

2022 Annual Enrollment Guide

for benefits-eligible employees in the U.S.



October 2021



Enrollment is important

In order to maintain your medical coverage in the Consumer Choice Plan for 2022, you will be required to go through the enrollment process to **re-elect your coverage and re-add your dependents to your coverage.** You and your family will be without medical coverage through BMO for 2022 if you do not take this important action before November 5th.

After Annual Enrollment you will not be able to change your benefits unless you experience a qualifying life event – you have 31 days from the qualifying event to make changes.

Tip Go digital!

Many of our benefits administrators have **apps** and **member portals** that you can access from the convenience of your mobile device or computer! You can easily take advantage of self-service functions such as accessing digital ID cards, ordering replacement ID cards, checking claim statuses, reviewing your deductible and out-of-pocket accumulator balances, and finding in-network providers.

Get ready to enroll

Annual enrollment requires your active participation.

Annual Enrollment (AE) comes around once a year and is your chance to re-evaluate what benefits coverage you need in place to best support you and your family in the upcoming year. Please review the information in this guide to learn more about your benefits and what's new for 2022.

Go to the Annual Enrollment page on the BMO US Benefits website: bmousbenefits.com/2022AnnualEnrollment

Annual Enrollment:
October 25 -
November 5,
2021

What you need to do for 2022 annual enrollment

- Log into [Workday](#).**
 - Click the **My Benefits & Retirement** application; then
 - Click on the **Make your Annual Enrollment elections** banner.
- Re-enroll, where required.** The following plans require re-enrollment to continue your participation into the next year:
 - Medical – Consumer Choice Plan
 - Health Savings Account
 - Health Care Flexible Spending Account
 - Limited Purpose Flexible Spending Account
 - Dependent Care Flexible Spending Account
- Check eligibility.**
 - [HSA eligibility](#) – if you will be enrolled in the Consumer Choice Plan for 2022, you will be prompted to confirm if you are eligible to participate in the HSA plan. It is important to understand the eligibility requirements to avoid unintended tax consequences. Refer to the HSA eligibility section of this guide.
 - [Dependent eligibility](#) – Remove any dependents from your dental and vision plans that no longer meet the definition of an eligible dependent for BMO's plans.
- Review your Benefits Summary.**
 - Before you exit the enrollment application, review your elections carefully and keep a copy for your records.

Important Tip!

The enrollment application will conveniently save your elections along the way, even if you exit out prior to hitting the final submit button - so you can easily come back anytime during AE and resume where you left off. However - it is important to know that once Annual Enrollment closes on November 5th, any elections that have been saved **will be finalized** and go into effect for 2022 (*whether or not you have hit the final submit button*).

Customize your benefits for 2022 to meet the needs of you and your family

During Annual Enrollment you have choices to make about:

- Medical
- Health Savings Account (HSA)
- Critical Illness Insurance
- Hospital Indemnity
- Accident Insurance
- Dental
- Vision
- Flexible spending accounts (FSA) – Health Care, Limited Purpose and/or Dependent Care
- Supplemental Life Insurance
- Family Life Insurance
- Supplemental Long-Term Disability
- Legal Insurance

Other benefits automatically provided:

- Basic Life Insurance
- Disability
- Business travel accident

A few more important reminders

- Annual Enrollment is the perfect time to conduct a **check-up on your life insurance beneficiary designations** in case you need to make changes.
- Double check that the home address on file in Workday is up to date to avoid any delays in receiving new insurance cards, mailings from Dependent Verification Services or your 2021 tax forms. You can **check and update your address** at any time via the *Personal Information* application in Workday.
- Watch your mail and email **if you enrolled any new dependents on your medical, dental and/or vision coverage for 2022** that have not been previously verified. You will receive information after AE closes from Dependent Verification Services to verify your dependents. It is important that you take the required action to verify your dependents before the deadline or they will be canceled from your coverage after 60 days.
- In early December, you will receive an email from *BMO HR U.S. Benefits* that your **2022 Annual Enrollment Confirmation Statement** is available. It is important to access My Benefits and Retirement via Workday to review this statement thoroughly to ensure your elections for 2022 are accurate so you can contact the Human Resources Centre (HRC) if you have any corrections before it is too late. As a reminder - Mid-year changes are not allowed without a qualified Life Event, so it is critical to check and resolve any enrollment issues prior to the new plan year.

Need help?

You can schedule an appointment with an Enrollment Specialist for assistance during the AE period. Visit the My Benefits & Retirement application in [Workday](#), to schedule your appointment. Please note appointments are limited so you should sign up early.

Learn more.

For quick access to 2022 Annual Enrollment information on the BMO U.S. Benefits site, scan the code using your phone camera.



What to expect in 2022

- **One plan administrator for the Consumer Choice Plan in 2022.** We have chosen *BlueCross BlueShield of Illinois (BCBSIL)* to be the administrator for the Consumer Choice Plan in all states starting in 2022. We made this decision based on a number of factors including simplification, minimizing our medical premium increases, the broad network of providers available across the country, the minimal provider disruption for employees switching from UnitedHealthcare, and the ability to have a consistent experience across all employees (check out the Medical Plan section of this guide to see all the enhanced programs available to you through BCBSIL).

Note

Check out the [BCBSIL resources and programs](#) and explore the tools that support your health and well-being.

- **Minimal premium changes for 2022.** Medical premiums will increase approximately 2.3% (well below the market trend of 5% or above), and vision premiums will increase 2.5%. Dental premiums will not change. The Supplemental LTD plan premiums and the Supplemental Life for non-tobacco users will decrease for 2022. You can see the 2022 plan premiums during the enrollment process or via [bmousbenefits.com](#).
- **Continued employer provided HSA contributions.** BMO will continue to support employees through employer contributions to their HSA based on your base salary tier.
- **Implementation of the Smart90 prescription program.** With the Smart90 prescription program through Express Scripts, Consumer Choice Plan participants will save money on a 90-day supply of long-term maintenance medications. Going forward, you will need to fill your long-term maintenance medications at a Smart90 network pharmacy. With this change, long-term maintenance medications are no longer eligible to be filled as a 30-day supply or at non-network pharmacies.
- **Enhanced access to Fertility coverage in the Consumer Choice plan.** We are removing the requirement that there must be an infertility diagnosis in order to receive coverage for fertility treatments. This will allow easier and faster access to covered treatments that can help more of our employees grow their families. This change aligns to BMO's Diversity, Equity & Inclusion (DE&I) efforts by supporting our LGBTQ+ and single-by-choice employees in their journeys to conceive and by reducing socioeconomic barriers to access.
- **Increased HSA and FSA limits.** The plan limits will be increased to the new 2022 IRS limits to allow you to maximize your pre-tax saving opportunity for eligible expenses.
- **Evidence of Insurability is no longer required for enrolling in Supplemental Long-Term Disability coverage.** Starting in 2022, Evidence of Insurability is no longer required when enrolling in the Supplemental Long-Term Disability coverage. Employees enrolling in coverage during this annual enrollment period will no longer be required to provide proof of insurability. The plan will have a pre-existing clause that states employees who have been treated for a condition in the 3 months prior to the coverage effective date will not receive Supplemental Long Term disability benefits if the employee goes out on medical leave for that condition during the first 6 month of coverage. The plan will provide benefits during the first 6 months of coverage if the medical leave is due to an unrelated illness. This pre-existing clause does not apply to Short Term Disability coverage provided by BMO.
- **Discontinuation of the ActiveHealth program.** The voluntary condition management and digital coaching program that has been included as part of the Consumer Choice Plan has had low utilization, so for 2022 the program will be discontinued to help keep overall medical premium increases down and to reinvest the dollars into other plan enhancements. As an alternative, you are able to call and request a self-referral to work with a BCBSIL Health Advisor, who will be able to assist you in managing your condition and meeting your health goals.

Other changes to our plans for 2022

- The Adoption reimbursement will **increase to \$10,000**. The reimbursement amount per eligible adoption is being doubled (from the current \$5,000 reimbursement).
- **Surviving Dependents.** Starting in 2022, in the event of your death, your eligible dependents will be able to continue their subsidized medical coverage through BMO for a period of 36 months under COBRA provisions. During the 36-month period, your dependents will pay the Active medical employee premiums (and the difference between the full COBRA premium and the Active premium will be subsidized by BMO).
- If you meet the requirements for the Retiree Medical program at the time of your death, your eligible dependents will also have the option to enroll in the Retiree Medical program at that time. However, it is important to know that if your dependents choose to enroll in COBRA coverage for medical instead of Retiree Medical coverage, their rights to enroll in Retiree Medical coverage in the future are forfeited.

Medical Plan

BMO offers medical coverage through the Consumer Choice Plan; a High-Deductible Health Plan (HDHP) administered by BCBSIL, that includes a tax advantaged Health Savings Account (HSA). The Consumer Choice Plan and HSA work together to help you take charge of your health care when you actively engage in your health and decision-making. When you enroll in the Consumer Choice Plan for medical coverage, you automatically receive prescription drug coverage through Express Scripts. For information please visit the [Medical Highlights](#) and [Prescription Drugs](#) pages on the BMO US Benefits website.



ALL EMPLOYEES are required to go through the enrollment process to re-elect your medical coverage and re-add your dependents to your coverage. If you do not act during annual enrollment, you and your family will not have medical coverage for 2022.

Medical plan and design changes

The Consumer Choice Plan will be exclusively administered by BlueCross BlueShield of Illinois (BCBSIL).

- This is not a change for employees that reside in Illinois since BCBSIL is already your administrator. If you re-enroll in medical for 2022, you can continue to use the BCBSIL ID cards that you currently have. If you add any new dependents, then you would receive another set of ID cards due to the additional members.
- Employees in all other states that enroll in medical for 2022 will receive new ID cards from BCBSIL prior to the end of the year. Those currently covered by UnitedHealthcare (UHC) can expect minimal provider disruption because of the extensive network overlap between BCBSIL and UHC. In fact, in some areas there will be access to more providers under BCBSIL's network.

This change does not impact your Express Scripts prescription card and you will continue to use the cards you currently have.

If you are new to BCBSIL and have questions prior to 2022, Benefit Value Advisors will be available to answer questions about BMO medical benefits for 2022, including helping confirm if your current providers are in network or will help find a new provider as needed. Call today 855-721-8013 or you can visit [bcbsil.com](https://www.bcbsil.com) to search for doctors, hospitals, urgent care and more.

Enhanced access to Fertility coverage. Elimination of the infertility diagnoses requirement to make fertility treatments more accessible.

Prescription drug plan and design changes

Smart90 prescription program - Saving you money on your daily meds.

- You will need to fill your long-term maintenance medications as a 90-day supply at a Smart90 network pharmacy. You will be allowed two courtesy fills at any retail pharmacy and then you will be required to fill long-term medications at Walgreens, CVS, or Express Scripts home delivery pharmacy. **After the third time, the plan will not cover the prescription.**

What if I am already taking a long-term medication? You will need to have your existing prescription converted to be filled as a 90-day supply. You can do this by contacting your doctor and asking for a new script, calling Express Scripts at 1-877-795-2926, or visiting [express-scripts.com/3month](https://www.express-scripts.com/3month).

When you are prescribed new long-term maintenance medications, ask your doctor to write your script to be filled as a 90-day supply.

Why is re-enrollment required for the medical plan?

The Consumer Choice Plan and Health Savings Account (HSA) are designed to work together. Each annual enrollment, we need to recertify your eligibility for the HSA plan at the time you elect the Consumer Choice Plan to properly determine your eligibility for HSA contributions to avoid unintended tax implications.



You can use the Express Scripts mobile app on your digital device to locate a participating pharmacy.

Note

If you enroll in the Consumer Choice Plan and will **concurrently be enrolled in Medicare or TRICARE for 2022**, you are not eligible to contribute or receive contributions into an HSA.

However, you are still eligible to receive a **Core Contribution** in the form of taxable cash to use towards your out-of-pocket medical expenses by promptly emailing BMOHR.USBenefits@bmo.com so we can add you to our list for 2022.

Health Savings Account (HSA)

When you chose to enroll in the Consumer Choice Plan, you can also participate in the HSA. With the HSA, you can pay for eligible medical, prescription, dental and vision expenses for you and your eligible dependents.

HSA Eligibility:

- Enrolled in the Consumer Choice Plan (HDHP);
- Not covered under other non-HDHP medical coverage, including Medicare or TRICARE;
- Not enrolled a traditional Health Care Spending Account (including through a spouse/domestic partner);
- Not claimed as a dependent on someone else’s tax return.

Continued support through company-provided HSA contributions

BMO’s Employer Contributions will be determined by your base salary in effect on September 30th of the prior year (or as of your hire date for new or your status change date for newly benefits-eligible employees). The base salary is used to determine your HSA Employer Contribution eligibility and amounts will be locked in for the plan year. If you are not eligible to receive all or a portion of BMO Employer Contributions you will still have the opportunity to reach the full IRS limit with your Contributions.

Employer Contributions are made up of 2 components: **Core Contributions** and **Match Contributions**.

- The **Core Contribution** does not require that you elect to make your own Contributions. However, to receive Core Contribution you must confirm you are eligible to have an HSA in 2022 and authorize BMO to open an HSA on your behalf at UMB during the enrollment process (If eligible, you will receive the Core Contribution by answering ‘yes’ to the HSA eligibility question during the enrollment process).
- The **Match Contribution** requires that you elect to make your own Contributions. If eligible, you will receive a dollar for dollar match up to the maximum Match Contribution that you are eligible for based on your base salary.

Base salary tier structure	BMO HSA Employer Contributions (EE ONLY / Family)		
	Fixed Core Contribution	Maximum Match Contribution	Maximum BMO Contribution
\$70,000 or less	\$500 / \$1,000	\$250 / \$500	\$750 / \$1,500
\$70,001 - \$130,000	\$250 / \$500	\$250 / \$500	\$500 / \$1,000
\$130,001 - \$175,000	\$0	\$250 / \$500	\$250 / \$500
\$175,001 or more	\$0	\$0	\$0

Health Savings Account (HSA) continued...

- **Employer Contributions** are upfront funded in January (allocated a few business days following the first payroll of the year) in a lump sum so you have money accumulated in your HSA to help pay for eligible medical expenses early in the year. The annual election that you make for your Contributions is divided over 24 payrolls for the year (if enrolled starting on January 1st) and allocated into your account within a few business days following each payroll.
- The IRS maximum contributions (inclusive of Employer + Employee Contributions) for 2022 are **\$3,650 for Employee Only coverage** and **\$7,300 for all other coverage levels**. Employees who will be age 55 or older during the plan year, can also contribute an **additional \$1,000**. During the enrollment process, you will notice the maximum annual election that you can make has already been reduced by the amount you are eligible to receive in BMO Contributions. This is to ensure you do not go over the IRS maximum for the year. **If you also contribute to other HSAs outside of BMO, you will need to self-monitor your contributions to avoid going over the IRS maximum.**
- Unlike most of the annual enrollment benefits plans, you can make mid-year changes to your HSA contributions at any time via the My Benefits & Retirement application in [Workday](#). If your new election results in eligibility for a higher Match Contribution than what you previously received, you will receive a top-up contribution for BMO as soon as administratively possible following your change.
- If your eligibility to participate in an HSA plan changes mid-year, you should discontinue your HSA contributions right away to avoid tax implications. You can do this by reducing your annual election to be equal to the total of what you have already contributed for the year via the *My Benefits & Retirement* application in [Workday](#). Contact the HRC at 1-888-927-7700 if you need assistance with stopping your HSA contributions.



As you approach Medicare eligibility, or if you are eligible for Medicare already, there is a lot to consider. If you have an HSA, it is important to understand how enrolling in Medicare will affect your HSA. Refer to the [Approaching Medicare & Health Savings Account Guide](#) to understanding your options and what to be aware of as you approach Medicare eligibility.

- Your account balance carries forward year over year – so you do not need to worry about forfeiting any money if you do not use it all during the plan year.

Important Benefits Information

- [Summary Plan Descriptions, Forms and Legal Notices](#)
- [Benefit Contacts](#)
- [Resource Library](#)
- [App Library](#)

Dental Plan

BMO offers comprehensive dental coverage through Delta Dental of Illinois. You have the flexibility to see any dentist you choose, however the “Delta Dental PPO” or “Delta Dental Premier” network dentists can save you money. For information please visit the [Dental](#) page on the BMO US Benefits website.

Premiums for 2022 are not changing. You can see the 2022 premiums on the [Annual Enrollment](#) page on the BMO US Benefits website.

Vision Plan

BMO offers vision benefits through VSP to you and your dependents. You can see any vision care provider, but you'll get the most out of your benefits if you use a network doctor. For information please visit the [Vision](#) page on the BMO US Benefits website.

Premiums for 2022 are increasing 2.5%. You can see the 2022 premiums on the [Annual Enrollment](#) page on the BMO US Benefits website.

Vision plan enhancements

Reduced retinal screening copay to \$20

Retinal screening (digital imaging of the inside of the eye) helps your doctor establish a baseline to monitor and track changes in your eyes over time and find possible signs of eye disease.

Primary Eyecare

VSP is committed to providing members with the best care, which is why Primary EyeCare allows you to receive additional follow-up medical eye care services from your VSP doctor, who knows your eyes best.

- Covered in full retinal screening for members with diabetes
- Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration
- Treatment and diagnoses of eye conditions, including dry eye, pink eye, eye injury and cataracts available for all members
- Tests to diagnose sudden vision changes

Life

Life Insurance provides financial protection for you and your family in case of a serious accident or death. BMO automatically provides Basic Life and Business Travel Accident insurance to eligible employees. You can purchase additional Supplemental Life and Family Life Insurance for your eligible dependents. For more information please visit the [Life Insurance](#) page on the BMO US Benefits website.

Premiums for Supplemental Life for non-tobacco users will have a decrease. You can see the 2022 premiums on the [Annual Enrollment](#) page on the BMO US Benefits website.

Disability

BMO provides financial protection for you and your family in the event you cannot work because of an accident or personal illness. The disability plan pays you a benefit for as long as you are disabled as defined by the Plan. For information please visit the [Disability](#) page on the BMO US Benefits website.

You automatically receive Long Term Disability coverage equal to 60% of your base salary, at no cost to you. To enhance your financial protection, you can elect to purchase supplemental coverage of 15% that will provide you with a total of 75% of your base salary while you are disabled.

Premiums for Supplemental LTD will have a decrease. You can see the 2022 premiums on the [Annual Enrollment](#) page on the BMO US Benefits website.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to support your financial wellness by providing pre-tax savings opportunities for eligible expenses. BMO offers 3 types of FSAs to support your unique needs.

Health Care Flexible Spending Account (HCFSA)

The HCFSA allows you to save up to \$2,750 for eligible medical, prescription, dental and vision expenses for you and your dependents on a pre-tax basis. The HCFSA is a great alternative for employees that are not eligible for BMO's HSA.

You should plan your HCFSA Annual Election carefully because the IRS only allows up to \$550 to carry forward from one year to the next. Amounts in excess of the \$550 limit are forfeited.

Limited Purpose Flexible Spending Account (LPFSA)

The LPFSA is designed to work in conjunction with your HSA to maximize your pre-tax savings strategy. In addition to your HSA contributions, you can save up to another \$2,750 for eligible dental and vision expenses only for you and your dependents on a pre-tax basis.

You should plan your LPFSA Annual Election carefully because the IRS only allows up to \$550 to carry forward from one year to the next. Amounts in excess of the \$550 limit are forfeited.

Dependent Care Flexible Spending Account (DCFSA)

The DCFSA allows you to save up to \$5,000 for eligible day care expenses for your eligible dependents. Eligible dependents include your children under age 13 and older tax dependents (of any age) who are physically or mentally incapable of self-care.

You should plan your DCFSA Annual Election carefully because the IRS does not allow balances to carry forward from one year to the next. Amounts that cannot be used for eligible expenses during the plan year are forfeited.

You can find more information on the [Flexible Spending Accounts](#) in the Summary Plan Description.

Resources and Reminders

In 2022, the Consumer Choice Plan will use the BCBSIL provider network exclusively. Get familiar with the [BCBSIL resources and programs](#) that support your health and well-being.

Check out these additional resources to further support your health and well-being:

Wondr

Wondr is a weight loss program that is clinically proven to help you lose weight, sleep better, stress less, and so much more. You will learn simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever – at no cost to you and your covered dependents (over age 18) who are enrolled in the Consumer Choice Program. Apply at wondrhealth.com/BMOUS.

Give Wondr three weeks to show you that their simple, clinically proven skills can change your life. In exchange they'll send you their signature H2Orange water bottle!

Livongo

Diabetes management, simplified. The program is offered at no cost to employees and covered dependents with diabetes and coverage through the Consumer Plan. You'll get a connected blood glucose meter, unlimited strips and 24/7 support. To Learn more or Join: join.livongo.com/BMOUS/now or call Livongo Member Support at **(800) 945-4355** and mention registration code **BMOUS**.

Formulary updates

The Consumer Choice Plan uses the Express Scripts National Preferred Formulary to manage prescription drug costs. Each year you should review the updated lists and note any changes to prescriptions you may be taking. These documents are found on the [prescription drug](#) page under **Important Docs**.

This enrollment information provides highlights of the company's benefit plans. While every effort was made to ensure its accuracy, it does not provide every plan detail, limit or exclusion and does not create contractual rights. The plan documents, which govern these plans, provide full details. The company reserves the right to modify, amend, replace or discontinue any benefit or plan at any time for any reason. If there are any discrepancies between this enrollment information and the legal plan documents, the plan documents shall rule.

Neither the plan nor the company ensures quality of care. Participants always have the choice of what services they receive and who provides their health care regardless of what the plan covers/pays. The managed care vendor selects its network providers. If a provider drops out of the network, a participant is not permitted to change plans.

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