

Quick reference guide: BMS medical plans

2024 Medical Plan Comparison

For additional information about the plans below, go to bms.healthbenefitsus.com.



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 \$3,400 (individual coverage) or \$6,800 (all other coverage levels) to allow for full IRS limit when combined with company contributions and wellbeing incentives (contribution elections made during enrollment can be changed mid-year) Company contributions of \$350 (individual coverage) or \$700 (all other coverage levels) 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-favored growth of account• Tax-favored 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 enrollment) No company contributions No catch-up contributions Use it or lose it rule applies to reimbursement requested for expenses in 2024 Unclaimed funds are forfeited after reimbursement filing deadline of April 30, 2025	
BMS wellbeing incentives	Tax-favored HSA deposits up to \$400 individual, \$800 family maximum	Taxable earnings for wellbeing incentives up to \$400 individual, \$800 family maximum	
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 coverage: \$1,600 Family coverage: \$3,200	\$600 per individual \$1,800 family	\$400 per individual \$800 family
Out-of-pocket maximum (including deductible)	Individual coverage: \$4,600 Family coverage: \$9,200	\$4,600 / \$9,200	\$2,600 / \$5,200
Preventive care	You pay \$0	You pay \$0	You pay \$0
Coinsurance (after deductible)	You pay 10%	You pay 10%	You pay 10%*
Copayment	N/A	N/A	Office visits: <ul style="list-style-type: none">Primary Care Physician: \$30Specialist: \$50
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)

* In-Network Only Plan coinsurance applies to hospital, inpatient and certain facility charges, such as X-ray and labs, after deductible. Office visits are copayment based.

	Consumer Choice	Point of Service	In-Network Only
Out-of-network			
Annual deductible	\$3,200 / \$6,400	\$900 / \$2,700	No coverage
Out-of-pocket maximum (including deductible)	\$9,200 / \$18,400	\$9,200 / \$18,400	No coverage
Preventive care	You pay 30% after deductible	You pay 30% after deductible	No coverage
Coinsurance (after deductible)	You pay 30%	You pay 30%	No coverage
Copayment	N/A	N/A	No coverage
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	No coverage
Out-of-pocket maximum		\$2,000 / \$4,000	\$2,000 / \$4,000

Pharmacy benefits

Pharmacy benefits are available automatically to U.S. 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-branded drugs	\$0	\$0	
Preventive: Non-BMS-branded drugs	Deductible waived; subject to regular coinsurance	Subject to regular coinsurance (see below)	
Retail and mail service: BMS-branded prescriptions			
What you pay for non-preventive medicines (34-day supply)	\$0 after deductible**	\$0	
Retail and mail service: Non-BMS-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: \$10Tier 2: 10% (\$20 min, \$35 max)Tier 3: 10% (\$35 min, \$55 max)	<ul style="list-style-type: none">Tier 1: \$15Tier 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: \$25Tier 2: 10% (\$50 min, \$87.50 max)Tier 3: 10% (\$87.50 min, \$137.50 max)	<ul style="list-style-type: none">Tier 1: \$37.50Tier 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

*** Mail service may not be available in all states