



Invest in
you.

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Your guide to using the
Consumer Choice Plan
and Health Savings Account

When making big investment decisions, you likely do research ahead of time to make sure you are getting quality products and services at a reasonable cost. You will often compare price, performance, safety ratings and consumer reviews to ensure you are getting the most for your money. **Buying health care for you and your family is one of your most important investments** – and applying the same level of consumerism to your decisions about health care will allow you to get the best care for your money.

BMO's Consumer Choice Plan has tools to help you make informed decisions about how, when and where to get medical care and puts you in control when it comes to your health care dollars.

Throughout this guide, you can click the underlined text for more information.

You can take an active role in managing your health — from getting regular preventive care services to deciding where to go for care.

[We have tips to help you be an informed health care consumer.](#)

This guide will help you understand the Consumer Choice Plan and Health Savings Account. Share a copy of this guide with your family so that they can also learn more about the Consumer Choice Plan.

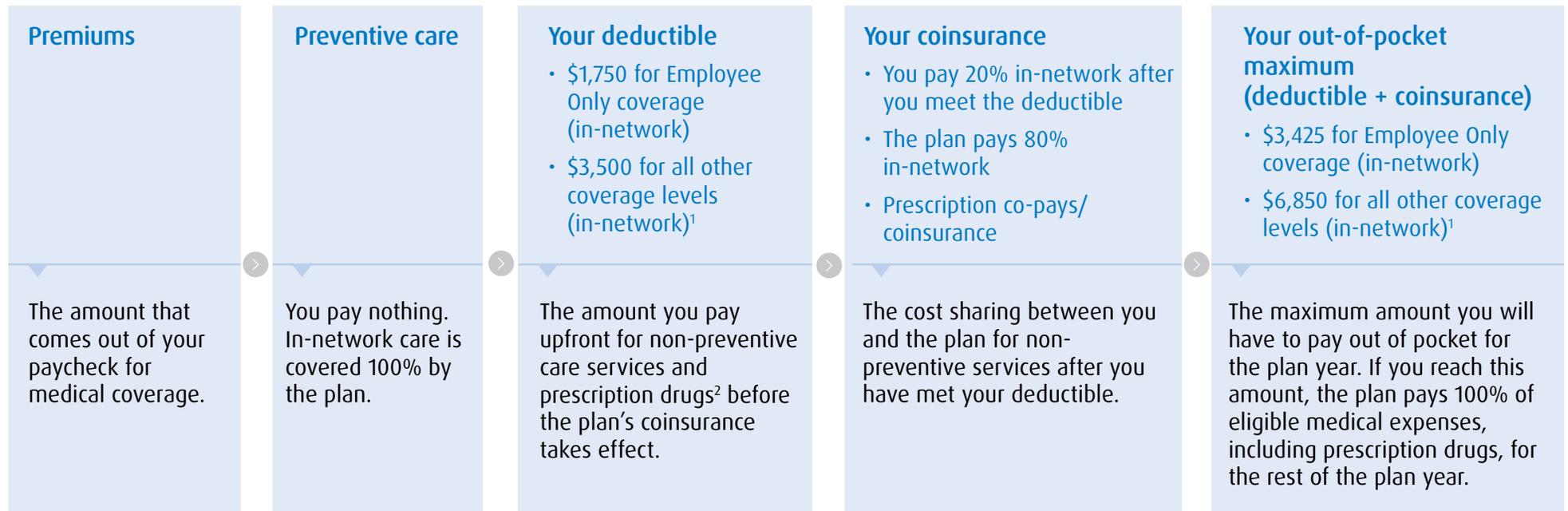
How the Consumer Choice Plan works

The Consumer Choice Plan provides comprehensive coverage: from unexpected emergencies and hospital visits, to routine expenses such as preventive care, mental health, and physician visits. In addition, you automatically receive prescription drug coverage through **Express Scripts**.

The Consumer Choice Plan is a qualified High Deductible Health Plan (HDHP) which means that you are also eligible to take advantage of the Health Savings Account (HSA) to save for your out-of-pocket medical, prescription, dental and vision expenses on a pre-tax basis.

For more detailed plan design information, refer to the Medical Overview page on www.bmousbenefits.com.

Paying for care and prescription drugs



¹There is not an individual cap for the deductible and out-of-pocket maximum; you must meet the entire family deductible before the plan's coinsurance takes effect.

²Certain preventive medication classes are covered with no deductible.

In-network preventive care is covered at 100%, meaning you pay nothing. Preventive care includes your routine check-ups, screenings and immunizations. There are also certain prescription drugs that are considered preventive that are not subject to your deductible and are either covered at 100% or at the applicable copay/coinsurance amount.

You'll pay the full cost of your non-preventive medical care and prescription drugs until you meet the annual deductible. Then you pay coinsurance until you meet the out-of-pocket maximum.

How prescriptions are covered

For non-preventive care and prescription drug expenses, you will pay the full cost¹ of the service or prescription until you've met your deductible. Once you meet your deductible, you and the plan share the cost through coinsurance/copays. If you reach the out-of-pocket maximum(s), you are protected from catastrophic medical bills because the plan pays 100% of eligible medical and prescription drug expenses for the rest of the year.

¹For in-network providers, the full cost of the service you will pay is based on the plan's negotiated discounts.

Managing your costs at the pharmacy

Medication costs can vary by geography and local market conditions, but there are things you can do to manage your costs at the pharmacy, while continuing to put your health first.

Check your coverage

Before you go to a pharmacy, check the lists in the [Plan's Formulary](#) to learn about preferred drugs (both generic and brand name), which drugs are covered, and how much they are expected to cost. Visit the [Express Scripts](#) site or call Express Scripts Member Services at 1-877-795-2926 for updates.

Brand or generic

Did you know that generic drugs have the same active ingredients as their brand name equivalents but at a much lower cost? Learn about generic drugs, their safety and efficacy on the [FDA website](#) or contact their toll-free hotline at 1-888-INFO-FDA (1-888-463-6332). You can also look up information on specific generic and brand-name drugs under Drugs and Supplements at [MedlinePlus.gov](#).

Comparison shop

Prices vary among pharmacies, so compare medication prices in several stores in your area. Use the [Express Scripts](#) tools to price medications at specific, participating pharmacies or select up to three pharmacies to compare prices. In your [Express Scripts](#) account, select "Price a medication" on the Prescriptions tab.

Helping prevent opioid misuse

Together with our pharmacy benefits manager, Express Scripts, we are directly contributing to a comprehensive, proactive approach to safer opioid use.

The Advanced Opioid Management Program helps minimize early exposure to opioids and prevent misuse by:

- Limiting new prescriptions to a seven-day supply.
- Educating patients on the dangers of opioid use and proper disposal of unused medication.
- Providing proactive counselling on safe opioid use from Express Scripts Therapeutic Resource Center[®] pharmacists.

Manufacturer coupons, or discount/coupon programs for prescription drugs do not count toward your annual deductible and/or out-of-pocket maximum.

Finding in-network providers

With the Consumer Choice Plan you have the flexibility to see any provider (doctor) that you choose, however you will receive better coverage levels when you see in-network providers. That's because in-network providers have agreed to negotiated discounts with the plan, meaning you are saving money. You can still see an out-of-network provider, but you will end up paying more because their non-discounted costs are subject to out-of-network benefit levels and usual, customary, and reasonable (UCR) limits.



How to find in-network providers in the Consumer Choice Plan

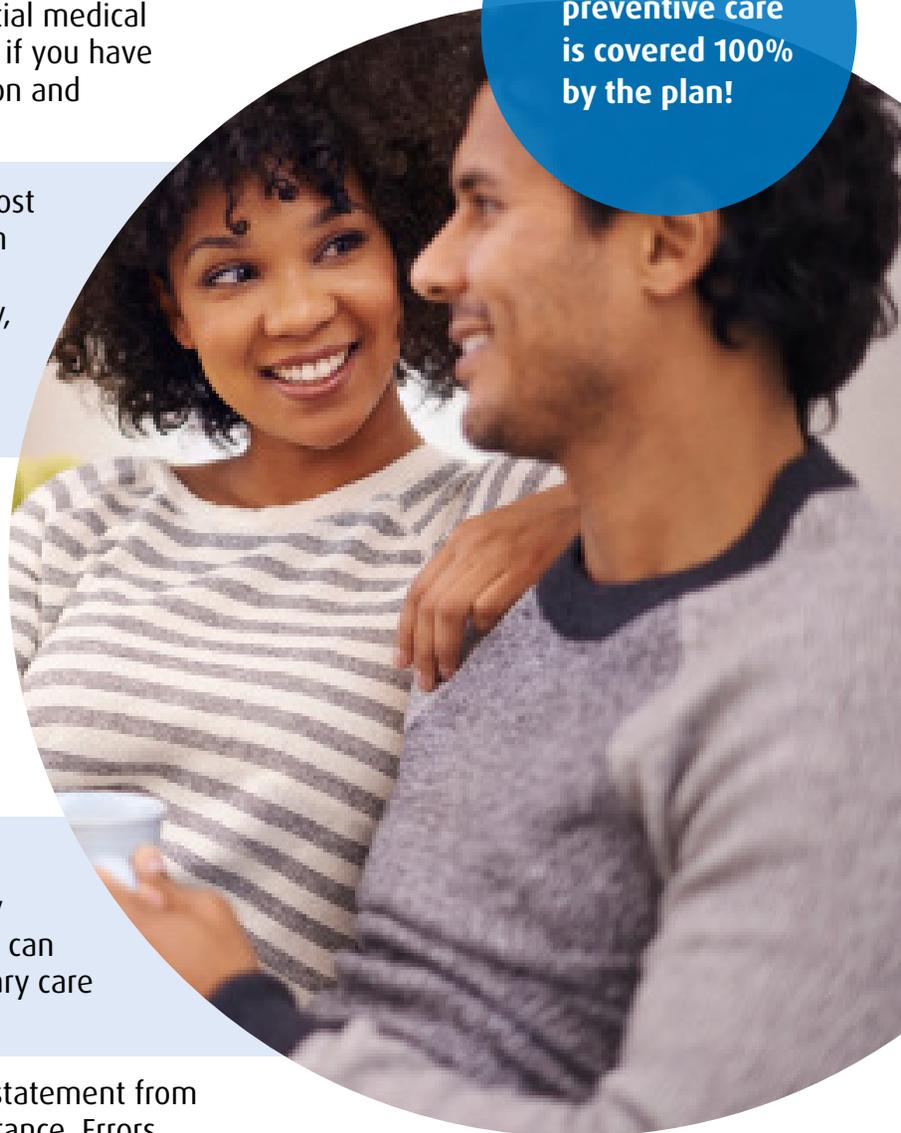
There are two administrators of the Consumer Choice Plan. Blue Cross Blue Shield is the administrator for employees living in Illinois and UnitedHealthcare is the administrator for employees living in all other states. To find a doctor in the Consumer Choice Plan network, use the “Find a Doctor” tools on the plan administrator’s website or by calling the Customer Service numbers listed below.

Where you live	Plan Administrator	Group #	Network name	Website	Customer service
Illinois 	Blue Cross Blue Shield of Illinois	190565	Preferred Provider Organization	www.bcbsil.com	1-888-979-4516
All other states 	UnitedHealthcare	717480	Choice Plus	Pre-member site for employees not currently enrolled in the plan: http://bmo.welcometouhc.com/home Member Portal for employees already enrolled in the plan: www.myuhc.com	1-800-896-0067

Tips for being a good health care consumer

- 1 Use your preventive care benefits.** By getting age appropriate health screenings and immunizations, you are being proactive in detecting and preventing potential medical conditions. Your preventive visits are also the time your doctor can identify if you have any risk factors based on your health history and provide you with education and recommendations for maintaining a healthy lifestyle.
- 2 Establish a primary care doctor.** Your primary care doctor will facilitate most of your preventive care, which allows you to build a relationship and health history. Having an established doctor who you trust is important for when you have those unexpected medical needs because they know your history, which helps them properly diagnose and treat you. Also, it is often easier to get in to see your doctor when you need to if you are already an established patient.
- 3 Ask for generics.** A generic drug is an FDA-approved medication created to be the same as an existing approved brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Many times a doctor will prescribe a brand-name drug because that is what they are familiar with or because they are not aware of what your plan's formulary may cover. You can ask your pharmacist to fill your prescription with the generic equivalent. If a generic equivalent does not exist, there may be a generic alternative treatment that you can ask your doctor to prescribe.
- 4 Avoid using the emergency room for non-emergency care.** Care performed in the hospital emergency room, even for minor things, is every costly. For 'non-emergency care' situations that need 'urgent' attention, you can seek care from alternative Quick care options when seeing your own primary care doctor is not an option.
- 5 Review your Explanation of Benefits (EOBs) and billings.** Your EOB is a statement from your plan administrator that explains how a claim is being covered by insurance. Errors can occur, so it is important that you actively review your EOBs to ensure your claims are reflected correctly for the services you received from the provider. You should also check that the amounts reflected on your EOB match what the provider is billing you.

In-network
preventive care
is covered 100%
by the plan!



Using the Consumer Choice Plan

As an alternative to an in-person office visit, register ahead of time for Virtual Visits through your claims administrator's website (bcbsil.com or myuhc.com).



At the doctor's office

- Show your medical plan ID card (Blue Cross Blue Shield card for employees in IL or UnitedHealthcare card for employees outside IL).
- The doctor's office will submit your claim to ensure that the provider discount is applied and the cost is applied to your deductible and out-of-pocket maximum.
- You will receive an Explanation of Benefits (EOB) from your plan administrator explaining what you owe. You will also receive a bill from your provider indicating what you owe. This amount should match what is reflected as your portion of the cost on your EOB.



At the pharmacy

- Show your Express Scripts ID card at the pharmacy.
- The pharmacy will run your prescription through the Express Scripts system to determine how it will be covered.
Express Scripts will work with your medical plan administrator to apply your prescription costs to your medical deductible and out-of-pocket maximum.
- You pay for your prescription at the pharmacy when you pick it up.

With the Consumer Choice Plan you will have two separate cards — one will be for your medical care (from BCBSIL or UHC) and the other for your prescription drug coverage (from Express Scripts).

Making the plan work for you with a Health Savings Account

A Health Savings Account (HSA) is an optional, tax-advantaged savings vehicle available to individuals covered under a qualified high deductible health plan (HDHP). An HSA allows you to use pre-tax dollars to pay for out-of-pocket healthcare expenses like medical, dental, prescription, vision and other health expenses you would normally have to pay for with post tax money.

When you are enrolled in BMO's Consumer Choice Plan (a qualified high deductible health plan), you may be eligible* for the Health Savings Account administered by UMB.

How your account gets funded

To get your balance started, BMO will provide you with a Core Contribution (\$250 for Employee Only coverage or \$500 for all Family coverage levels), if you are eligible* and you authorize BMO to open an HSA on your behalf. You can also earn a Match Contribution (up to \$250 for Employee Only coverage or \$500 for all Family coverage levels) by choosing to make your own contributions to your HSA. The money you contribute to your HSA through payroll is deducted before taxes are applied and is then automatically deposited into your HSA.

Note: If you are enrolled in Medicare and ineligible to contribute to an HSA, you will still receive a Core Contribution from BMO.

It's a good idea to consult a tax advisor for advice if you choose to enroll in an HSA, as there may be restrictions on HSA contributions.

**To ensure you are eligible to make and receive contributions to an HSA, please refer to Eligibility section of the HSA Plan Details found on www.bmousbenefits.com*

Triple tax advantages of your HSA

1. The contributions you make to your HSA are tax-free, which reduces your taxable income.
2. Any earnings you accumulate on your HSA are tax-free.
3. You can withdraw funds directly from your account to pay for eligible health care expenses at any time without any federal or state taxes or penalties.

Quick tip

Maximize your match from BMO by contributing at least **\$250** for Employee Only coverage or **\$500** for Family coverage levels.



How the Health Savings Account works

Since you control the money in your HSA, you can use it to pay for eligible health care expenses now, or save and invest it for the future. Here's a quick overview of how an HSA works.



Make your Consumer Choice Plan and/or HSA election



Start building your HSA balance³

- BMO will provide you with a Core Contribution of \$250 for Employee Only coverage or \$500 for all other coverage levels to get your balance started.
- Earn even more by choosing to make your own contributions. Your contributions are conveniently deducted from your paycheck on a pre-tax basis and deposited into your HSA held at UMB.
- **BMO will match** up to another \$250 (Employee Only coverage) or \$500 (Family coverage).



Unused funds remain in your account year after year

At the end of the plan year your HSA balance automatically carries forward. Once your balance reaches \$1,000, you are eligible to make investment elections.



Pay for health care with your HSA now or save the HSA money for the future

- You can use the HSA to pay for health care expenses **incurred after the account is opened**.
- You can **use the YSA debit card** you receive with your HSA to pay for expenses that do not exceed your HSA balance.
- You can also **pay out of pocket and reimburse yourself later** if you don't have enough money in your HSA to cover a full expense.

*You can choose to **preserve your HSA balance** by paying for your health care out of pocket now and saving your receipts to reimburse yourself later — even years from now!*



Your HSA is portable

If you leave BMO, any unused funds go with you and can be used in the future — even in retirement.

[Go to page 11 to learn how to access your HSA through the Your Spending Account \(YSA\) site.](#)

³To participate in the HSA plan, you must meet the IRS rules for eligibility and authorize BMO to open an HSA on your behalf.

⁴Your contributions, in addition to the contributions that BMO makes into your HSA, cannot exceed the overall IRS limits that are set for the year. However, if you're age 55 or older, you can contribute an additional \$1,000 per year in a "catch-up" contribution.

Using your HSA to pay for eligible expenses

You can use your tax-free HSA dollars for a wide variety of qualified medical, dental, vision and prescription drug expenses. Common qualified expenses include:

- Deductible and coinsurance
- Doctor's office visits
- Prescription drugs and over-the-counter drugs prescribed by a doctor
- Medical exams, X-ray and laboratory services
- Hospital care and clinic costs
- Physical therapy
- Medical aids such as hearing aids, braces, orthopedic shoes, crutches and wheelchairs
- Dental and vision eligible expenses

In addition to these common qualified expenses, there are other HSA-eligible expenses that qualify, including:

- Nursing services
- Transportation costs for medical care
- Renovation for handicap households
- In-home hospital beds
- Treatment for alcohol and drug addiction

See IRS Publication 502 at [irs.gov](https://www.irs.gov) for a list of eligible expenses.

How to enroll in the HSA

You will have the opportunity to enroll in the HSA plan⁴ each Annual Enrollment. The amount you elect will go into effect for the upcoming January 1st and will remain in effect for the year, unless you choose to make any mid-year changes. It is important to know that HSA elections do not renew or continue year over year — you must re-enroll each year during Annual Enrollment.

Unlike the other health and insurance plans, you can make mid-year changes to your HSA election online through the **myBenefits** site at any time (not just when you experience a Qualified Life Event). Even if you do not enroll during Annual Enrollment, you can still make a mid-year election to start participating.

To access your HSA election to make a mid-year change, visit the myBenefits site via myHR:

1. Log into myHR
2. Click on the My Pay & Benefits tab
3. Under the "My Benefits" Section, click the Health and Insurance tab
4. Next to "Review your health and/or insurance information," click Launch
5. You are now in the myBenefits site where you can click on your HSA plan to enter election changes.

⁴The HSA plan will only be available during enrollment if you have already made your Consumer Choice Plan medical election. Once your Consumer Choice Plan medical election has been entered, you will automatically be prompted to make an HSA election.

Quick tips for making the most of your benefits



Go mobile! Get on the spot information from your plan administrator's app

- » You can access your health plan ID card, look up claims information for you and your family, check account balances, find providers, locate quick care options and more.
- » Click on the links to access additional information on how to download the app for: [Blue Cross Blue Shield](#); [UnitedHealthcare](#); [Express Scripts](#)



Contribute enough to get the maximum BMO match in your HSA

- » Don't miss out on the BMO Match Contribution — to receive the maximum company match, make an annual election of at least \$250 for Employee Only coverage or \$500 for all other coverage levels.
- » You can contribute up to the IRS maximum each year.



Supplement your HSA with a Limited Purpose Health Care Spending Account

- » You can use the Limited Purpose Health Care Spending Account to save money for anticipated dental or vision expenses, which allows you to preserve your HSA balance.
- » The Limited Purpose Health Care Spending Account funds are available to use right away to pay for eligible dental and vision expenses, meaning you do not have to wait until the funds have been contributed into your account.
- » Each year, you can contribute up to the IRS maximum into a Limited Purpose Health Care Spending Account. Plan your contributions carefully because there is a "use it or lose it" provision for account balances at the end of the plan year in excess of the \$500 carryover allowance.



Only use your HSA funds for qualified health care expenses

- » If you use your HSA funds for ineligible expenses, you must report them on your federal tax return, pay applicable income taxes and pay a 20% tax penalty (the tax penalty does not apply if you are over age 65 or disabled).
- » You can only use the account for expenses incurred after opening the account.
- » Once you reach age 65, you can use the HSA as a secondary retirement account. At that time, you can use your HSA to pay for non-health care expenses without the 20% penalty (income taxes would still apply).
- » Although you don't need to submit receipts when you use your HSA, you do need to keep your receipts in case the IRS wants to see them.



Preserve your funds

- » If you can afford to pay for your medical care today out of pocket, you can preserve the funds in your HSA for in the future (even into retirement). You can save your receipts for claims incurred after your HSA was established and reimburse yourself at any time, even years from now.

Your resources

Benefits Assistance

- Eligibility
- Coverage

> Human Resources Centre
1-888-927-7700
or
www.bmousbenefits.com

Medical (Consumer Choice Plan)

> **If you live in Illinois...**
Blue Cross Blue Shield of Illinois
1-888-979-4516
bcbsil.com

> **If you live in any other state...**
UnitedHealthcare
1-800-896-0067
myuhc.com

Prescription Drugs

> Express Scripts
1-877-795-2926
express-scripts.com

Health Savings Account

> Human Resources Centre
1-888-927-7700
or
Your Spending Account
myHR > My Pay & Benefits >
Health and Insurance > Launch > Your Spending Account



How to access YSA

1. In myHR, click on the **My Pay & Benefits** tab
2. On the “myBenefits” section, click on the **Health and Insurance** tab
3. Click **Launch**, next to “Review your health and/or insurance information”
4. In “myBenefits,” click on **Your Spending Account** along the top menu bar
5. Click on **Your Spending Account**

About this guide

This guide is provided for informational purposes only and contains summary information about the BMO Consumer Choice Plan and Health Savings Account. The descriptions in this document are not intended to cover all the details about the plans. If any conflict or inconsistency exists between this guide and the plan documents, the plan documents will govern in all cases. BMO reserves the right to amend, change or discontinue the plan at any time.