Bristol Myers Squibb™

Living Life Better

Frequently asked questions

2024 benefits for U.S. employees

Updated January 1, 2024

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.

2024 benefits FAQs

For U.S. employees

FAQ topics:

Search tip: For faster access to the topic you seek, use "Ctrl-F" to search for a key word.

ENROLLING IN 2024 BENEFITS

Q1: When can I enroll in 2024 benefits such as health care coverage and life insurance?

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

Q2: What are the specific elections I need to make during enrollment if I already have BMS coverage?

You can choose among the following plans and programs and make your elections at **mybenefits.bms.com**. These choices include the option to actively decline coverage.

Health care coverage and pretax health savings options:

- ✓ Medical (includes pharmacy benefits)
  - The Consumer Choice, Point of Service and In-Network Only options each require that you choose between Aetna and UnitedHealthcare (UHC) as your plan administrator and national network of providers.
  - A PPO-based HMSA plan is offered for residents of Hawaii.
  - All medical options, regardless of provider, include coverage under the Pharmacy Benefit Program administered by CVS Caremark.
- ✓ Dental
- ✓ Vision
- ✓ Pretax health savings account (HSA) and/or flexible spending accounts (FSAs)

Financial protections:

- ✓ Life insurance
- ✓ Supplemental health insurance
- ✓ Personal liability protection
- ✓ Personal ID theft and anti-virus protection (family coverage)

- ✓ Legal services

In addition to the choices above, available during annual enrollment, BMS offers benefits you can elect anytime, such as **pet insurance**, a **pet discount program** and/or **Long-Term Care + Life Insurance**. We call these additional benefits BMS Benefit Extras. To learn more and enroll, go to **bms.corestream.com**.

Q3: When does my coverage take effect?

As a new hire, your coverage generally takes effect as of the date you first become eligible for benefits, provided you are actively at work on that day. There may be circumstances, both now and in the future, where additional action on your part is required, such as opening a Health Savings Account or providing proof of insurability. In these circumstances, coverage will take effect when these actions are satisfactorily completed.

Q4: What if I need coverage before I enroll?

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 an in-network plan 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 and your eligibilty is reported to the health plan, 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.

Q5: What will happen if I do not enroll for 2024 benefits?

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 2024 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
- ✓ **Personal ID theft & anti-virus protection:** Individual coverage

Default coverage for 2024 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 2025 benefits** to make any changes in coverage unless you have a life event such as marriage or birth of a child.

Q6: Do I need to submit an election if I don't want medical coverage through BMS?

Yes. If you wish to decline coverage through a BMS medical option, you must **submit an active election to decline coverage**. If you fail to submit your choice to decline medical coverage, you will be assigned — and will need to pay for — individual coverage from the Aetna Consumer Choice Plan, which could add to your monthly costs for all of 2024 before you are permitted to make a change that would take effect for 2025.

Q7: Can I mix and match the plans I want to enroll in, such as choose dental but not medical?

Yes, all choices are independent elections, with the exception of the availability of pretax health care savings accounts, which is determined by your medical plan choice. For example, you can opt out of medical coverage and still choose dental and vision coverage and supplemental health insurance. Supplemental health insurance is NOT considered medical coverage and is designed to support expenses not normally covered by a medical plan.

Q8: Who is eligible to be enrolled as a dependent?

Eligible dependents include spouse or domestic partner, whether same sex or opposite sex, your children and those of your spouse or domestic partner, up to age 26.

For domestic partners there is documentation required and you will need to attest that the individual meets the definition of a domestic partner when you enroll. This coverage is part of BMS's commitment to inclusion. BMS considers domestic partners as eligible under the plan, however, the U.S. Internal Revenue Service (IRS) does not consider a domestic partner eligible. The consequence of this distinction is that you will have to pay imputed income tax on the value of your coverage from the plan for covering such domestic partner.

Q9: What happens if my spouse loses his or her job during the year — can I add my spouse to coverage in middle of year?

Yes, the loss of a spouse's job and employer provided coverage is considered a life event and you have the opportunity to change coverage to include your spouse as long as you do so within 31 days of the event. To make such a change, log on to mybenefits.bms.com or contact a Benefits Services representative at 1-844-557-3344.

Q10: With all the tools available, what is the best way to compare my plan options?

To read more about your options, review the Resources page of the BMS Health Benefits website (bms.healthbenefitsus.com). To explore and compare your options more interactively, use the Health Benefits Decision Tool, available through mybenefits.bms.com.

Q11: When I use the Health Benefits Decision Tool, what is the modeling designed to suggest?

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.) when using in-network providers, and company contributions available under the Health Savings Account (HSA) that is associated with the Consumer Choice Plan.

The Health Benefits Decision Tool allows you to see each of these financial components and make your decision considering these factors.

You should keep in mind, however, that your financial responsibility is just one of the decision points to consider when choosing a plan. 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.

Remember also that the Health Benefits Decision Tool considers only the use of in-network providers when calculating the estimated financial impact. Use of out-of-network providers can result in significantly higher out-of-pocket costs, particularly under the In-Network Only Plan. Under the In-Network Only Plan, no benefits are available when using a non-participating provider or facility, and you will be responsible for the full costs associated with these services.

Please ensure you use the Health Benefits Decision Tool in guiding you to the best financial selection.

Q12: What is the most convenient way to access all the information from our providers such as the network links?

The best way to access information from providers is through the Virtual Benefits Fair.

Q13: Do I need to do anything different if my spouse or I become age 65 during the year?

If you or an enrolled dependent becomes eligible for Medicare, as long as you remain an active employee, your BMS coverage will be primary to Medicare. You/your covered dependent can choose to defer Medicare coverage until you are no longer active.

Please note that once you are no longer active (including disability or separation due to severance from BMS) you/your covered dependent have a limited time during which to elect Medicare. If you are eligible to continue BMS coverage after you separate from service, all covered individuals who are also eligible for Medicare MUST enroll in Medicare Parts A & B as soon as possible. Once you are no longer active (including in the situations stated above), Medicare will be primary coverage for you/any of your covered dependents who are eligible for Medicare. Failure to enroll in Medicare Parts A & B in a timely manner could result in significant out of pocket costs for you.

Q14: My spouse also works for BMS. How should we plan for our medical enrollment?

You may each choose your own coverage, or one spouse may choose to enroll the other (and any other eligible dependents) under family coverage. Note: No employee can be covered as both an employee and a dependent in the same coverage at the same time.

MEDICAL BENEFITS

Q15: Can I use a doctor outside of my medical plan's provider network?

If you participate in the Consumer Choice or Point of Service Plan, you may choose to use a doctor outside of the plan's provider network and still receive coverage; however, you will pay more for care. Your annual deductible and out-of-pocket maximum amounts will be higher, and the coinsurance you pay after you satisfy your annual deductible will be more. For specific out-of-network costs to anticipate, refer to plan coverage charts in the 2024 Benefits Decision Guide that is accessible from the resources section of bms.healthbenefitsus.com.

If you participate in the In-Network Only Plan, **no benefits are payable if you incur services from a non-participating provider**. Please be sure there are adequate health providers in your area before you choose this plan. Also note that a provider leaving the network is not considered an eligible change in status. For

example, if your physician no longer participates in the plan's network, you will need to find another provider for your care to be eligible for reimbursement under the In-Network Only Plan. You may not change options mid-year.

Q16: What's the best way to select a doctor?

Our medical plan options are supported and administered by Aetna and UHC, with specific provider networks that correspond to each plan. Before choosing a medical plan, it's essential to explore the provider networks available to make sure your doctors are in-network:

- Aetna
- UHC

Networks are updated frequently throughout the year. Regardless of the provider network you use, be sure to confirm before receiving care that your provider remains within the plan's network. The In-Network Only Plan is designed to offer a narrower network of providers and does not provide benefits for services through a non-network provider. If you are interested in this plan based on lower payroll deductions, please be aware that you may need to change physicians or other providers should your provider leave the network.

Q17: What mental health resources are provided through the medical plan?

The Consumer Choice, Point of Service and In-Network Only medical plans offer mental health resources and provider networks that range from convenient digital apps to virtual visits with licensed therapists and coverage for in-person clinical care for more serious needs.

If you participate in a BMS health plan through Aetna or UHC, you can also access in-network mental health services through Lyra, which includes:

- A personalized platform that recommends an in-network mental health care provider to fit your situation
- Access to Lyra providers on an in-network basis, in addition to your current Aetna or UHC network of mental health providers
- Ability to remain with your current in- or out-of-network provider for mental health care

While benefits for Lyra providers will be considered on an in-network basis, you may be responsible for any plan-related cost sharing including deductibles, copay and coinsurance, as applicable.

You can access Lyra from the UHC or Aetna medical plan home page.

We're also proud to offer additional mental health support services for families, teens and children through Brightline. You must be enrolled in a UHC or Aetna medical plan to take advantage of Brightline programs and resources.

Review this internal BMS link to the Living Life Better guide to mental health resources for a roadmap to a wide range of services, support and useful apps for U.S. BMS employees and family members.

Q18: Can you explain what happens when my covered dependent turns age 26 and is no longer eligible for medical and dental coverage?

For most of the benefit offerings, the maximum age for dependent child coverage is age 26, and coverage ends on the last day of month in which such dependent's 26th birthday occurs. At that point, the dependent can select COBRA at the full cost of coverage plus the administrative fee.

Q19: How is my "out-of-pocket maximum" different from my "total out-of-pocket amount"?

The out-of-pocket maximum limits your cost-sharing for covered health expenses within the plan. This means that, after an individual has paid the out-of-pocket maximum, comprised of their deductible, coinsurance and/or copayments, 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, and 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) nor does your payroll deduction to participate in coverage.

Note that the deductible and out-of-pocket maximum listed for the Consumer Choice Plan refer to those for individual coverage and family coverage. While it is necessary for the full family deductible to be met before the plan begins to pay benefits, once the deductible is met, individuals within the family are subject to a different out-of-pocket maximum, consisting of the family deductible and the individual post-deductible out-of-pocket maximum. For 2024, the Consumer Choice in-network out-of-pocket maximum for an individual within a family is $6,200 ($3,200 family deductible + $3,000 individual post-deductible out-of-packet maximum.)

Q20: What is telemedicine (virtual health care)?

Telemedicine (virtual health care) is available to employees and covered dependents who are enrolled in a BMS medical plan option. 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 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.

Q21: What transgender-related services do BMS medical plans provide?

U.S. medical plans administered by UHC and Aetna include coverage for medically-necessary transition services related to a diagnosis of gender dysphoria and based on guidelines set forth following the World Professional Association for Transgender Health-Standards of Care (WPATH-SOC), including:

- Hormone therapy & testing
- Mental health counseling
- Genital surgery
- Hair removal required for reconstructive surgery
- Hair removal, such as electrolysis, laser treatment, etc., not related to reconstructive surgery
- Tracheal shave/reduction
- Facial feminization surgeries
- Voice modification surgery and/or therapy
- Lipoplasty/filling for body masculinization or feminization

Q22: If I want to take advantage of Progyny fertility benefits, do I need to make a separate election or choose a specific medical plan?

In order to access Progyny for fertility and infertility services, you must elect into a BMS Medical Plan administered by Aetna or UHC. No additional election is required during open enrollment. Additionally, employees are eligible for the adoption and surrogacy reimbursement program regardless of medical plan selection, including declining BMS coverage.

PHARMACY BENEFITS

Q23: Do I have to go only to a CVS pharmacy under the Pharmacy Benefit Program?

No. The CVS Caremark network includes over 70,000 pharmacies comprising most of the major U.S. chains and many independent pharmacies.

There are some situations where there are special benefits only available at CVS. If you are taking maintenance medications, you may also use CVS Caremark's Mail Service Program to obtain a 90-day supply of medication or pick up a 90-day supply for the same cost share at a CVS or Target pharmacy location. Likewise, certain specialty drugs are only available through CVS Specialty Services. Note: Mail service may not be available in all states.

PRETAX SAVINGS AND SPENDING ACCOUNTS

Q24: What are the advantages of a Health Savings Account?

A Health Savings Account (HSA) can provide short and long-term financial advantages. They are popular savings choices to help fund the annual deductible and other out-of-pocket expenses needed and/or build a long-term nest egg of health savings to prepare for the cost of medical coverage at a later date, such as in retirement.

A health savings account is attractive for its many federal tax advantages such as:

- ✓ Pretax savings opportunities:
  - Up to $3,400/$6,800 pretax-employee contribution through payroll deduction
  - Catch-up contributions available for employees age 55+
  - $350-700 in company contributions (based on coverage level), prorated based on when you join the plan
  - $400-800 in earned wellbeing incentives (based on coverage level) throughout year, paid quarterly with a max individual award per eligible individual of $100/quarter
- ✓ Tax-favored account growth over the short- and long-term
- ✓ Tax-favored payment of eligible expenses — and withdrawal at any time regardless of the year the eligible expense was incurred, provided that the eligible expense was not otherwise reimbursed or claimed as a deduction
- ✓ Always 100% vested
- ✓ Ability to invest your HSA savings in Fidelity's wide range of investment funds
- ✓ Can build and grow your account balance year over year for the long term

Q25: How do I deposit money into my HSA?

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. You must be actively at work when the payments are made to receive these payments.

- **Company Earned:** If you are an active employee, BMS contributions of up to an annual maximum of $400 (employee only coverage) or up to $800 (family coverage) are made quarterly (maximum quarterly award of $100 per eligible individual) 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 to receive these payments.

- **Employee Pretax:** You can make federally 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 will enable your payroll contributions to the HSA. You can also change your contribution amount throughout the year.

Q26: Why must I open an HSA through Fidelity on its NetBenefits site?

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.

Q27: When I elect or change my payroll deductions for my HSA, must I also indicate my election/change on Fidelity's NetBenefits site?

No. Once you open your HSA with Fidelity, all future changes to your pretax contributions are made directly on 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.

Q28: Will I be able to track what I am spending from my HSA?

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.

Q29: What is the most I can contribute to the HSA on a pretax basis?

According to IRS regulations, the most you can contribute in 2024 in combined employee and company contributions is $4,150 (employee only coverage) and $8,300 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.

Q30: What kind of expenses can I pay for with my HSA funds?

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).

Q31: May I spend money from the HSA before it has been deposited?

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 on a federal basis) 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.

Q32: Can I contribute to my HSA outside of payroll deductions?

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, 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.

Q33: What are the fees, if any, that accompany the HSA?

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 account maintenance fee may 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 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.

Q34: What happens to my HSA participation if I switch to the Point of Service Plan or In-Network Only Plan, or become covered under my spouse's employer's medical plan?

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.

Q35: My spouse plans to participate in a health care FSA through her employer. Am I still eligible to open an HSA through Bristol Myers Squibb?

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 to the health care FSA for reimbursement.

Q36: 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?

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 in excess of IRS threshold that changes every year, or
  - you, or your spouse if filing jointly, could be claimed as a dependent on someone else's return for the applicable tax year.

Q37: Where can I find out more about HSAs?

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).

Q38: Does money need to be in my Flexible Spending Account (FSA) to reimburse myself for eligible expenses?

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.

Debit cards will be available to pay for eligible expenses from your FSAs. However, the availability of funds for FSAs will not change with the use of the debit card.

Q39: Can I participate in the Health Care FSA if I am enrolled in the Consumer Choice Plan?

No. However, there are many advantages to choosing the HSA over the Health Care FSA. For example, the money in your HSA is yours and you can take it with you when you leave BMS or retire.

Q40: Why does the BMS Health Care FSA contribution limit not match the IRS maximum of $3,050, but rather sets a lower plan limit of $2,500?

The IRS limit is a ceiling on the benefit available, and it is not required that plans make that limit available for contributions. BMS considers several aspects of the plan in determining where to set the contribution limit for the Health Care FSA. These include the number of participants currently electing to the maximum of the lower plan limit, the amount of forfeiture left in the plan (under the "use-it-or-lose-it" rule) for people who did not claim reimbursement, and the risk to BMS in raising the limit, given that the full amount of the election is available under Health Care FSA is available for reimbursement before all contributions are made.

When considering these, along with the majority enrollment in the Consumer Choice Medical Plan, which provides a more tax-advantageous account in the Health Savings Account, it was determined that the Health Care FSA plan limit did not need to be raised above the current level. BMS will continue to monitor this for the coming years as we consider annual changes to the programs.

BMS 401(k) SAVINGS PLAN

Important: all references to the "BMS 401(k) Savings Plan" provisions are specific to the Bristol-Myers Squibb Company Savings and Investment Program. No elections are required during annual enrollment.

Q41: Does all of my compensation count for BMS 401(k) Savings Plan contributions?

The BMS 401(k) Savings Plan's definition of eligible compensation includes annual base pay, annual bonus, sales bonuses, overtime and shift differentials, as applicable. You have the opportunity to make a separate election if you intend to make a contribution from your annual bonus payment that is eligible for company matching contributions.

Please note that the 2024 IRS compensation limit is $345,000. Earnings that exceed the IRS compensation are not eligible under the BMS 401(k) Savings Plan.

Q42: Can you explain how a per-pay-period match works?

Each pay period when you contribute up to 6% of pay on a pretax, Roth 401(k) and/or traditional after-tax basis to the BMS 401(k) Savings Plan, that contribution is eligible for the company match. BMS makes a dollar-for-dollar matching contribution also up to 6% of your eligible pay each paycheck and at the same time your contribution is being made to the plan. As soon as the contribution is directed to your account each pay period, Fidelity applies your investment direction to these matching contributions to give you the full advantage of applying your personal investment strategy to matching contributions.

To access your BMS 401(k) Savings Plan account, visit Fidelity NetBenefits (netbenefits.com/bms).

Q43: How can I be sure to maximize my company match?

It's important to pay close attention to how to maximize the company match. If you intend to make pretax elections — and/or make Roth 401(k) contributions — up to the IRS limit ($23,000 in 2024), there is a plan feature called a "spillover after-tax election" that gives you the opportunity to ensure that BMS matching contributions continue throughout the year even after you reach the IRS limit for pretax and Roth 401(k) contributions.

By electing a "spillover" feature, your pretax and/or Roth 401(k) contributions will automatically convert to traditional after-tax contributions as soon as you reach the IRS contribution limit. This "spillover" conversion makes it possible for company matching contributions to continue on your behalf for each pay period you continue to make traditional after-tax contributions for the remainder of the year, up to the IRS total contribution limit ($69,000 in 2024). **This is very important planning if you want to maximize your own contribution and also the BMS match throughout the year.**

How company matching contributions work

Type of employee contribution	Company match	IRS limit in 2024	When contributions reach IRS limit in 2024
Pretax and/or Roth 401(k)	Dollar-for-dollar match up to the first 6% of eligible pay	$23,000 employee contribution limit	Employee contributions stop at $23,000 limit and can continue as after-tax with Spillover feature
Catch-up contributions at age 50+ do not qualify for match	N/A	$7,500	Catch-up contributions stop at $7,500 limit
If you elect spillover feature, employee contributions and company match continue by converting to:			
Traditional after-tax	Dollar-for-dollar match up to the first 6% of eligible pay	$69,000 total company and employee contribution limit	Contributions and match stop at $69,000 limit
If you elect only traditional after-tax contributions (no pretax or Roth 401(k) contributions)			
Traditional after-tax	Dollar-for-dollar match up to the first 6% of eligible pay	$69,000 total company and employee contribution limit	Contributions and match stop at $69,000 limit

Q44: What is the discretionary Annual Additional Company Contribution?

The discretionary Annual Additional Company Contribution is a company contribution that BMS makes into the BMS 401(k) Savings Plan account in addition to the company match. The annual company contribution is based on your age plus service. The contribution amount provided is based on your eligible pay (e.g., regular pay and performance bonus). Eligible employees must be active on December 31* to receive the annual company contribution.

Age + Service**	Annual Additional Contribution
< 40	3.0%
40 - 59	4.5%
60 +	6.0%

*Certain exceptions for severance and retirement.

Q45: What is the vesting schedule in the BMS 401(k) Savings Plan?

The BMS 401(k) Savings Plan has two vesting schedules for the company match contributions and the annual additional company contributions as shown in the following chart.

Years of Service*	Company Match Contributions	Annual Additional Company Contributions
1	33%	20%
2	67%	40%
3	100%	60%
4	100%	80%
5	100%	100%

* Service is based on active employment of at least 1,000 hours in a calendar year.

Q46: Is there anything the BMS Savings Plan can do to help me save while repaying student loans?

We understand it's challenging to pay back student loans and save for retirement at the same time.

The U.S. BMS Savings Plan includes a Student Debt 401(k) Match feature that is available for enrollment through netbenefits.com/bms.

This plan feature is possible as a result of the recently enacted federal legislation called SECURE Act 2.0 to help employees save for retirement while also repaying student loans.

If you have qualified student loan repayments that make it difficult to contribute to the BMS 401(k) Savings Plan and receive the full company match, you can enroll in the Student Debt 401(k) Match feature to have your loan repayments treated as though they are the equivalent of BMS Savings Plan contributions that qualify for up to 6% of matching contributions. Learn more through this FAQs link that is accessible to BMS employees.

If you have questions, call the Fidelity Investment Service Center for Bristol Myers Squibb at (877) 208-0795 Monday through Friday, 8:30 am to 8:30 pm ET.

Q47: What financial wellbeing resources are available?

BMS and Fidelity Investments have teamed up to provide financial wellbeing resources and services that are accessible throughout the year so that you have what you need to manage and plan for the financial components of your life that matter most.

Through Fidelity, services such as online financial tools and education, live and on-demand webinars and opportunities to meet one-on-one with a Fidelity advisor will help you meet your immediate, mid-range and long-term financial goals while maximizing your opportunities through your BMS Total Rewards offerings.

For additional details on financial wellbeing offerings, search on "Financial Wellbeing" in myBMS or visit Fidelity NetBenefits (netbenefits.com/bms).

TIME AWAY FROM WORK, FAMILY SUPPORT and OTHER OFFERINGS

No elections are required.

Vacation and time away

Q48: What is the vacation accrual schedule?

Years of Service	Time available in a calendar year
0-4	3 weeks*
5-9	4 weeks
10-24	5 weeks
25+	6 weeks

*4 weeks may apply as determined by job level (e.g., if you are an Executive Director or higher)

Q49: If I reach a vacation milestone during the year, will I be able to take advantage of the added week of vacation?

You are eligible for additional weeks of vacation on January 1 of the calendar year in which your employment anniversary occurs.

Q50: How does paid sick leave work?

Employees are permitted to take sick time off when their own illness, either physical or mental, precludes them from working a regularly scheduled work day or when the employee is seeking preventive care or a diagnosis. Employees are able to use this time off in minimum increments of 1 hour.

Keep in mind that if your illness or injury prevents you from working for more than five consecutive scheduled work days, you will transition to Short-Term Disability. You may also be eligible for additional sick time off provided under local legislation in your state.

Caring for Dependents – Children, Elders, Pets

Q51: Will there be company contributions to the Dependent Care Flexible Spending Account (DC-FSA)? Are there other options for dependent and childcare?

No, there are not company contributions to the DC-FSA. Tax advantages remain available for employee pretax contributions to a DC-FSA for reimbursement of qualified expenses.

You also have access to resources through Bright Horizons and Rethink for dependent, elder and pet care.

Bright Horizons resources include tuition assistance for childcare at participating network centers, back-up child and elder care, access to nanny placement services and pet sitting, academic support/tutoring, and more. Through Bright Horizons, you also have access to College Coach, which provides support for families whose children are preparing for college. For employees in the central NJ area, there are also on-site Bright Horizons Child Development Centers available at the Princeton Pike and Lawrenceville locations.

RethinkCare provides just-in-time family support, including virtual consultations with a behavior expert and online access to Rethink's dedicated portal of step-by-step resources to help families raising children with learning, social or behavioral challenges or developmental disabilities.

Commuter Benefits

Q52: How do I enroll for a commuter account?

Each month, you have the opportunity to enroll in the BMS commuter program through Wage Works, our commuter benefits administrator.

After your initial enrollment period, you may choose to participate or cancel at any time, providing that you make your online election by the 10th of the prior month. You may contribute up to the annual IRS limit on a pretax basis ($315/month in 2024).

For more information, refer to mybms.bms.com by entering "commuter" in the search field.

PHYSICAL & MENTAL HEALTH RESOURCES

No elections are required.

Q53: What fitness support does BMS offer?

BMS partners with Gympass, which offers you and your dependents access to wide ranging fitness options (apps & in-person) at free and discounted rates. Go to the Gympass platform to get started. In addition, all U.S. and Puerto Rico employees have access to our Virgin Pulse platform for Living Life Better. This platform provides you with the opportunity to have one-on-one calls with health coaches, track your healthy habits, find nutritious recipes, and more.

There are also on-site fitness centers available at no cost to employees at the Lawrenceville, Princeton Pike, Nassau Park, New Brunswick, Summit and Devens locations.

For even more fitness support and resources, including live virtual classes and information on how to become a member at one of the onsite centers, visit the Health and Fitness Center SharePoint site.

Q54: How can my covered dependents participate in the Virgin Pulse platform for Living Life Better to earn the wellbeing incentive?

Spouses and adult dependents age 18 and over, covered under your BMS medical plan, are eligible for the wellbeing incentive and participate by creating their own separate account, registering at www.livinglifebetter.com. No additional action needs to be taken to connect dependent accounts to your employee account. The earned wellbeing incentive will be paid directly to your Health Savings Account (HSA) or your paycheck, depending on the medical plan in which you are enrolled.

For more information on the Living Life Better wellbeing platform and incentive program, search on “Living Life Better” or “wellbeing” in myBMS.

Q55: What resources are available to support mindfulness and stress management?

RethinkCare offers daily sessions and courses to learn mindfulness & meditation practices, emotional intelligence and leadership skills, manage modern day parenting, improve your wellbeing, relationships, sleep, and more.

The Employee Assistance Program, delivered by TELUS Health (formerly LifeWorks), is also available to provide confidential professional counseling on many issues that create stress and impact your wellbeing.

To learn more, go to myBMS and enter “Living Life Better” or “wellbeing” in the search field.

Q56: Are there mental health resources geared toward families with teens and children?

Yes, we’re proud to offer mental health support services for families, teens and children through Brightline. You must be enrolled in a UHC or Aetna medical plan to take advantage of Brightline programs and resources. Please see your health plan’s website for more information: UHC or Aetna.

Q57: How can I find all the resources available to support mental health?

Now you can find a single guide for a roadmap to a wide range of services, support and useful apps all in support of mental health and emotional wellbeing for U.S. and family members.

Refer to our Living Life Better guide to mental health resources, available within myBMS, for all programs and resources BMS provides to help you thrive, find calm, and manage challenges and obstacles when caring for yourself or others, including help in a crisis.

BMS BENEFIT EXTRAS

No elections are required.

Q58: What are BMS Benefit Extras?

In addition to the benefit choices you can make during enrollment, BMS offers benefits you can elect anytime, such as **pet insurance**, a **pet discount program** and/or **Long-Term Care + Life Insurance**. We call these additional benefits BMS Benefit Extras. To learn more and enroll, go to bms.corestream.com.