOBILE APP.

To help you track and manage your claims, you have access to a personalized website and mobile app.

PRESCRIPTION DRUG TOOLS.

Refill and renew mail order prescriptions online, compare prices and review your prescription drug history.

CIGNA ONE GUIDE.

You have access to Cigna representatives for personalized, useful guidance. Your One Guide representative can help you:

- Resolve healthcare issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals and other healthcare providers in your plan's network
- Get cost estimates and avoid surprise expenses
- Understand your bills

Call 800.244.6224 (or 888.806.5042 if you aren't enrolled in a BMW plan today) to speak with a representative.

CHOOSING THE BEST PLAN FOR YOU.

YOUR MONTHLY CONTRIBUTION.

The amount you pay per month is based on your years of service and who you cover:

	YEARS OF SERVICE							
	15 – 19		20 – 24		25 – 29		30+	
RETIREE UNDER 65	DELUXE OPTION	ENHANCED OPTION	DELUXE OPTION	ENHANCED OPTION	DELUXE OPTION	ENHANCED OPTION	DELUXE OPTION	ENHANCED OPTION
RETIREE ONLY	\$330.75	\$313.69	\$264.60	\$250.95	\$198.45	\$188.21	\$132.30	\$125.48
FAMILY*	\$843.57	\$800.10	\$702.98	\$666.75	\$562.38	\$533.40	\$421.79	\$400.05
FAMILY**	\$396.90	\$376.43	\$330.75	\$313.69	\$264.60	\$250.95	\$198.45	\$188.21
FAMILY***	\$446.67	\$423.68	\$372.23	\$353.06	\$297.78	\$282.45	\$223.34	\$211.84
CHILD ONLY	\$178.05	\$164.37	\$148.37	\$136.97	\$118.70	\$109.58	\$89.02	\$82.18

* Both the retiree and the spouse are under age 65 and not Medicare-eligible, and eligible child(ren).

** Retiree is under age 65 and the spouse is Medicare-eligible, and eligible child(ren).

*** Retiree is over 65 and the spouse is under 65, and eligible child(ren).

We've provided a summary of your costs for in-network coverage under each plan option here.

Out-of-network care has a separate, higher, deductible/out-of-pocket maximum/coinsurance. The plans remain the same as 2019, covering preventive care at 100% in-network and providing comprehensive medical services (e.g. doctor's office visits, hospital stays and surgery). The plans are administered by Cigna.

		RETIREE DELUXE PLAN	RETIREE ENHANCED PLAN
		(Closed to new entrants) Higher monthly contribution Lower cost when you receive medical care	Lower monthly contribution Higher cost when you receive medical care
DEDUCTIBLE What you pay out-of-pocket when you see a doctor, use a facility or go to the hospital, before your plan pays	INDIVIDUAL	\$0	\$200
	FAMILY	\$0	\$400
OUT-OF-POCKET MAXIMUM The most you will pay for covered services in any annual plan year	INDIVIDUAL	\$2,500	\$3,000
	FAMILY	\$5,000	\$6,000
PREVENTIVE CARE Preventive care is covered at 100%, not subject to the deductible		100% covered	100% covered
COINSURANCE A percentage of the covered cost that you pay after you meet the annual deductible and before you meet the annual out-of-pocket maximum			
OFFICE VISIT Primary care and specialist		20%	20%*
OUTPATIENT SERVICES Outpatient surgery (facility), surgeons' services		100% covered	100% covered
COPAYMENT A flat dollar amount you pay before you meet the annual out-of-pocket maximum			
INPATIENT HOSPITAL COPAY Facility and surgeon services, physician and lab services		100% covered after \$200 copay per admission	100% covered after \$400 copay per admission
EMERGENCY Emergency copays are waived if you are admitted		100% covered after \$150 copay per visit; copay waived if admitted	100% covered after \$150 copay per visit; copay waived if admitted

* After deductible is applied.

Note, see the Summary Plan Description for precertification and benefit limit details.

YOUR ELIGIBLE DEPENDENTS.

SPOUSE.

- Your spouse is eligible if he/she is your legal spouse or common law spouse
- Your spouse's BMW plan coverage will be primary if he/she does not have access to group medical coverage. Coverage will be secondary if he/she has access to group medical coverage through an employer
- You must certify through the enrollment process on Benefitsolver that your spouse does not have access to group medical coverage through an employer
- To enroll a spouse who is not currently covered under our plan, you must provide proof of the spouse's eligibility for coverage (e.g., a copy of the marriage license). You must provide a social security number for enrollment

CHILD(REN).

- Your child under age 26, including your natural child, stepchild, legally adopted child or child placed with you for adoption or foster child. (Special provisions apply for disabled children)
- Your child under age 26 may be covered under the BMW Retiree Medical Plan through the end of the month in which he/she reaches age 26. You may enroll your child regardless of whether he/she is married, employed or is a student. You may also enroll your under age 26 child if he/she now has continuation of coverage under COBRA
- To enroll a child under age 26 who is not currently covered under our plan, you must provide proof of the child's eligibility for coverage (e.g., a copy of the birth certificate and/or adoption decree). You must provide a social security number for enrollment

TIMES CHANGE.

The medical coverage you elect during Open Enrollment will be effective from January 1, 2020 through December 31, 2020, unless you experience a qualifying life event (birth, adoption, marriage, etc.) and opt to change your coverage.

You must notify the Benefits Department within 31 days of the qualifying event, otherwise you will not be able to make a change until the next Open Enrollment period.



Rx. MADE SIMPLE.

Whether you're taking a prescription to treat a chronic health condition, or just occasional medication for an illness or injury, the prescription drug plans provide medications at copay or coinsurance prices.

Our prescription drug coverage is administered by Cigna, one of the largest pharmacy benefit managers in the country.

HOW DOES IT WORK?

Prescription drugs are covered under a three tiered system.

Tier 1 – Lowest cost, mainly generic, some preferred brand.

Tier 2 – Medium cost, preferred brand.

Tier 3 – Highest cost, non-preferred brand.

MAKE IT SIMPLE AND SAVE MONEY.

Use your Cigna medical ID card to fill prescriptions at any participating Cigna retail pharmacy. You'll just pay the copays as shown below, and you won't have to file a claim.

Ask your physician if there are drug options to treat your condition which fall under a lower tier. Use Cigna mail order for maintenance drugs to get a 90-day supply for what a 60-day supply from a pharmacy would cost, plus the convenience of home delivery.

Generics are mandatory unless your doctor notes 'Dispense as Written' (or 'DAW') on the prescription.

	DELUXE OPTION (CLOSED TO NEW ENTRANTS)	ENHANCED OPTION
RETAIL PRESCRIPTION DRUG AND SPECIALTY MEDICATIONS FILLED AT CIGNA SPECIALTY PHARMACY (UP TO 30-DAY SUPPLY)		
TIER 1 – LOWEST COST DRUGS, MAINLY GENERICS AND SOME BRAND NAME DRUGS	\$5 copay	\$5 copay
TIER 2 – LOWER COST BRAND NAME DRUGS AS COMPARED TO TIER 3	\$30 copay	\$30 copay
TIER 3 – HIGHER COST BRAND DRUGS. ASK YOUR DOCTOR IF A LOWER COST DRUG IS AVAILABLE (TIER 1 OR TIER 2)	\$50 copay	\$50 copay
MAIL ORDER DRUG (UP TO 90-DAY SUPPLY)		
TIER 1	\$10 copay	\$10 copay
TIER 2	\$60 copay	\$60 copay
TIER 3	\$100 copay	\$100 copay



PREFERRED DRUGS.

1. VISIT WWW.MYCIGNA.COM
2. AT THE TOP OF THE PAGE CLICK ON 'PRESCRIPTIONS'
3. FROM THE DROP DOWN, SELECT 'PRICE A MEDICATION'
4. SEARCH FOR YOUR PRESCRIPTION DRUG TO SEE WHAT THE PLAN WILL COVER

The Cigna prescriptions plan reviews prescriptions for medical necessity. This review takes into consideration the drug, diagnosis, clinical appropriateness, severity of the condition, type of medication, frequency of use, and duration of therapy.

TRANSITION FROM RETIREE MEDICAL PLAN TO MEDICARE.

When you or your spouse become eligible for Medicare.

Coverage under the BMW Retiree Medical Program will end on the last day of the month prior to your 65th birthday, or when you become eligible for Medicare due to Social Security Disability. This also applies to your eligible spouse when he/she becomes eligible for Medicare at age 65 (or due to disability).

BMW partners with a company called Via Benefits to help you understand your medical plan options once you become eligible for Medicare. Through Via Benefits you can choose a Medicare supplement, Medicare Advantage plan and/or Medicare Prescription Drug plan from a number of insurance carriers and plan options. Via Benefits will provide you and your eligible spouse with personalized assistance so you can make an informed, confident decision.

Approximately three months before your 65th birthday, Via Benefits will contact you about enrolling in Medicare, selecting an individual Medicare plan and setting up a Health Reimbursement Account (HRA) so you can receive the BMW subsidy. You must enroll through Via Benefits to receive the BMW subsidy.



FOR MORE INFORMATION VISIT WWW.BMWRETIRES.COM.

YOU CAN ALSO CONTACT VIA BENEFITS DIRECTLY AT [HTTPS://MY.VIABENEFITS.COM/BMW](https://my.viabenefits.com/bmw) OR BY CALLING 866.322.2824.



SAVINGS & RETIREMENT.

MAINTAINING YOUR FINANCIAL WELLBEING.

PENSION PLAN.

JP Morgan Chase Bank, N.A. administers your pension checks if you elected to receive a monthly annuity. If you need to make updates to your account, you can contact JP Morgan directly at **888.719.8932** to make any necessary changes.

You may also visit the JP Morgan website <https://mybenefitpayment.com> to log into your account or make changes.

On the website you can find:

- Tax forms and change forms
- Direct deposit forms
- Account information
- Beneficiary update

You will need your login information to see your account details.

Direct Deposit Forms and Change of Address Forms are accessible without your login credentials.

BMW PENSION SERVICE CENTER.

You or a family member should contact the BMW Pension Service Center (available through our provider, Aon Hewitt) to do the following:

- Provide notification of your death
- Provide notification of your spouse's death

BMW Pension Service Center representatives are available Monday through Friday from 9:00am–5:00pm EST at **877.260.0179**. If you are calling outside the call center hours, please leave a message and your call will be returned within two business days.

SAVINGS PLAN.

When you were a BMW Associate, you may have participated in the BMW Savings Plan, administered by Fidelity. You can continue to manage your investments online at www.401k.com or by calling **800.421.3844**.

If you currently have a balance remaining in your account, you may request a distribution from Fidelity at any time. The Plan requires you to take a mandatory distribution once you reach age 70½.



FINANCIAL PROTECTION.

OFFERING PEACE OF MIND.

When you retire, you will have the option to enroll in Retiree Basic Life Insurance Coverage. If you waive retiree medical coverage, you will have the option to enroll or stay enrolled in Retiree Basic Life Insurance Coverage. Contact the Benefits Department for more information.

RETIREE BASIC LIFE INSURANCE.

Coverage is equal to the greater of \$10,000 or 10% of your pre-retirement 'base annual earning', (meaning the annual equivalent of your base weekly, bi-weekly, semi-monthly or monthly earnings for your normal work schedule prior to retirement) subject to the coverage limit of \$150,000. The cost of coverage is \$1.00 per \$10,000 of coverage which is automatically deducted from your pension check.

You can choose to increase your protection further by electing Supplemental Life Coverage. Coverage is offered through Securian. You can call Securian directly at 866.293.6047 or visit www.lifebenefits.com.

EFFECTIVE OCTOBER 15, 2019
BENEFITSOLVER WILL BE OUR NEW
SYSTEM OF RECORD FOR BENEFICIARIES.



YOU CAN REVIEW AND
UPDATE YOUR BENEFICIARIES
AT ANY TIME BY VISITING
WWW.BMWFLXBNFITS.COM

WORK & LIFE BENEFITS.

LOOK AFTER YOUR WORLD.

Sometimes balancing work, home, family, finances, health, and wellbeing can seem challenging. We want to make sure that you have access to the support that you need.

BMW's EAP is provided by Cigna and offers:

- Easily accessible, confidential support, available 24 hours a day, seven days a week
- Counseling and relationship support for issues such as maintaining work-life balance, depression, and stress management
- Referrals for help with everyday issues, including legal issues and financial planning
- Access to educational tools and resources

FOR MORE INFORMATION.



GO ONLINE: WWW.MYCIGNA.COM



CALL: 877.622.4327

BENEFITSOLVER.



OUR NEW BENEFITS ADMINISTRATION PLATFORM.

The Benefitsolver platform will be your go-to resource to learn about, enroll in and change your medical and prescription drug plan benefits. You will continue to utilize the retiree website (www.bmwretiree.com) for all other retiree benefits.

REMINDER

If you do not make an election during Open Enrollment, your medical plan election and coverage tier from 2019 will carry over to 2020.

ENROLLING IS EASY

1. Beginning October 15th, visit www.bmwflexbenefits.com and register using your BMW Associate ID number (your 6 digit payroll ID) or your Social Security Number, and date of birth. You will need to create a username and password and enter the company key: bmw (all lowercase).
2. Alternatively you can enroll by calling **888.413.0702** and speaking with a representative.
3. To begin enrollment, click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage. You must make your elections between **October 15th – 31st**.
4. Once you have selected your benefits you'll be asked to review your elections. Here you can review, edit and approve your personal information and elections. You can also upload any necessary supporting documents required for dependents and beneficiaries.
5. To complete your enrollment you must confirm your benefit elections and the costs associated with them.

The benefit elections you make will begin January 1, 2020 and run through December 31, 2020 unless you experience a qualified life event. If you experience a qualified life event, you must provide the required supporting documentation and make changes within 31 days.

NEED MORE INFORMATION?

If you're looking for more information before selecting your benefits, you can view plan details and benefit guides by clicking 'Reference Center' in the main navigation.

NEED HELP?

Just ask Sofia! Sofia is your personal benefits assistant and is here to answer any of your benefits questions. To use Sofia, simply click on the 'Chat' icon in the top banner and ask your question. Sofia is available to help you 24/7 and she speaks more than 20 languages including English, French, Spanish and German.

If you have questions or need additional support, please call **888.413.0702** from 8 a.m. – 8 p.m. EST Monday – Friday. During Open Enrollment (October 15th - 31st) the Participant Call Center will operate extended hours from 8 a.m. – 9 p.m. EST Monday – Friday and 9 a.m. – 3 p.m. EST on Saturdays.

2020 LEGAL NOTICES.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a 'special enrollment' opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

ALABAMA – MEDICAID <ul style="list-style-type: none">Website: http://myalhipp.comPhone: 855.692.5447	FLORIDA – MEDICAID <ul style="list-style-type: none">Website: http://flmedicaidprecovery.com/hippPhone: 877.357.3268
ALASKA – MEDICAID THE AK HEALTH INSURANCE PREMIUM PAYMENT PROGRAM <ul style="list-style-type: none">Website: http://myakhipp.comPhone: 866.251.4861Email: CustomerService@MyAKHIPP.comMedicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – MEDICAID <ul style="list-style-type: none">Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hippPhone: 678.564.1162 ext 2131
ARKANSAS – MEDICAID <ul style="list-style-type: none">Website: http://myarhipp.comPhone: 855.MyARHIPP (855.692.7447)	INDIANA – MEDICAID HEALTHY INDIANA PLAN FOR LOW-INCOME ADULTS 19-64 <ul style="list-style-type: none">Website: http://www.in.gov/fssa/hipPhone: 877.438.4479 ALL OTHER MEDICAID <ul style="list-style-type: none">Website: http://www.indianamedicaid.comPhone 800.403.0864
COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+) <ul style="list-style-type: none">Health First Colorado Website: https://www.healthfirstcolorado.comHealth First Colorado Member Contact Center: 800.221.3943/State Relay 711CHP+: Colorado.gov/HCPF/Child-Health-Plan-PlusCHP+ Customer Service: 800.359.1991/State Relay 711	IOWA – MEDICAID <ul style="list-style-type: none">Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hippPhone: 888.346.9562
KANSAS – MEDICAID <ul style="list-style-type: none">Website: http://www.kdheks.gov/hcfPhone: 785.296.3512	NEW HAMPSHIRE – MEDICAID <ul style="list-style-type: none">Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdfPhone: 603.271.5218Toll free number for HIPP program: 800.852.3345, ext 5218

KENTUCKY – MEDICAID	NEW JERSEY – MEDICAID AND CHIP
<ul style="list-style-type: none"> Website: http://chfs.ky.gov/dms/default.htm Phone: 800.635.2570 	<ul style="list-style-type: none"> Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609.631.2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800.701.0710
LOUISIANA – MEDICAID	NEW YORK – MEDICAID
<ul style="list-style-type: none"> Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888.695.2447 	<ul style="list-style-type: none"> Website: https://www.health.ny.gov/health_care/medicaid Phone: 800.541.2831
MAINE – MEDICAID	NORTH CAROLINA – MEDICAID
<ul style="list-style-type: none"> Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800.442.6003 TTY: Maine relay 711 	<ul style="list-style-type: none"> Website: https://dma.ncdhhs.gov Phone: 919.855.4100
MASSACHUSETTS – MEDICAID AND CHIP	NORTH DAKOTA – MEDICAID
<ul style="list-style-type: none"> Website: http://www.mass.gov/eohhs/gov/departments/masshealth Phone: 800.862.4840 	<ul style="list-style-type: none"> Website: http://www.nd.gov/dhs/services/medicalserv/medicaid Phone: 844.854.4825
MINNESOTA – MEDICAID	OKLAHOMA – MEDICAID AND CHIP
<ul style="list-style-type: none"> Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 800.657.3739 	<ul style="list-style-type: none"> Website: http://www.insureoklahoma.org Phone: 888.365.3742
MISSOURI – MEDICAID	OREGON – MEDICAID
<ul style="list-style-type: none"> Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005 	<ul style="list-style-type: none"> Website: http://healthcare.oregon.gov/Pages/index.aspx Website: http://www.oregonhealthcare.gov/index-es.html Phone: 800.699.9075
MONTANA – MEDICAID	PENNSYLVANIA – MEDICAID
<ul style="list-style-type: none"> Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800.694.3084 	<ul style="list-style-type: none"> Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800.692.7462
NEBRASKA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
<ul style="list-style-type: none"> Website: http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178 	<ul style="list-style-type: none"> Website: http://www.eohhs.ri.gov Phone: 855.697.4347, or 401.462.0311 (Direct RIte Share Line)
NEVADA – MEDICAID	SOUTH CAROLINA – MEDICAID
<ul style="list-style-type: none"> Medicaid Website: https://dwss.nv.gov Medicaid Phone: 800.992.0900 	<ul style="list-style-type: none"> Website: https://www.scdhhs.gov Phone: 888.549.0820
SOUTH DAKOTA - MEDICAID	WASHINGTON – MEDICAID
<ul style="list-style-type: none"> Website: http://dss.sd.gov Phone: 888.828.0059 	<ul style="list-style-type: none"> Website: https://www.hca.wa.gov/ Phone: 800.562.3022 ext. 15473
TEXAS – MEDICAID	WEST VIRGINIA – MEDICAID
<ul style="list-style-type: none"> Website: http://gethipptexas.com Phone: 800.440.0493 	<ul style="list-style-type: none"> Website: http://mywvhipp.com Toll-free phone: 855.MyWVHIPP (855.699.8447)

UTAH – MEDICAID AND CHIP <ul style="list-style-type: none"> • Medicaid Website: https://medicaid.utah.gov • CHIP Website: http://health.utah.gov/chip • Phone: 877.543.7669 	WISCONSIN – MEDICAID AND CHIP <ul style="list-style-type: none"> • Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf • Phone: 800.362.3002
VERMONT– MEDICAID <ul style="list-style-type: none"> • Website: http://www.greenmountaincare.org • Phone: 800.250.8427 	WYOMING – MEDICAID <ul style="list-style-type: none"> • Website: https://wyequalitycare.acs-inc.com • Phone: 307.777.7531
VIRGINIA – MEDICAID AND CHIP <ul style="list-style-type: none"> • Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm • Medicaid Phone: 800.432.5924 • CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm • CHIP Phone: 855.242.8282 	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019).

MEDICARE PRESCRIPTION DRUG NOTICE.

IMPORTANT NOTICE FROM BMW GROUP ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BMW Group and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BMW Group has determined that the prescription drug coverage offered by the BMW Group Medical Plan (the 'Plan'), is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current BMW Group coverage will not be affected. Your BMW Group coverage will pay primary to Medicare for active Associates and their dependents.

If you do decide to join a Medicare drug plan and drop your current BMW Group coverage, be aware that you and your dependents will be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with BMW Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE.

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BMW Group changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE.

More detailed information about Medicare plans that offer prescription drug coverage is in the 'Medicare & You' handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the 'Medicare & You' handbook for their telephone number) for personalized help
- Call **800.MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **800.772.1213 (TTY 800.325.0778)**.

REMEMBER:

KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

Date: September 2019
Name of Entity/Sender: BMW of North America, LLC
Address: P.O. Box 1227, Westwood, NJ 07675
Phone number: 201.307.4000

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE.

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copayment and coinsurance applicable to other medical and surgical benefits provided under the various medical plans offered by BMW Group. For more information on WHCRA benefits, call Cigna at **800.244.6224**.

CAUTION: IF YOU DECLINE MEDICAL PLAN COVERAGE OFFERED THROUGH BMW GROUP.

The medical plan options offered by BMW Group are considered to be minimum essential coverage (MEC) and meets the government's minimum value standard. Additionally, the cost of medical plan coverage is intended to be affordable to employees, based on employee wages.

If you are in a benefits-eligible position and choose not to be covered by one of BMW Group's medical plan options, you must maintain medical plan coverage elsewhere or you can purchase health insurance through a Marketplace (www.healthcare.gov), typically at the Marketplace annual enrollment in the fall each year.

Individuals without medical plan coverage could have to pay a penalty when they file their personal income taxes. Visit the Health Insurance Marketplace for detailed information on the individual shared responsibility payment penalty at <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>.

If you choose to not be covered by a medical plan sponsored by BMW Group at this enrollment time, your next opportunity to enroll for your employer's medical plan coverage is at the next annual open enrollment time, unless you have a mid-year change event that allows you to add coverage in the middle of BMW Group's plan year.

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN.

Employers are required by law to collect the social security number (SSN) (or taxpayer identification number (TIN)) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the BMW NA and Designworks Participant Call Center at 888.413.0702.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE.

Hospital Length of Stay for Childbirth: Under federal law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g. Physician or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization. For information on prior authorization for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact Cigna to obtain prior authorization for the extended stay. If you have questions about this Notice, contact Cigna at **800.244.6224**.

PRIVACY NOTICE.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources Benefits at benefits@bmwna.com.

SPECIAL ENROLLMENT NOTICE.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources Benefits at benefits@bmwna.com.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the healthcare program and BMW Group may use aggregate information it collects to design a program based on identified health risks in the workplace, BMW Group will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Cigna (BMW NA and Designworks Associates) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the BMW NA and Designworks Participant Call Center at 888.413.0702.

YOUR BENEFIT PROVIDERS.

During the year, you may need to contact our benefit providers. We've included their details below as one simple reference point.

CIGNA ONE GUIDE.

Cigna
Before 1/1: 888.806.5042
After 1/1: 800.244.6224
www.myCigna.com

EMPLOYEE ASSISTANCE PROGRAM.

Cigna
877.622.4327
www.myCigna.com

OPEN ENROLLMENT AND ELIGIBILITY.

Benefitsolver
888.413.0702
www.bmwflexbenefits.com

MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT.

Cigna
800.244.6224
www.myCigna.com

MEDICAL AND PRESCRIPTION DRUG (Rx).

Cigna
800.244.6224
www.myCigna.com

MEDICARE.

Via Benefits
866.322.2824
<https://my.viabenefits.com/bmw>

PENSION PLAN.

JP Morgan Chase Bank, N.A.
888.719.8932
<https://mybenefitpayment.com>

RETIREE BASIC LIFE INSURANCE.

Securian (formerly 'Minnesota Life')
866.293.6047
www.lifebenefits.com

401(k).

Fidelity
800.421.3844
www.401k.com

The benefits referenced in this guide are subject to eligibility provisions and other terms, conditions and limitations pursuant to the respective plans or insurance policies which shall govern in the event of conflict with this document. Please contact the Benefits Department to review the plans/policies or obtain copies. Any references to required contribution amounts are based on information currently available. These amounts are subject to change. BMW NA reserves the right to modify benefits, contributions and other aspects of the benefit plans in its discretion.