



# **Retiree Medical Program Eligibility and Cost Appendix**

**BMO Retiree Medical and Life Insurance Plan**

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## *About this Summary*

This appendix provides an overview of the eligibility and cost provisions for retiree medical benefits (“Retiree Medical Program”) under the BMO Retiree Medical and Life Insurance Plan (the “Plan”). BMO Financial Corp. (“BMO”) reserves the right to discontinue, amend or replace the Plan at its discretion at any time for any reason. If you have further questions about the Retiree Medical Program, please contact the Human Resources Centre at 1-888-927-7700. If the Summary Plan Description, this Eligibility and Cost Appendix, or any oral representation differs from the Plan document, the Plan document controls.

## ***Retiree Eligibility***

You and your eligible dependents may be able to participate in the Retiree Medical Program if you meet the eligibility criteria listed below. Eligibility to participate in the Retiree Medical Program generally differs depending on whether you are eligible under BMO, Marshall & Ilsley Corporation (“M&I”), or Bank of the West (together, the “Companies”). Eligibility criteria for retirees of each group is outlined below.

You are not eligible to participate in the Retiree Medical Program if, while an employee, you performed services for the Companies under an agreement or arrangement between the Companies and a third party that designated you as an independent contractor or consultant or that excluded you from Plan participation. You are not eligible for retiree medical coverage if your employment with the Companies was terminated due to misconduct, including but not limited to, dishonesty, theft, embezzlement, disclosure of trade secrets, commission of a felony or inappropriate behavior; or if you voluntarily terminated your employment after having committed such acts.

### ***Eligibility for BMO Retirees***

#### ***Qualifications for Coverage***

You are eligible for the Retiree Medical Program if:

- you retire at age 55 or older with at least 10 years of service with any BMO entity; and
- you are working as a U.S. employee immediately preceding your retirement; and
- you are enrolled in a BMO-sponsored medical plan immediately preceding your retirement.

Different eligibility requirements and contribution percentages may apply if you were hired through one of the acquisitions or mergers as stated under [Companies Acquired by BMO Financial Group U.S.](#)

**Coverage under the BMO Retiree Medical and Life Insurance Plan Retiree Health Reimbursement Arrangement (“Retiree HRA”) when you become Medicare eligible (because of age or disability) is not available if you were hired or rehired on or after January 1, 2008, or younger than age 35 as of December 31, 2007.**

### ***Special Eligibility Rule for Employees of Divested Companies***

If your employment with BMO ends in connection with a sale or other divestiture that occurs on or after June 1, 2015 and all of the conditions set forth below are met, you will be eligible to participate in the Retiree Medical Program on the date that you would have first become eligible to participate in the Retiree Medical Program had your employment with BMO not ended:

- You are employed by the successor company immediately following the sale or other divestiture;
- You would have been eligible to participate in the Retiree Medical Program within two years of the date of the sale or other divestiture had you remained an employee of BMO; and
- The sale agreement or other document authorizing such sale or divestiture provides for special Retiree Medical Program eligibility as described in this section.

## Companies Acquired by BMO Financial Group U.S.

You are eligible for retiree medical coverage if you meet the requirements described above. Generally, your eligibility for the Retiree Medical Program starts on the later of the actual (closing) date your company was acquired or the date your company joined the Plan, whichever is later.

For certain acquisitions (which are asterisked in the chart below) your period of employment going back to your latest hire date with the acquired company may be recognized for purposes of determining eligibility in the Retiree Medical Program.

Acquired Company	Acquisition Date
Argo State Bank*	July 31, 1982
Chemical Bank	January 3, 1984
National Westminster Bank USA	January 18, 1985
Bank of Montreal*	January 1, 1986
Derivative Markets	March 20, 1986
Wilmette	January 1, 1987
Marine Midland National Bank	September 20, 1985
Naperville	January 1, 1988
Barrington*	January 1, 1989
Roselle*	January 1, 1989
Batavia	January 1, 1989
Glencoe-Northbrook	January 1, 1989
Hinsdale	January 1, 1989
St. Charles	January 1, 1989
Winnetka	January 1, 1989
Libertyville*	May 1, 1990
Frankfort	October 1, 1990
Nesbitt Thompson Securities*	April 1, 1992
Suburban	January 1, 1995
Household	June 29, 1996
Burns Fry*	January 1, 1997
KeyCorp*	January 2, 1997
Burke, Christensen & Lewis (BCL)	January 1, 2000
Village Bank of Naples	July 3, 2000
Freeman Welwood	October 1, 2000
Century Bank	December 15, 2000
First National Bank of Joliet	July 13, 2001
CSFB Direct	February 1, 2002
Northwestern Trust	April 1, 2002
MyCFO	November 1, 2002
Sullivan, Bruyette, Speros and Blayney (SBS)	January 16, 2003
Gerard Klauer Mattison (GKM)	July 3, 2003
Lakeland Community Bank	February 27, 2004
New Lenox State Bank	June 1, 2004
Mercantile National Bank	December 30, 2004
Villa Park Trust and Savings Bank	January 1, 2006
First National Bank & Trust (FNBT)	January 4, 2007
Fidelity Information Services	January 1, 2007 or on employee hire date with Harris N.A., whichever is later
Merchants & Manufacturers Bancorporation, Inc.	March 1, 2008

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Ozaukee Bank	March 1, 2008
Griffin, Kubik, Stephens & Thompson	July 1, 2008
Pierce, Givens & Associates, LLC	February 13, 2009
Stoker Ostler Wealth Advisors	September 9, 2009
Citicorp Diners Club Inc.	January 1, 2010
Amcore N.A.	April 24, 2010
Marshall & Ilsley Corporation (M&I)	July 6, 2011
CTC Consulting LLC	June 1, 2012
General Electric Transportation Finance	December 1, 2015 (Service date varies depending on hire date.)
Greene, Holcomb, Fisher, LLC	August 1, 2016
FIS	April 8, 2017
KGS Alpha	September 1, 2018
Clearpool Group Inc.	April 6, 2020
PeopleScout	July 1, 2020
Radical	December 1, 2022
Bank of the West	February 1, 2023

### Rehired employees

If you are rehired on or after January 1, 2008, you will become part of eligibility group 4 for the Retiree Medical Program. Your prior service time will be counted for Retiree Medical Program eligibility; however, the timeframe you were not employed with BMO is considered a “break-in-service” and will not be counted in your service time calculation. Please note, your prior service time will not count towards eligibility for BMO funding.

Individuals participating in the Retiree Medical Program immediately prior to the date of rehire are considered active participants of the waiver program and will maintain their current BMO contribution, if any, and current retiree group classification based on their initial retirement date. No additional service time is gained.



The Retiree Medical Program was redesigned effective January 1, 2008 and employees were classified into eligibility groups to determine what benefits and funding would be offered to them and their dependents during retirement. Your age and years of service, as of December 31, 2007, were used to determine your eligibility group. See [How BMO Contributes](#) for more information.

### Eligibility for Dependent of BMO Retirees – Pre-Medicare Coverage

At the time of your retirement, your eligible dependents can enroll in the Retiree Medical Program, regardless of whether they were enrolled in the active medical plan. However, if they were not enrolled in the active medical plan, then they need to have a loss of other group coverage in order to enroll, and they must enroll within 31 days of the loss of coverage. The only exception to this is a birth or adoption, in which case, the new child may be added to coverage within 31 days of the event. Children are allowed to stay on coverage until the end of the month in which they turn age 26, at which time they will be offered COBRA (qualified disabled adult children may be able to stay on after age 26).

The member verification section on the Retiree Medical Program Election/Waiver form must be completed for all eligible dependents regardless of whether you will be enrolling them in a medical plan at the time of retirement. If you and/or your dependents are waiving retiree coverage, by declaring your eligible dependents, you are maintaining their future eligibility to enroll later if they continue to meet eligibility requirements at that time.

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Dependents that are not declared on this form at the time of your retirement will not be allowed to participate in the Retiree Medical Program in the future, except for new biological or adopted children.

Your dependents do not need to be enrolled in BMO's active medical plan when you retire. The dependent must meet the definition of an eligible dependent at the time of your retirement and at the time you request to enroll them in coverage. You are only able to add the following members to your medical coverage later if they continue to meet the dependent definition, as applicable:

- Your legal spouse or your qualified domestic partner at the time of your retirement date;
- Your existing eligible dependent children at the time of your retirement.

## ***Plan cost for BMO Retirees***

You and BMO share in the cost of the Retiree Medical Program. Your share of the premium (and the premium for any eligible dependents you enroll) depends on:

- your years of service with BMO;
- your age;
- the medical plan coverage option you select.

Costs for the Retiree Medical Program are based on coverage and administrative fees for the retiree group and are different from the active employee rates. Once you or your spouse/domestic partner/dependent child are Medicare eligible, your coverage under the Retiree Medical Program will change to the HRA. To be covered under the Retiree HRA, you are required to enroll in a medical plan through Via Benefits. For information regarding BMO's contribution to your/your spouse's/domestic partner's/dependent child's HRA, see the chart *Your Plan Options/How BMO Contributes* below.

## ***How BMO Contributes***

BMO made changes to the retiree medical benefits effective January 1, 2008, and your age and years of service (in months and years) as of December 31, 2007 will be used to determine the group you are classified under. The group will determine your access and BMO contribution for retiree medical benefits.

## ***How to Determine Your Years of Benefit Service***

In general, your service begins on your hire date with BMO, however, some employees will need to know their vesting service, while others will need to know their benefit service. Generally, benefit service begins on the actual date your company was acquired or the date your company joined the Plan, whichever is later. See [Companies Acquired by BMO Financial Group U.S.](#) for more information.

You have the flexibility to view your service dates at any time by accessing your job details in Workday.

## ***How to Determine Your Retiree Group***

In addition to meeting the eligibility and qualifications criteria to be eligible for retiree benefits, the following special rules apply:

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<b>Group 1 and Group 2</b>	<p>Employees who on 12/31/2007 were age 55 or older with at least 10 years of benefit service* or age 45 or older with at least 60 points (your points are your age plus years of benefit service) will pay a percentage of the medical premium.</p> <p>BMO’s minimum contribution is 25% of the premium for 10 years of benefit service. For each additional year of benefit service earned (up to 35 years), BMO contributes an additional 2% of the premium, to a maximum of 75%. Your spouse/domestic partner and child(ren) will pay an additional 25% of the premium. See the Contribution schedule for more details.</p> <p>* <i>Generally, your hire date with BMO can be used to determine your benefit service.</i></p>
<p><b>Example:</b> A retiree with 25 years of benefit service will pay 45% of the monthly premium. The full monthly premium for the BCBSIL HDHP is \$1,536.00, the retiree will pay 45% or \$691.20 per month. The spouse pays an additional 25% of the full monthly premium, which means the cost for spouse coverage is 70% (45% + 25%) or \$1,075.20. The total cost for retiree + spouse is \$1,766.40 per month.</p>	
<b>Group 3</b>	<p>Employees who on 12/31/2007 were age 35 or older, who are not in Groups 1 or 2, for coverage before age Medicare eligibility, will pay a percentage of the medical premium. Beginning at the age of 65 (or when you are otherwise Medicare-eligible), you will receive an HRA contribution from BMO to cover the cost of eligible medical expenses (as defined in the HRA summary plan description).</p> <p>You will receive a capped annual subsidy of \$70, times years of benefit service, up to a maximum of \$2,450 per year (An aggregate of \$600 less for your Medicare-eligible spouse/domestic partner/child(ren)). The value of your contribution will be fixed when you reach age 65/Medicare eligibility – with no future increase. The subsidy will continue for your lifetime. In the event of your death, your Medicare-eligible spouse/domestic partner/child(ren) contribution would also continue for his or her lifetime.</p>
<p><b>Example:</b> If you retire from BMO with 25 years of benefit service, BMO will pay \$70 x 25, or \$1,750 per year toward the cost of your retiree medical coverage once you are Medicare eligible because of age or disability. Your spouse’s subsidy would be \$1,150 per year.</p>	
<b>Group 4</b>	<p>Employees who on 12/31/2007 were under age 35 and who retire before age 65 will have to pay the full cost of coverage. BMO does not offer retiree medical coverage or the HRA contribution once you reach age 65. You would be responsible for your own coverage, which can be through Medicare and/or an individual insurance plan.</p>

<b>Contribution Schedule</b>					
<b>Years of service</b>	<b>You Pay</b>	<b>Spouse Pays</b>	<b>Years of service</b>	<b>You Pay</b>	<b>Spouse Pays</b>
10	75%	100%	23	49%	74%
11	73%	98%	24	47%	72%
12	71%	96%	25	45%	70%
13	69%	94%	26	43%	68%
14	67%	92%	27	41%	66%
15	65%	90%	28	39%	64%
16	63%	88%	29	37%	62%



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<b>17</b>	61%	86%	<b>30</b>	35%	60%
<b>18</b>	59%	84%	<b>31</b>	33%	58%
<b>19</b>	57%	82%	<b>32</b>	31%	56%
<b>20</b>	55%	80%	<b>33</b>	29%	54%
<b>21</b>	53%	78%	<b>34</b>	27%	52%
<b>22</b>	51%	76%	<b>35 or more</b>	25%	50%

BMO's minimum contribution is 25% of the premium for 10 years of benefit service. For each additional year of benefit service earned (up to 35 years), BMO contributes an additional 2% of the premium, to a maximum of 75%.

Your spouse/domestic partner and child(ren) pay an additional 25% of the premium.

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Retiree Group	Your Plan Options		How BMO Contributes	
	Pre-Medicare	Post-Medicare	Pre-Medicare	Post-Medicare
<p><b>1</b></p> <p>Age 55 or older with at least 10 years of benefit service*</p>	You have access to the same plan options as active employees.	You will have access to the Retiree HRA.	<p>BMO’s minimum contribution is 25% of the premium for 10 years of benefit service. For each additional year of benefit service earned up to 35 years, BMO contributes an additional 2% of the premium, to a maximum of 75%.</p> <p>The spouse/domestic partner/child(ren) pays an additional 25% of the premium.</p>	<p>BMO HRA contribution: The full monthly cost of the post-Medicare coverage (\$264<sup>1</sup>) times the percentage that BMO contributes based on the provision of the retiree medical program. For Medicare-eligible spouses/domestic partners/dependent children, the contribution is 25% less than the contribution for the retiree.</p>
<p><b>2</b></p> <p>Age 45 or older with at least 60 points (your points are your age plus years of benefit service)*</p>	You have access to the same plan options as active employees.	You will have access to the Retiree HRA.	<p>BMO’s minimum contribution is 25% of the premium for 10 years of benefit service. For each additional year of benefit service earned up to 35 years, BMO contributes an additional 2% of the premium, to a maximum of 75%.</p> <p>The spouse/domestic partner/child(ren) pays an additional 25% of the premium.</p>	<p>BMO HRA contribution: The full monthly cost of the post-Medicare coverage (\$264<sup>1</sup>) times the percentage that BMO contributes based on the provision of the retiree medical program. For Medicare-eligible spouses/domestic partners/dependent children, the contribution is 25% less than the contribution for the retiree.</p>
<p><b>3</b></p> <p>Age 35 or older (but not in either group above)**</p>	You have access to the same plan options as active employees.	You will have access to the Retiree HRA.	<p>BMO’s minimum contribution is 25% of the premium for 10 years of benefit service. For each additional year of benefit service earned up to 35 years, BMO contributes an additional 2% of the premium, to a maximum of 75%.</p> <p>The spouse/domestic partner/child(ren) pays an</p>	<p>BMO will provide an annual HRA contribution that will begin at age 65 (or, if earlier, once you are eligible for Medicare) and equal \$70 times years of benefit service (up to 35 years) earned in the Plan.</p> <p>Your Medicare-eligible spouse/domestic partner/child(ren) will receive an aggregate of \$600 less.</p>

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			additional 25% of the premium.	
<b>4</b>  Under age 35**	You have access to the same plan options as active employees.	No coverage available through BMO.	You pay the full cost of coverage.	N/A

\* Generally, your hire date with BMO can be used to determine your benefit service.

\*\* Employees hired or rehired on or after January 1, 2008 will be part of Group 4.

<sup>1</sup> \$264 is the actuarial value of the previous BMO Medicare Supplement Plan based on current individual market rates.

<b>Pre-65 Plan Option (Not Medicare Eligible)</b>	<b>How to calculate your share of the premium</b>		
<b>Retiree Only</b>	Total premium = <i>Retiree Only</i> premium x Retiree Pays % <b>Example with 20 years of service:</b> \$1,536 x 55% = \$844.80		
<b>Spouse Only</b>	Total premium = <i>Spouse Only</i> premium x Dependent Pays %		
<b>Retiree+Spouse</b>  Determine the share of the premium for the retiree versus the spouse and apply applicable percentages	<b>Step 1</b>  Retiree share of premium = <i>Retiree Only</i> premium x Retiree Pays %	<b>Step 2</b>  Spouse share of premium = ( <i>Retiree+Spouse</i> premium - <i>Retiree Only</i> premium) x Dependent Pays %	<b>Step 3</b>  Total premium = Retiree share of premium + Spouse share of premium
<b>EXAMPLE</b>  <b>Retiree+Spouse:</b> 14 years of benefit service	Retiree share of premium =  \$1,536 x 67% = \$1,029.12	Spouse share of premium =  (\$3,072 - \$1,536) x 92% = \$1,413.12	Total premium =  \$1,029.12 + \$1,413.12 = \$2,442.24
<b>Retiree+Child(ren)</b>  Determine the share of the premium for the retiree versus the child(ren) and apply applicable percentages	<b>Step 1</b>  Retiree share of premium = <i>Retiree Only</i> premium x Retiree Pays %	<b>Step 2</b>  Children share of premium = ( <i>Retiree+Child(ren)</i> premium - <i>Retiree Only</i> premium) x Dependent Pays %	<b>Step 3</b>  Total premium = Retiree share of premium + Child(ren) share of premium
<b>Spouse+Child(ren)</b>	Total premium = <i>Spouse+Child(ren)</i> premium x Dependent Pays %		
<b>Child(ren) Only</b>	Total premium = <i>Child(ren) Only</i> premium x Dependent Pays %		
<b>Family</b>  Determine the share of the premium for the retiree versus the spouse	<b>Step 1</b>  Retiree share of premium = <i>Retiree Only</i> premium x Retiree Pays %	<b>Step 2</b>  Spouse & Child(ren) share of premium = ( <i>Family</i> premium -	<b>Step 3</b>  Total premium = Retiree share of premium +

<sup>1</sup> \$264 is the actuarial value of the previous BMO Medicare Supplement Plan based on current individual market rates.

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& child(ren) and apply applicable percentages		Retiree Only premium) x Dependent Pays %	Spouse & Child(ren) share of premium
<b>EXAMPLE</b> <b>Family:</b> 23 years of benefit service	Retiree share of premium = <b>\$1,536</b> x 49% = \$752.64	Family share of premium = <b>(\$3,840 - \$1,536)</b> x 74% = \$1,704.96	Total premium = \$752.64 + \$1,704.96= \$2,457.60

**How to Determine Your Share of the Monthly Premium**

To calculate your share of the premium you will need the full monthly retiree medical premiums and your contribution percentages.

2025 Pre-65/Not Medicare Eligible Plan Option	Retiree Only or Spouse Only	Retiree + Spouse	Retiree + Child(ren) or Spouse + Child(ren)	Child(ren) Only	Family
BCBSIL HDHP	\$1,536.00	\$3,072.00	\$2,304.00	\$768.00	\$3,840.00
Kaiser (N. CA) HDHP	\$1,323.16	\$2,911.14	\$2,342.24	-	\$3,929.67
Kaiser (S. CA) HDHP	\$1,029.42	\$2,264.91	\$1,822.32	-	\$3,057.26
Kaiser (CO) HDHP	\$1,018.76	\$2,139.25	\$1,935.13	-	\$3,055.28
Kaiser (OR) HDHP	\$828.01	\$1,821.77	\$1,614.53	-	\$3,442.21
BCBSIL PPO	\$1,659.00	\$3,318.00	\$2,489.00	\$830.00	\$4,148.00
Kaiser (N. CA) HMO	\$1,628.74	\$3,583.41	\$2,883.12		\$4,837.24
Kaiser (S. CA) HMO	\$1,267.07	\$2,787.74	\$2,242.96		\$3,763.05
Kaiser (CO) HMO	\$1,253.94	\$2,633.01	\$2,381.86		\$3,760.63
Kaiser (OR) HMO	\$1,019.08	\$2,242.15	\$1,987.11		\$4,237.04

**Paying for Retiree Premiums**

Retiree medical premium billing for any pre-Medicare individuals is administered by Inspira Financial Health, Inc. If you would like to pay for your retiree medical premiums via automatic deduction from a checking or savings account, you must complete the Inspira Financial Depositor Authorization Form and return as directed on the form. If you do not enroll in the automatic payment option and wish to pay your premiums by sending a check, you will receive coupons from Inspira Financial. Payments are due the first of each month and must be made within the 30-day grace period or coverage will be cancelled and cannot be reinstated.

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You can view your account online by visiting [www.inspirafinancial.com](http://www.inspirafinancial.com) and completing the registration. Once you register you can manage your account online, view your payment history, and set up account alerts.

The portion that BMO pays toward the cost of retiree medical coverage, if any, for qualified domestic partners and domestic partner children is considered taxable. Retirees covering a domestic partner under the Retiree Medical Program will receive a Form W-2 each year reflecting this amount. In addition, you will be responsible for applicable payroll taxes.

### ***Special Eligibility Provisions***

Certain retirees are eligible for different benefits than those described above, including:

- 100% funding in the HRA based on medical plan enrollment with Via
- Dental coverage at full rate
- Dental coverage at active rate
- Dental coverage at no cost

You should have received written correspondence from BMO confirming that you are eligible for one or more of the benefits listed above.

### ***Eligibility Provisions for Marshall & Ilsley Corporation Acquisition***

This section applies if you were an employee of M&I.

If you were rehired after M&I's acquisition (closing) date with BMO and were not retiree medical eligible when you terminated the first time, see [How BMO Contributes](#) above for more information.

Your Retiree Medical Program eligibility is based off the provisions of the legacy M&I Retiree Medical Program if you were on staff as of July 5, 2011 and have not had a break in service after July 5, 2011. If you experienced a break in service after July 5, 2011 and were rehired, you need to satisfy the eligibility requirements of the BMO Retiree Medical Program provisions from your rehire date, unless you were eligible when you first terminated.

The Retiree Medical Program is available to eligible retirees and their eligible dependents based on the guidelines indicated below.

### ***Eligibility and Qualifications for Pre-Medicare Coverage***

Different eligibility requirements and funding levels may apply if you were hired through one of the acquisitions or mergers as stated under the *Acquisitions/Mergers* section below.

Access to Pre-Medicare retiree medical coverage is available to employees ages 55 to 64 (who are not otherwise eligible for Medicare) who at retirement meet the following requirements:

- are at least 55 years old;
- have at least 10 years of vesting service\* with M&I and/or BMO; and
- have participated in any M&I and/or BMO medical coverage for at least 10 consecutive years immediately prior to retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement).

Retirees who meet the qualifications for the Retiree Medical Program who are eligible for Medicare will have coverage under the Retiree HRA.

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*\* In order to earn one year of vesting service, you must be actively employed and work at least 1,000 hours during the year. Exempt-level employees, and employees on Military Leave, may be credited with 95 hours of service per semi-monthly payroll period. Effective January 1, 2005, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 1,000 hours worked during the calendar year for retiree medical eligibility. The hours credited for satisfying the 1,000 hours will be based on your standard hours immediately prior to the severance period begin date.*

Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.

Special Eligibility for Retirees who were Employed by Metavante Corporation at the time Metavante Split from M&I Corporation on November 2, 2007: Retirees who met the above eligibility guidelines as of November 2, 2007 are eligible for the Retiree Medical Program as of the date they retire from Metavante Corporation. Funding level is based off of eligibility for the program as of November 2, 2007.

### ***Eligibility for Dependent of M&I Retirees – Pre-Medicare Coverage***

At the time of your retirement, your eligible dependents can enroll in the Retiree Medical Program, regardless of whether they were enrolled in your active medical coverage. However, if they were not enrolled in the active medical coverage, then they need to have a loss of other group coverage in order to enroll, and they must enroll within 31 days of the loss of coverage. The only exception to this is a birth or adoption, in which case, the new child may be added to coverage within 31 days of the event. Children are allowed to stay on coverage until the end of the month in which they turn age 26, at which time they will be offered COBRA (qualified disabled adult children may be able to stay on after age 26).

The member verification section on the Retiree Medical Program Election/Waiver form must be completed for all eligible dependents regardless of whether you will be enrolling them in a medical plan at the time of retirement. If you and/or your dependents are waiving retiree coverage, by declaring your eligible dependents, you are maintaining their future eligibility to enroll later if they continue to meet eligibility requirements at that time.

Dependents that are not declared on this form at the time of your retirement will not be allowed to participate in the Retiree Medical Program in the future, except for new biological or adopted children.

Your dependents do not need to be enrolled in your active medical plan when you retire. The dependent must meet the definition of an eligible dependent at the time of your retirement and at the time you request to enroll them in coverage. You are only able to add the following members to your medical coverage later if they continue to meet the dependent definition, as applicable:

- Your legal spouse or your qualified domestic partner at the time of your retirement date;
- Your existing eligible dependent children at the time of your retirement.

### ***Eligibility and Qualifications for Post-Medicare Coverage***

Different eligibility requirements and funding levels may apply if you were hired by M&I through one of the acquisitions or mergers as stated under the *Acquisitions/Mergers* section below.

Access to post-Medicare coverage is available under the Retiree HRA to employees ages 65 and older or who

## Retiree Plan Eligibility and Cost Appendix

are otherwise eligible for Medicare and who, at retirement, meet the following requirements:

- are at least 55 years old;
- have at least 10 years of vesting service\* with M&I and/or BMO; and
- have participated in any M&I and/or BMO medical coverage\*\* for at least 10 consecutive years immediately before retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement).

Retirees who meet the qualifications for the Retiree Medical Program who are eligible for Medicare will have coverage under the Retiree HRA.

In order to receive the funds from your HRA, you must enroll in a medical plan through Via Benefits.

\* *In order to earn one year of vesting service, you must be actively employed and work at least 1,000 hours during the year. Exempt-level employees, and employees on Military Leave, may be credited with 95 hours of service per semi-monthly payroll period. Effective January 1, 2005, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 1,000 hours worked during the calendar year for retiree medical eligibility. The hours credited for satisfying the 1,000 hours will be based on your standard hours immediately prior to the severance period begin date.*

\*\* *Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.*

**Special Eligibility for Retirees who were Employed by Metavante Corporation at the time Metavante Split from M&I Corporation on November 2, 2007:** *Retirees who met the above eligibility guidelines as of November 2, 2007 are eligible for the Retiree Medical Program as of the date they retire from Metavante Corporation (or its successor). Funding level is based off of eligibility for the program as of November 2, 2007.*

## Plan Cost for Legacy M&I Retirees

### Funding

Employer Group (Employees must also meet the requirements as stated under “Qualifications for Pre-Medicare Coverage” above)	Employer Subsidy towards the retiree group rate
Active employees on staff prior to 9/1/97 (without a break in employment of more than 30 days on or after 9/1/97)	60%
Employees hired or acquired on or after 9/1/97	0% (Retiree pays 100% of the cost)

### Funding

The following chart applies to active employees on staff prior to September 1, 1997 (without a break in employment of more than 30 days on or after September 1, 1997):

Employee Group (Employees must meet the requirements as stated under “Qualifications for Post-Medicare Coverage” in addition to the requirements listed below)	HRA Contribution
<b>Employees age 60 or older as of 8/31/02</b> Who, at the time of retirement: <ul style="list-style-type: none"> <li>▪ meet the “Rule of 75” (age + years of vested service = 75)</li> </ul>	BMO HRA contribution: The full monthly cost of the post-Medicare coverage (\$264 <sup>2</sup> ) times 60%. For

<sup>2</sup> \$264 is the actuarial value of the previous BMO Medicare Supplement Plan based on current individual market rates.

	Medicare-eligible spouses/domestic partners/dependent children, the contribution is 25% less than for the retiree.
<p><b>Employees age 55 to 59 as of 8/31/02</b>                  Who, at the time of retirement:</p> <ul style="list-style-type: none"> <li>meet the “Rule of 75” (age + years of vested service = 75)</li> </ul>	BMO HRA contribution: The full monthly cost of the post-Medicare coverage (\$264 <sup>2</sup> ) times 40%. For Medicare-eligible spouses/domestic partners/dependent children, the contribution is 25% less than for the retiree.
<b>Employees under age 55 as of 8/31/02</b>	No HRA contribution
<p><b>Employees over age 54 as of 8/31/02</b>                  Who at the time of retirement:</p> <ul style="list-style-type: none"> <li><u>do not</u> meet the “Rule of 75” (age + years of vested service = 75)</li> </ul>	No HRA contribution



**Employees hired on or after September 1, 1997 who meet the eligibility requirements as stated under “Qualifications for Post-Medicare Coverage” are eligible for access to retiree medical coverage (the retiree pays 100% of the retiree group rate).**

### Waiver Provision Prior to Retirement

After December 31, 2006, if you are age 55 or older, have 10 or more years of vested service, and have participated in a BMO-sponsored health plan for 10 or more consecutive years, you may waive your medical coverage as an active employee **without** losing your eligibility for retiree coverage. As long as you meet these requirements at the time of the waiver, you do not have to meet the 10-year participation requirement immediately prior to retirement. If you waived your M&I medical coverage prior to January 1, 2007 when this provision was implemented, this provision does not apply.

If you choose to waive your medical coverage as an active employee, you may do so during the annual enrollment period or as the result of a qualifying event by making your changes via the online benefits portal. You may re-enroll in coverage during the annual enrollment period (effective the following January 1st); as the result of a qualifying event (effective based on rules under Qualifying Life Event); or at retirement (effective the day following your last working day).

**Please note:** Enrollment rules vary by health plan and all current options may not be available at the time you request re-enrollment.

### Acquisitions/Mergers

The following guidelines apply to both pre- and post- Medicare coverage.

Employees who were hired by M&I through an acquisition or merger *prior to September 1, 1997\** fall under the guidelines indicated in the above sections. The 10-year participation in an M&I and/or BMO health plan requirement will be waived, provided you meet the following guidelines:

- You enrolled in any M&I or/or BMO health plan at the time of the acquisition/merger and have been continuously enrolled immediately before your retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement).
- You have not had a break in service of more than 30 days since the acquisition/merger date. You meet the other requirements as stated in the above sections: you are at least age 55 at the time of your retirement, and you have at least 10 years of vested service (vesting service includes your active service time in which



## Retiree Plan Eligibility and Cost Appendix

you worked at least 1,000 hours during the year with M&I & BMO and/or the previous employer; any time after 2004 during which you receive severance pay is treated the same as full-time active employment). *Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.*

**Additional qualifications for eligibility and employer funding may apply if you were hired by M&I through a merger or acquisition on or after September 1, 1997\* as indicated below.**

*\* Former employees of Valley Bancorporation fall under the guidelines as indicated below.*

### Eligibility/Funding

If you were hired by M&I through one of the acquisitions or mergers indicated below, you are eligible for access to retiree medical coverage if at retirement:

- you are at least 55 years old; and
- you meet the requirements as indicated by the categories below.

**The guidelines below apply to former employees of Valley Bancorporation – Acquired by M&I 6/1/94:**

- Eligible employees who retired *prior to January 1, 1995*, are eligible for employer funding based on years of vested service\*:

Years of Service	Employer Funding
0 – 9	0%
10– 14	20%
15 – 19	30%
20 – 24	40%
25+	50%

- Employees who retire *on or after January 1, 1995*, are eligible for the following:
  - Less than 10 years of vesting service\*, and less than 10 consecutive years of participation in any health plan sponsored by the acquired company and/or M&I\*\* and/or BMO immediately before retirement: COBRA coverage may be available at 102% of the active employee group rate. COBRA coverage is typically limited to a period of 18 months.
  - 10 or more years of vesting service\*, and 10 or more consecutive years of participation in any health plan sponsored by Valley Bancorporation and/or M&I\*\* and/or BMO immediately before retirement: pre-Medicare retiree medical coverage is available at 100% of the retiree group rate; no post-Medicare coverage is available (i.e., no HRA contribution).
  - 10 or more years of vesting service\*, and 10 or more consecutive years of participation in any health plan\*\* following the acquisition and immediately before retirement: retiree medical coverage is available based on the guidelines as described under the *Qualifications for Pre-Medicare Coverage* and *Qualifications for Post-Medicare Coverage* sections above.

*\* Vesting service includes your active service time in which you worked at least 1,000 hours during the year with M&I and/or BMO and/or Valley Bancorporation. Exempt-level employees, and employees on Military Leave, may be credited with 95 hours of service per semi-monthly payroll period. Effective January 1, 2005, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 1,000 hours worked during the calendar year for retiree medical eligibility. The hours credited for satisfying the 1,000 hours will be based on your standard hours immediately prior to the severance period begin date.*

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*\*\* Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.*

**The guidelines below apply to former employees of the following acquired companies:**

**Central Fidelity Bank – Acquired by M&I 9/1/97**

**Security Bank – Acquired by M&I 10/1/97**

**Citizens Bank – Acquired by M&I 11/1/97**

**Advantage Bank – Acquired by M&I 4/1/98**

**Fifth Third Bank – Acquired by M&I 9/8/01**

- Less than 10 years of vesting service\*, and less than 10 consecutive years of participation in any health plan sponsored by M&I\*\* and/or BMO immediately before retirement: COBRA coverage may be available at 102% of the active employee group rate. COBRA coverage is typically limited to a period of 18 months.
- 10 or more years of vesting service\*, and 10 or more consecutive years of participation in any health plan sponsored by the acquired company and/or M&I and/or BMO \*\* immediately before retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement): pre-Medicare retiree medical coverage is available at 100% of the retiree group rate; no post-Medicare coverage is available (i.e., no HRA contribution).

*\* Vesting service includes your active service time in which you worked at least 1,000 hours during the year with M&I & BMO and/or the previous employer. Exempt-level employees, and employees on Military Leave, may be credited with 95 hours of service per semi-monthly payroll period. Effective January 1, 2005, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 1,000 hours worked during the calendar year for retiree medical eligibility. The hours credited for satisfying the 1,000 hours will be based on your standard hours immediately prior to the severance period begin date.*

*\*\* Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.*

The guidelines below apply to former employees of National City Bank (NCB) – Acquired by M&I 8/1/01:

- Less than 10 years of vesting service\*, and less than 10 consecutive years of participation in any health plan sponsored by M&I\*\* and/or BMO immediately before retirement: COBRA coverage may be available at 102% of the active employee group rate. COBRA coverage is typically limited to a period of 18 months.
- 10 or more years of vesting service\*, and 10 or more consecutive years of participation in any health plan sponsored by the acquired company and/or M&I and/or BMO \*\* immediately before retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement): pre-Medicare retiree medical coverage is available at 100% of the retiree group rate; no post-Medicare coverage is available (i.e., no HRA contribution).

**Grandfathered Employees:** Employees at least age 55 with 10 or more years of vesting service\* at the earlier of June 30, 2002 or the date of retirement, and 10 or more consecutive years of participation in a health plan sponsored by NCB or M&I or BMO as of the date of retirement are eligible for pre- Medicare funding based on the declining scale below:

Year	Employer Funding
2004	35%
2005	30%

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2006	25%
2007	20%
2008	15%
2009	10%
2010+	0%

\* Vesting service includes your active service time in which you worked at least 1,000 hours during the year with M&I and/or BMO and/or the previous employer. Exempt-level employees, and employees on Military Leave, may be credited with 95 hours of service per semi-monthly payroll period. Effective January 1, 2005, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 1,000 hours worked during the calendar year for retiree medical eligibility. The hours credited for satisfying the 1,000 hours will be based on your standard hours immediately prior to the severance period begin date.

\*\* Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.

**The guidelines below apply to former employees of the following acquired companies:**

**First Indiana Bank Trust Company – Acquired by M&I 1/1/06**

**First Indiana Bank – Acquired by M&I 1/1/08:**

- Less than 10 years of vesting service\*, and less than 10 consecutive years of participation in any health plan sponsored by acquired company and/or M&I and/or BMO \*\*\* before retirement: COBRA coverage may be available at 102% of the active employee group rate. COBRA coverage is typically limited to a period of 18 months.
- 10 or more years of vesting service\*, and 10 or more consecutive years of participation in any health plan sponsored by the acquired company and/or M&I and/or BMO \*\*\* before retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement): pre-Medicare retiree medical coverage is available at 100% of the retiree group rate; no post-Medicare coverage is available (i.e., no HRA contribution).

**First Indiana Bank Grandfathered Employees:** Employees who meet the Rule of 75 (age + years of vested service is equal to or greater than 75\*) as of December 31, 2007, are eligible for pre-age Medicare employer subsidy based on the following declining schedule in place at the time of retirement provided they meet the eligibility guidelines as described above at the time of retirement:

Year	Employer Subsidy**
2008	75%
2009	50%
2010	25%
2011+	0%

\*\*The subsidy is applied to the portion of the premium which is equal to the difference between the adjusted 2007 First Indiana plan rate and the current retiree group rate. Any remaining portion of the premium is not subsidized. (Employer funding is **not** provided to former employees of First Indiana Bank Trust Company.)

Pre-Medicare retiree medical coverage is available at 100% of the retiree group rate to former employees of First Indiana Bank and First Indiana Bank Trust Company; no post-Medicare coverage is available (i.e., no HRA contribution).

\*Vesting service includes your active service time in which you worked at least 1,000 hours during the year with M&I and/or BMO and/or the previous employer. Exempt-level employees, and employees on Military

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*Leave, may be credited with 95 hours of service per semi-monthly payroll period. Any time after 2004 during which you receive severance pay is treated the same as full-time active employment.*

*\*\*Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.*

**The guidelines below apply to former employees of the following M&I acquired companies:**

<b>Acquired Company</b>	<b>Acquisition Date</b>
CardPro	April 1, 1999
Traveler's Express	April 9, 1999
HUBCO	November 13, 1999
Derivion Corporation	June 1, 2001
CyberBills	June 21, 2001
Brokat	September 8, 2001
401k Services.Com	December 20, 2001
Century Bank	March 1, 2002
Richfield Bank	March 1, 2002
TrustStar Retirement Services – Glendale location	April 8, 2002
– San Mateo location	April 15, 2002
Beneplan	May 1, 2002
Paytrust, Inc.	July 22, 2002
Southwest Bank	October 1, 2002
Printing for Systems, Inc. (PSI)	November 15, 2003
AmerUs Home Lending Inc	January 1, 2004
United Missouri Bank	Various acquisition dates by individual
Kirchman Corporation	May 28, 2004
Advanced Financial Solutions (AFS)	July 1, 2004
NYCE Corporation	July 30, 2004
Response Data Corporation (RDC)	September 8, 2004
NuEdge	October 20, 2004
VECTORsgi Holdings Inc.	November 22, 2004
Prime Associates, Inc.	February 9, 2005
MBI Benefits, Inc.	July 22, 2005
TREEV	August 8, 2005
GHR	August 11, 2005
Brasfield Technology, LLC	October 6, 2005
Link2Gov	November 30, 2005
AdminiSource Communications	January 3, 2006
Gold Banc Corporation, Inc.	April 1, 2006
Trustcorp Financial, Inc. (Missouri State Bank and Trust Company)	April 1, 2006
VICOR, Inc.	September 2, 2006
Valutec Card Solutions, LLC	January 17, 2007
United Heritage Bank	April 1, 2007
North Star Financial Corporation	April 21, 2007
Excel Bank Corporation	July 1, 2007
Citizens Bank (asset purchase)	January 1, 2008
Taplin, Canida & Habacht, Inc. (TCH, LLC)	January 1, 2009
U.S. Bank (asset purchase)	May 3, 2010

- Less than 10 years of vesting service with M&I and/or BMO \* following the acquisition, and less than 10 consecutive years of participation in any health plan sponsored by M&I and/or BMO \*\* immediately

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before retirement: COBRA coverage may be available at 102% of the active employee group rate. COBRA coverage is typically limited to a period of 18 months.

- 10 or more years of vesting service with M&I and /or BMO \* following the acquisition, and 10 or more consecutive years of participation in any health plan sponsored by M&I\*\* and/or BMO immediately before retirement (refer to the *Waiver Provision Prior to Retirement* section for exceptions to this requirement): pre-Medicare retiree medical coverage is available at 100% of the retiree group rate; no post-Medicare coverage is available (i.e., no HRA contribution).

*\* To earn one year of vesting service, you must be actively employed and work at least 1,000 hours with M&I and/or BMO during the year. Exempt-level employees, and employees on Military Leave, may be credited with 95 hours of service per semi-monthly payroll period. Effective January 1, 2005, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 1,000 hours worked during the calendar year for retiree medical eligibility. The hours credited for satisfying the 1,000 hours will be based on your standard hours immediately prior to the severance period begin date.*

*\*\*Effective January 1, 2010, the period in which you are receiving benefits under the M&I Severance Plan will be treated the same as active employment for purposes of satisfying the 10-year health plan participation requirement for retiree medical eligibility.*

### ***How to Determine Your Share of the Monthly Premium***

To calculate your share of the premium you will need the retiree medical rate to determine your amount. To calculate your share of the premium:

- **Step 1:** Determine the full premium amount for the option you are choosing.
- **Step 2:** Apply your applicable (pre-Medicare coverage) contribution percentage.

Example: You and your spouse are both under 65 and not otherwise eligible for Medicare: Total premium = **Retiree+Spouse** premium x your contribution % for pre-Medicare coverage. Eligible dependents will receive the same contribution percentages that the retiree is eligible for. Refer to [How to Determine Your Share of the Monthly Premium](#) for the full retiree rates.

## ***Enrolling & Changes Under the Retiree Medical Program (for BMO and M&I Retirees)***

### ***Coverage Options for Pre-Medicare Coverage***

Retirees are eligible to enroll in the following tiers: Retiree Only or Spouse/Domestic Partner Only, Retiree + Spouse/Domestic Partner, Retiree + Child(ren) or Spouse/Domestic Partner + Child(ren), Child(ren) Only, or Family.

You decide which coverage option best meets your and your family's needs. In cases where both the retiree and their eligible dependents are under age 65 and not otherwise Medicare eligible, all must enroll in the Family coverage level in the same coverage option under the retiree. You are not able to choose a separate coverage option for yourself and each of your eligible family members.

In cases where the retiree or eligible dependent(s) is Medicare eligible because of age, disability, or ESRD, but the other individual(s) is under 65 and not Medicare eligible, coverage will be split. The individual that is Medicare eligible will enroll in the Retiree HRA and the individual not Medicare eligible will enroll in a Pre-Medicare eligible option. Any non-Medicare eligible children will be covered with the individual who is not Medicare eligible or enrolled in the Child(ren) Only tier.

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For BMO and M&I retirees, if both the retiree and their eligible spouse/domestic partner are Medicare eligible because of age, disability, or end-stage renal disease, both individuals will be enrolled in the Retiree HRA, each with their own HRA account. If there are remaining eligible children, the children will be enrolled in a Pre-Medicare eligible option, if the child is not also Medicare Eligible (if the child is eligible for Medicare, he/she will be enrolled in the Retiree HRA with his/her own HRA account).

In cases where the retiree no longer qualifies for coverage, any dependent(s) enrolled in coverage will also be ineligible for coverage.



**In the event a retiree actively elects to cancel their retiree medical coverage, any dependent(s) enrolled in coverage will also be cancelled and no longer eligible for coverage.**

### **Medical Coverage When You and Your Spouse/Domestic Partner Both Work at the Company**

In situations where you and your spouse/domestic partner are employees of the Company, there may be different alternatives for continuing medical coverage at retirement. Here are some examples of the options that may be available to dual employed couples.

- If both employees retire from the Company and both are eligible for retiree medical coverage (age 55 or older with 10 or more years of benefit service), each may enroll for single retiree medical coverage with premiums based on his or her own years of service. Or, one retiree may choose to enroll as the dependent of the other, provided at least one retiree qualifies for retiree medical.
- If one employee retires while the spouse continues working at the Company, the working spouse may remain in the active plan and enroll the retiree as a dependent. If the working spouse leaves or retires from the Company, they may be enrolled as the dependent of the retiree within 31 days from the last day of work.

### ***Becoming Medicare Eligible***



**If you or your dependent(s) become Medicare eligible as a result of a disability or ESRD prior to turning age 65, it is your responsibility to inform BMO.**

Retirees and eligible dependents that are considered Medicare eligible, because of age, disability, or ESRD are covered under the Retiree HRA, administered by Via Benefits. If there are individuals under the age of 65 or who are otherwise not eligible for Medicare that were covered on your pre-Medicare coverage, they will remain covered on their current pre-Medicare plan until becoming Medicare eligible or no longer meeting the criteria of an eligible dependent.

If you and/or your dependents choose to waive or cancel your Retiree HRA coverage, please complete and return the Retiree Medical Program Election/Waiver form indicating your election. You are encouraged to return your forms as soon as possible to expedite the set-up of your retiree coverage or to update your status if you are waiving Retiree HRA coverage.

### ***If you Enroll in Coverage***

When you complete and return the Retiree Medical Program Election/Waiver form indicating your medical plan election, your retiree coverage will be effective the first of the month following the month you retired.

**The form must be returned within 31 days of when active coverage ends, or when the packet is mailed, whichever is later.** This will expedite the set-up of your retiree medical coverage and avoid a delay of coverage or receiving new ID cards.

The member verification section on the Retiree Medical Program Election/Waiver form must be completed for all eligible dependents regardless if you will be enrolling them in a medical plan at the time of retirement. If you and/or your dependents are waiving retiree coverage, by declaring your eligible dependents you are maintaining their future eligibility to enroll later if they continue to meet eligibility requirements at that time.



Dependents that are not declared on this form at the time of your retirement will not be allowed to participate in the Retiree Medical Program in the future, except for new biological or adopted children. (You will need to notify the Human Resources Centre at 1-888-927-7700 within 31 days of the birth or adoption).

### ***Coordination of benefits***

The medical plans have a coordination of benefits provision that prevents duplication of benefit payments when you or your dependent also has other health coverage through another group plan. Coordination of benefits procedures also determine which plan pays your claim first. Refer to the Coordination of Benefits section in this SPD for more information.

### ***If You Decline, Cancel, or Waive Coverage***

You have the option to waive your coverage under the Retiree Medical Plan through BMO and retain your Retiree Medical Program eligibility status (under certain circumstances) through the Retiree Medical Waiver Provision by completing the Retiree Medical Program Election/Waiver form.



**Your coverage will be cancelled effective the last day of the month in which your completed paperwork is received (or at the end of a future month if you indicate that on your form).**

### ***Permanent Cancellation***

You will forfeit your eligibility for the Retiree Medical Program, or your coverage may result in permanent cancellation if you do not follow the provisions of the Retiree Medical Program. Any of the following events would result in permanent cancellation of your retiree medical coverage through BMO:

- You elect COBRA continuation coverage at the time of your retirement.
- You do not return the Retiree Medical Program Election/Waiver form within 31 days of your retirement date indicating your intention to elect or waive coverage.
- You do not request re-enrollment in the Retiree HRA within 31 days of turning age 65, becoming Medicare eligible, or experiencing another qualifying event. (*Exception: You continue to be enrolled in other group coverage.*)
- You are Medicare eligible because of age, disability, or ESRD and have not been enrolled in other group coverage continuously during your waiver period from the time you became Medicare eligible.
- You voluntarily choose to permanently cancel your coverage.

### ***Retiree Medical Waiver Provision***

You and/or your eligible dependents have the option to waive your retiree medical coverage through BMO under the Retiree Medical Waiver Provision. This option allows you to retain your retiree medical eligibility

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status and re-enroll when certain qualifying conditions are met. To enroll in the waiver program, indicate your intent to waive on the Retiree Medical Program Election/Waiver form.

This option may be beneficial to you if you are eligible for other employer group medical coverage through a spouse/domestic partner or other employer. If you choose to waive coverage, please carefully read through the provisions to understand your options. If you elect COBRA health insurance coverage at the time of your retirement, you will forfeit your right to participate in the Retiree Medical Program and therefore this waiver provision does not apply.

**Eligibility for Waiver Provision**

Please refer to the Retiree Waiver Options Chart for rules that apply based on your age and/or Medicare status and how your election impacts your dependents.

If you are under the age of 65 and not Medicare eligible and decide to waive enrollment, your eligible dependent(s) enrollment is automatically waived. You can only re-enroll when certain conditions are met or at the time you are newly eligible for Medicare because of age or disability.

If you are under age 65 and decide to waive enrollment, your spouse/domestic partner who is eligible for the Retiree HRA may continue enrollment in the Retiree HRA. However, if the retiree chooses not to enroll in the Retiree HRA coverage when they become eligible, their coverage, if any, would be cancelled at that time.

<b>Retiree Waiver Options Chart</b>			
<b>Retiree Age Status</b>	<b>Retiree Action</b>	<b>Spouse /Domestic Partner/Dependent Child Medicare Status</b>	<b>Allowable Spouse/Domestic Partner/Dependent Child Action</b>
<b>Retiree is under 65 or not Medicare Eligible</b>	Enrolls in a Pre-Medicare Eligible option – BCBS or Kaiser	Spouse/Domestic Partner/Dependent Child is under 65 or not Medicare Eligible	Enroll on the Retiree’s medical coverage
			Waive coverage**
		Spouse/Domestic Partner/Dependent Child is over 65 or Medicare Eligible	Enroll in the Retiree HRA
			Waive coverage**
	Waives Retiree Medical pre-Medicare coverage*	Spouse/Domestic Partner/Dependent Child is under 65 or not Medicare Eligible	Coverage is automatically waived*
			Spouse/Domestic Partner/Dependent Child is over 65 or Medicare eligible
Waive coverage**			
<b>Retiree is over 65 or Medicare Eligible</b>	Enrolls in Retiree HRA	Spouse/Domestic Partner/Dependent Child is under 65 or not Medicare Eligible	Enroll in a Pre-Medicare Eligible option – BCBS or Kaiser
			Waive coverage*
		Spouse/Domestic Partner/Dependent Child is over 65 or Medicare Eligible	Enroll in the Retiree HRA
			Waive coverage**
	Waives Retiree HRA coverage due to enrollment in other group coverage**	Spouse/Domestic Partner/Dependent Child is under 65 or not Medicare Eligible	Coverage is automatically waived*



**Retiree Plan Eligibility and Cost Appendix**

		Spouse/Domestic Partner/Dependent Child is over 65 or Medicare Eligible	Enroll in the Retiree HRA
			Waive coverage**
	Waives Retiree HRA coverage. Does not enroll in other group coverage (Permanent Cancellation)	Spouse/Domestic Partner/Dependent Child is under 65 or not Medicare Eligible	Permanently Cancelled
		Spouse/Domestic Partner/Dependent Child is over 65 or Medicare Eligible	

**Requesting Re-Enrollment**



To request re-enrollment in the Retiree Medical Program you will need to submit a Retiree Medical Program Election/Waiver form to elect coverage.

**It will be necessary to provide supporting documentation of the qualified life event within 31 days from the qualifying event to enroll in the Retiree Medical Program.**

The following reasons are **NOT** considered qualifying events that would allow re-enrollment in the Retiree Medical Program:

- Annual enrollment;
- You discontinue coverage under an individual medical policy;
- You voluntarily discontinue other group medical coverage;
- You enroll in COBRA continuation coverage through BMO;
- You discontinue COBRA continuation coverage through another employer before the full COBRA period is exhausted for a reason other than an increase in cost or coverage curtailment as described above;
- You did not request re-enrollment within 31 days of when Medicare became your primary payer of your health coverage or within 31 days of a qualifying event.

<p><b>* Pre-Medicare Waiver</b></p>	<p>You have the option to waive your pre-Medicare coverage at any time with the opportunity to re-enroll once you meet one of the following guidelines. <b>You have 31 days from the date of the qualifying event to enroll in the Retiree Medical Program.</b></p> <ul style="list-style-type: none"> <li>• You become Medicare Eligible because of age, disability, or ESRD you have 31 days from the date of becoming eligible for Medicare to enroll in the Retiree HRA, unless Medicare enrollment can be postponed due to enrollment in other group medical coverage. <i>Refer to the post-Medicare waiver provision for additional information on eligibility when you become Medicare Eligible.</i></li> <li>• You lose other group or state-provided medical coverage as a result of one of the qualifying events:             <ul style="list-style-type: none"> <li>- a change in legal marital status or qualified domestic partner relationship;</li> <li>- a change in employment status of the individual that carried the other employer group coverage;</li> <li>- a change in benefit's eligibility status of the individual that carried the other group coverage;</li> </ul> </li> </ul>
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## Retiree Plan Eligibility and Cost Appendix

	<ul style="list-style-type: none"><li>- a change in residence.</li><li>• You experience a significant cost increase or significant coverage curtailment under your other employer group or state provided medical coverage. The cost must exceed the cost of what you would be paying for your BMO retiree medical coverage.</li><li>• An eligible spouse/domestic partner/dependent child would be allowed to enroll in the retiree medical coverage in the event of the retiree's death if otherwise eligible under the Plan. The spouse/domestic partner/dependent child must have a qualifying event consistent with re-enrolling in coverage as outlined above at the time enrollment is requested.</li></ul>
<b>**Post-65 Waiver</b>	<p>You may waive or continue to waive your coverage after age 65 with the chance to re-enroll only if you have been continuously enrolled in other group medical coverage from the date the age 65/Medicare eligible waiver was effective until the time you are requesting re-enrollment in the Retiree Medical Program.</p> <ul style="list-style-type: none"><li>• It will be necessary to provide supporting documentation of continuous enrollment in other group medical coverage within 31 days of when you lose your other group coverage and Medicare becomes your primary payer.</li></ul>

## Death

In the event of the death of a retiree, the retiree's covered dependents may continue coverage under the Plan. If the spouse/domestic partner of the deceased retiree remarries or enters into another domestic partner relationship, the new spouse/domestic partner and any dependents of the new spouse/domestic partner are not eligible for coverage. Call the Human Resources Centre at 1-888-927-7700 to report any changes in status.

## Eligibility Provisions for Bank of the West Retirees

This section applies if you were an employee of Bank of the West.

An eligible retiree is a former employee of Bank of the West, Essex Credit Corporation, or Trinity Capital Corporation who meets all of the following requirements:

- he or she is age 55 or older as of December 31, 2016;
- he or she retires from Bank of the West, Essex Credit Corporation, or Trinity Capital Corporation effective after July 1, 2004;
- he or she has been credited with at least 10 years of eligibility service as of December 31, 2016;
- he or she was covered by a medical benefits option under the Bank of the West Group Health and Welfare Plan (or the BMO Health and Welfare Benefit Plan, if applicable) for at least one full year immediately preceding retirement (this does not apply to a former employee whose employment was terminated as a result of his or her layoff);
- he or she commences participation in the Retiree Medical Program or its predecessor effective as of his or her retirement date (however, an individual who meets all of the other requirements listed in this section and who has received a severance package from Bank of the West, Essex

## ***Retiree Plan Eligibility and Cost Appendix***

Credit Corporation, or Trinity Capital Corporation as a result of his or her termination of employment will be eligible to participate in the Retiree Medical Program if the individual commences participation in the Retiree Medical Program or its predecessor effective as of the date he or she ceases to be covered by a medical benefits option under the severance package);

- he or she is not entitled to receive medical or health benefits under any plan, program, policy, agreement, contract, or other arrangement that is entered into, established, sponsored, or maintained by Bank of the West (or its successor) other than this Retiree Medical Program or its predecessor; and
- he or she is not a current employee of Bank of the West, Essex Credit Corporation, or Trinity Capital Corporation.

If a former employee of Bank of the West, Essex Credit Corporation, or Trinity Capital Corporation does not elect to participate in the Retiree Medical Program or its predecessor effective as of his or her retirement date at the time and in accordance with rules established by the plan administrator, he or she will not be eligible to participate in the Retiree Medical Program at a further date.

These provisions apply to former employees of Union Safe Deposit Bank effective only for the period of January 1, 2005 – January 20, 2005. For purposes of determining whether the individual was covered by a medical benefits option for at least one full year immediately preceding retirement, coverage under a medical benefits plan sponsored by Union Safe Deposit Bank or Community First Bankshares, Inc. or Commercial Federal Bank that immediately preceded coverage under the Bank of the West Group Health and Welfare Plan will be counted for the purpose of determining whether he or she has been covered under the Bank of the West Group Health and Welfare Plan for at least one full year immediately preceding retirement.

For an employer who was eligible, on or before December 2, 2006, to receive medical or health benefits under a plan, program, policy, agreement, contract, or other arrangement that was sponsored by Commercial Federal Bank prior to December 2, 2005, if he or she otherwise meets the requirements above, he or she will be eligible to participate in the Retiree Medical Program if he or she makes an irrevocable election not to participate in the Commercial Federal Bank Retiree Medical Plan, in such form and at such time as required by Bank of the West.

Each eligible retiree or family member covered under the Retiree Medical Program or its predecessor has the opportunity to opt-out and waive future participation in and reimbursements from the Retiree Medical Program on an annual basis during the annual open enrollment period for the Retiree Medical Program.

Eligibility for retiree medical coverage was frozen effective January 1, 2017. Persons who are eligible retirees (as outlined herein) on January 1, 2017 will continue to receive retiree medical coverage in accordance with the terms outlined herein. Each employee who, as of December 31, 2016, has reached age 55 and been credited with 10 years of eligibility service may become eligible for coverage if he or she otherwise meets the requirements outlined herein. However, such employee will not earn or be entitled to earn additional years of credited service for employment on or after January 1, 2017. Except as described in the preceding sentence, no person may become an eligible retiree on or after January 1, 2017.

### ***Dependent Eligibility for Bank of the West Retirees***

Your spouse or domestic partner, child(ren) under age 26, disabled child of any age (if the disability commenced prior to age 18), or a child eligible for coverage pursuant to a Qualified Medical Child Support Order is eligible for coverage under the Retiree Medical Program if he or she is not yet Medicare eligible and

**Retiree Plan Eligibility and Cost Appendix**

covered by the Bank of the West Group Health and Welfare Plan (or the BMO Health and Welfare Benefit Plan, if applicable) immediately preceding your retirement date (“Eligible Family Member”).

At retirement, you may elect to cover an Eligible Family Member under a medical benefits option. If you do not elect to cover an Eligible Family Member at the time of retirement (under rules and procedures established by BMO), that Eligible Family Member may not be covered by a medical benefits option in the future.

If an individual becomes a new Eligible Family Member (as a result of a change in family status (marriage, establishment of domestic partnership, birth, or adoption of a child), they are eligible for coverage under a medical benefits option if you elect coverage for them within 30 days of the date of the change in family status.

Subsequent to retirement, if you fail to pay required medical premiums or elect to discontinue coverage for an Eligible Family Member, then he or she will be ineligible for coverage under a medical benefits option in the future.

Once you are eligible for Medicare, you will be covered under the Retiree HRA. You can use the HRA to reimburse your eligible expenses (as defined in the Retiree HRA summary plan description) and the eligible expenses of your Code section 105(b) dependents.

**RETIREE MEDICAL CREDITS – Bank of the West Retirees**

Allocation of Retiree Medical Credits

Upon retirement, a one-time allocation of retiree medical credits from the Bank of the West (or its successor) will be made as follows:

<b>Retiree</b>	<b>Credits</b>
Eligible Bank of the West retirees, except for certain former United California Bank Employees, as described below.	500 credits per year of credited service at retirement

All retiree medical credits are recorded in an unfunded account for each eligible retiree. Retiree medical credits may be used for the sole purpose of paying a designated percentage of the monthly premium charged for coverage under a medical benefits option for an eligible pre-Medicare retiree or Eligible Family Member. Once the retiree is eligible for Medicare, the credit will be a contribution to the Retiree HRA that the retiree can use to pay for the eligible expenses (as defined in the Retiree HRA summary plan description) of the retiree and his or her Code section 105(b) dependents.

Definition of Year of Credited Service

Year of credited service means each full year of employment before January 1, 2017, beginning on: (i) the date of original hire as an employee of the Bank of the West and anniversaries of that date; or (ii) the date or original hire with a Related Employer (Trinity Capital Corporation and Essex Credit Corporation) and anniversaries of that date.

## ***Retiree Plan Eligibility and Cost Appendix***

For Eligible Retirees who, before July 1, 2004, were employed by the Bank of the West or a Related Employer, year of credited service means a full year of employment as an employee with the Bank of the West or the Related Employer or a predecessor of the Bank of the West or Related Employer, as determined in the sole discretion of the Bank of the West (or its successor). Each of these eligible retirees is credited with one year of credited service for each full year of employment, commencing on his or her date of original hire or date of adjusted service, if applicable, as determined in the sole discretion of the Bank of the West (or its successor), and anniversaries of that date.

A year of credited service will also be credited to an eligible retiree who was an employee of Commercial Federal Bank if it would have been credited if the eligible retiree were a Bank of the West employee.

A year of eligibility service is credited to an employee for each full year of employment with Union Safe Deposit Bank, Community First Bankshares, Inc., or Commercial Federal Bank.

No years of credited service will be counted for periods of employment (1) of less than a full year, or (2) on or after January 1, 2017.

### Division of Retiree Medical Credits

If the spouse or domestic partner of an eligible retiree is covered by the Retiree Medical Program as an eligible family member and one person is Medicare eligible while the other person is not Medicare eligible, the credits can be divided between the couple.

## **USE OF RETIREE MEDICAL CREDITS**

### Medical Benefits Options: Eligible Pre-Medicare Retirees and Eligible Pre-Medicare Family Members

At retirement, an eligible pre-Medicare retiree and Eligible Family Member who enrolls for coverage under a medical benefits option will pay 25% of the total cost, and their credits will pay 75% of the cost until their credits are exhausted. Once credits are exhausted, then the retiree is responsible for 100% of the cost. Each retiree medical credit is used to reduce one month's premium by one dollar.

### Eligible Medical Expenses: Eligible Post-Medicare Retirees and Eligible Post-Medicare Family Members

Once the retiree is eligible for Medicare, the remaining credits will be converted to an HRA that the retiree can use to pay for the eligible expenses (as defined in the Retiree HRA summary plan description) of the retiree and his or her Code section 105(b) dependents. If the retiree exhausts his/her credits before he/she is Medicare eligible, then he/she will not be eligible for the Retiree HRA.

### **Forfeiture of Retiree Medical Credits**

Retiree medical credits in an eligible retiree's account will be forfeited, in whole or in part, as appropriate, and will not be restored, if: (i) an eligible pre-Medicare retiree or eligible pre-Medicare family member fails to pay required monthly premiums under a medical benefits option on a timely basis; or (ii) an eligible retiree dies leaving no surviving spouse or domestic partner who is covered by the Retiree Medical Program.

### **Effect of Death of Eligible Retiree**

Except as provided below, upon the death of an eligible retiree:

### ***Retiree Plan Eligibility and Cost Appendix***

- (a) An eligible pre-Medicare family member may use any remaining retiree medical credits and continue coverage under his or her medical benefits option until he or she reaches age Medicare. After all retiree medical credits have been exhausted, an eligible pre-Medicare family member may continue coverage under his or her medical benefits option until he or she reaches age 65 (or otherwise becomes eligible for Medicare) if he or she pays the full cost of required premiums, as determined by the Bank of the West (or its successor).
- (b) If he or she was an eligible post-Medicare retiree on the date of death, retiree medical credits may be used to pay for eligible medical expenses of eligible family members.
- (c) After all retiree medical credits have been exhausted, eligible family members who used Extend Health (or other health care coverage advisor designated by the Bank of the West (or its successor)) to enroll for medical coverage (e.g., a Medicare Supplement or Medicare Advantage plan) at the time the eligible retiree first became covered under the Retiree Medical Program (or, if later, at the time the eligible family member ceased to be covered by a medical benefits option under the Retiree Medical Program), may continue to consult with Extend Health (or other health care coverage advisor designated by the Bank of the West (or its successor)) regarding their health care coverage options.

If an eligible retiree dies leaving behind no surviving spouse or domestic partner, any remaining retiree medical credits will be forfeited, as described above.

### **Allocation of Retiree Medical Credits to Certain Former United California Bank Employees**

Former United California Bank (“UCB”) employees whose age plus years of credited service totaled 65 or more as of September 30, 1995 and who are eligible to participate in the Retiree Medical Program will receive an allocation to their accounts at retirement equal to the greater of:

- (a) 500 credits per year of credited service, or
- (b) 300 credits per year of credited service; plus 400 credits per year of credited service as of September 30, 1995; or, for a former UCB employee who elects to cover family members at the time of his or her retirement, 300 credits per year of credited service plus 750 credits per year of credited service prior to September 30, 1995.

The special allocation under this section will not be made to the account of a former UCB employee who was allocated retiree medical credits under another retiree medical plan or program sponsored by the Bank of the West or UCB.

### **Related Employers**

The following are Related Employers under the Program. Each Related Employer is considered an “Employer” under this Summary Plan Description.

#### Related Employer

Trinity Capital Corporation

Essex Credit Corporation

#### Years of Credited Service

## ***Retiree Plan Eligibility and Cost Appendix***

A year of credited service will also be credited to an Eligible Retiree who was an employee of Commercial Federal Bank if it would have been credited if the Eligible Retiree were a Bank of the West employee.

### Years of Eligibility Service

A year of eligibility service is credited to an employee for each full year of employment with Union Safe Deposit Bank, Community First Bankshares, Inc. or Commercial Federal Bank.

## ***Special Eligibility Provisions***

Certain retirees are eligible for different benefits than those described above, including:

- Annual funding to the HRA based on the annual indexed amount determined by the Plan's actuary
- Annual funding in the HRA in the amount of the Medicare Part B premium for that year
- Annual funding in the HRA in the amount of \$600
- Dental coverage at the full rate
- Dental coverage at the active rate
- Pre-Medicare medical coverage at the active rate until you turn 65

You should have received written correspondence from BMO/BOTW confirming that you are eligible for one or more of the benefits listed above. Please contact the Human Resources Centre at 1-888-927-7700 with any questions.