

2017 Benefits FAQ's

The following provides questions and answers regarding IBM's Healthcare Movement, 2017 Benefits Annual Enrollment, CaféWell, and your 2017 Commit to Health Incentives. If you cannot find your question represented below or require more immediate support, please contact us at ibmhelp@cafewell.com or by phone at 1-844-231-0027.

NOTE: Content Headings are hot links to the corresponding page.

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IBM's Healthcare Movement

Q. What is IBM's new healthcare movement?

A. IBM's healthcare movement is about advancing the health and wellbeing of IBMers and their families every day, everywhere. And that includes all five dimensions of health: physical, mind, social, financial and purpose.

This movement is also about **educating** IBMers and their families so that we get the most out of our health and wellbeing - including our investments in healthcare. We refer to this as "Sharpening your healthcare IQ."

Q. How are we helping IBMers "sharpen their healthcare IQ"?

A. IBMers should get the most out of their investments in health and wellbeing, and that includes annual healthcare costs. Therefore, we're giving IBMers more personalized information to help make health and wellbeing decisions easier. How?

- IBM provides cost and quality comparison tools to help you understand the *real* cost of services - before you have an imaging test, surgery, procedure, etc. These tools are available now on [CaféWell](#) (look for the tool that corresponds to your health plan).
- For 2017 annual benefits enrollment, eligible IBMers will receive a personalized Choose Better Statement, utilizing analytics that compares your actual costs for medical services over the last 12 months against all available IBM healthcare plans for 2017. Yep, *your actual costs*. You can make decisions for next year based on your personal data. Pretty great, right?
- This fall, we'll start a campaign to bust some popular healthcare myths to make sure you're armed with the latest information about health and wellbeing. These will be really fun, and we look forward to hearing your comments. Join the discussion in the "IBM Healthcare Moonshot" community here on CaféWell (look for "communities" in the left navigation bar), or if you're an active IBMer via our [Connections Community](#).

During all of this, we're hoping you have a "**eureka moment**" – that's when you realize you can make an impact on the healthcare system simply by understanding your costs and making more educated decisions. If you have a eureka moment, IBMers can share it with us on our [Connections forum](#) and spouses/partners on the Moonshot community here in CaféWell (look for "communities" in the left navigation bar).

Q. What does "Healthcare is IBM's moonshot" mean?

A. IBM's Chairman, President and CEO, Ginni Rometty, commonly refers to healthcare as IBM's "[moonshot](#)" because we are poised to make an impact on this industry like no company has before. Thanks to the creation of Watson Health and several strategic acquisitions, we are ushering in the era of cognitive healthcare and changing the way business and society think about, deliver, use, and benefit from healthcare.

In conjunction, we are launching a *movement* at IBM. This movement is about advancing the health and wellbeing of employees and their families, every day, everywhere. And that includes all five dimensions of health: Physical, Mind, Financial, Social and Purpose. IBMers make 10,000 healthcare decisions every day. We have tools and data that can help make those decisions easier and more personal.

Q. Where can I join the discussion about IBM's healthcare movement?

A. Your voice matters! We want everyone to get involved and help us shape this healthcare movement - co-creation is critical to our success. Active IBMers, please join the conversation on Connections via the [IBM Healthcare Moonshot](#) community. Spouses and partners, please weigh in here on CaféWell in the community titled "IBM Healthcare Moonshot" (look in the MENU page on CaféWell for "communities").

2017 Medical Plan Options

Q. Does IBM continue to offer a contribution-free medical plan option?

A. Yes. In 2017, IBM will continue to pay the full cost of coverage for eligible full-time employees who enroll in the IBM PPO with HSA, with no employee contributions required. Contributions are required for dependent coverage.

Q. Where do I go if I need help understanding certain healthcare terms and concepts?

A. A Uniform Glossary of healthcare terminology is available at: www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf, or you may request that a Uniform Glossary be mailed to you by the Employee Service Center, 1-800-796-9876.

PPO Plus with HSA & Enhanced PPO with HSA

Q. Why did IBM decide not to offer the PPO Plus with HSA?

A. IBM works diligently to review the value your medical plans offer you. One piece of feedback we've heard consistently is that IBMers want a plan option that helps to bridge the gap between the traditional HMO-style plans and newer HSA-compatible plan options. That's why for 2017, we're introducing a new IBM Enhanced PPO with HSA, with lower deductibles and inpatient co-insurance. This option will be offered alongside the current IBM PPO with HSA.

Q. If I am enrolled in the PPO Plus with HSA for 2016, what medical plan option will I default to if I don't actively enroll for benefits coverage?

A. You will default to IBM's PPO with HSA Plan at the same coverage level you had for 2016.

Q. Why didn't I default to the new Enhanced PPO with HSA?

A. When IBM no longer offers a plan option, we seek to ensure any default election is to the most similar plan option available. In this case, the PPO with HSA is most similar to the plan that will no longer be offered. The new Enhanced PPO with HSA is a different plan compared to the prior PPO Plus Plan. It has different deductibles and coverage terms and conditions.

Q. Why was the Enhanced PPO with HSA introduced?

A. The plan was introduced to help "bridge the gap" between the traditional HMO-style plans and the newer HSA plans by having a lower annual deductible and inpatient co-insurance.

IBM EPO

Q. Has a deductible been added to the EPO plan option?

A. Yes, beginning in 2017, the IBM EPO plan option has a deductible for individual and family coverage.

Q. Does the EPO deductible apply to all services, even those with a copay?

A. The IBM EPO plan option deductible works similar to the deductible in the IBM PPO and IBM PPO Plus plan options. You will not pay a deductible for doctors office visits, telemedicine services, retail walk in clinic visits preventive care services or lab work, but for most other services, you will need to pay the deductible before the plan pays for coverage. The deductible also applies to services covered by a copay such as an inpatient hospitalization or an emergency room visit. You are responsible for the deductible and the copay (and the ER surcharge, if applicable). The IBM plan will cover the remainder of the cost.

Oxford HMO

Q. Why did IBM decide not to offer the Oxford HMO?

A. As part of our commitment to provide high quality and cost-effective benefits, IBM works diligently to negotiate contract terms with our medical plans. For 2017, UHC Oxford stipulated a retrospective rating provision to renew our contract. This means UHC Oxford could change their premiums within the calendar year based on enrollment fluctuations. Since this type of provision is against IBM's medical plan contracting guidelines, as it could cause your and IBM's costs to increase after you enroll, UHC Oxford will not be offered for 2017.

Q. If I am enrolled in the Oxford HMO for 2016, what medical plan option will I default to if I don't actively enroll for benefits coverage?

A. You will default to the IBM EPO plan at the same coverage level you had for 2016.

2017 Commit to Health Programs

Q. What's new for 2017?

A. We continue to enhance Commit to Health to add valuable tools and options that can help all IBMers make strides toward healthy living. Here's a look at what's new in 2017:

- All IBMers will have the opportunity to earn a \$100 wellness device credit. Device choices include a variety of fitness devices, including Apple Watch, and other exciting choices to support your health and well-being.
- Eligible employees can enter quarterly wellness drawings to win 12,000 BluePoints (approximately a \$3,000 value). For each new IBM wellness program completed per quarter, your name will be entered into the quarterly drawing. Employees can only be entered into the drawing 1 time per each new program

per quarter. Employees can choose from a wide variety of programs to best meet their personal health and wellness goals across all five dimensions of health.

- If you participate in an HSA medical plan option, you will earn your financial incentive by completing the Ready, Set, Go! Program. This program allows you to earn your Commit to Health financial incentives by completing three easy steps. See the section on Commit to Health Incentives (for HSA Participants) for more information.

Q: What is the Commit to Health Rewards Program?

A. The Commit to Health Rewards program is open to **all eligible** IBMers. It includes opportunities to earn a \$100 wellness device credit and the chance to enter a quarterly wellness drawing for 12,000 BluePoints for each new IBM wellness program you complete per quarter on CaféWell. For each new program completed per quarter, your name will be entered. Employees can only be entered into the drawing 1 time per each new program per quarter.

Commit to Health Incentive Program (for HSA participants)

Q. How much can I earn in my HSA through the Commit to Health Incentive Program?

A. Refer to the chart below for information on how much you can earn in your HSA. Enroll in an HSA and receive a \$250 Jump Start contribution from IBM deposited into your HSA account within 4 to 6 weeks.

		HSA Plan Options		Non-HSA Plan Options
		Individual Coverage	Family Coverage	
IBM Gives You	IBM base contribution	\$250	\$500	Not applicable
	HSA Jump-Start contribution <i>new for 2017</i>	\$250	\$250	
You Earn	Ready-Set-Go contribution <i>program completion on CaféWell</i>	\$300	\$850	
	Total IBM contribution potential	\$800	\$1600	

Remember, IBM's contributions count toward the IRS annual HSA maximums. You are responsible to ensure you do not go over the IRS maximum.

(Note: Both employee and spouse/domestic partner, if applicable, must complete the Ready, Set, Go! Program to earn the family coverage contribution. If you only have covered child dependents, you will be able to earn all the incentives on behalf of the family.)

Q. Can my spouse/domestic partner or dependent participate in the 2017 Commit to Health Incentive Program?

A. Covered spouses/domestic partners of IBMers enrolled in HSA eligible plans must complete the Ready, Set, Go Program to earn the family coverage contributions. If you only have covered child dependents, you will be able to earn all the incentives on behalf

of the family. Family members aren't eligible to earn any other incentives or rewards, but they are encouraged to take advantage of all the great wellness programs available on CaféWell.

Q. When will my incentives be deposited into my HSA?

A. Incentives will take approximately 4 to 6 weeks to be processed and deposited into your HSA account once CaféWell confirms completion. You can check your HSA balance on NetBenefits, accessible via the Menu at the top of your CafeWell homepage.

Q. Why are you providing financial incentives only to IBMers who enroll in an HSA?

A. IBM made a strategic decision to emphasize modern health plan designs that are paired with Health Savings Accounts. One way we do this is to provide financial incentives for employees who try this type of plan. We also recognize that the value of an HSA builds over time and that incentives to help build a balance in the HSA make the transition to this type of plan easier.

Q. Will there be rewards offered in 2017 to IBMers who do not enroll in an HSA?

A. Yes! All IBMers are eligible for the Commit to Health Rewards Program (see the next section), which includes a \$100 wellness device credit. Eligible employees are also able to participate in quarterly drawings to win 12,000 BluePoints (approximately a \$3,000 value.) based on program completion.

Q. How do I earn my financial incentives?

A. The Ready, Set, Go! Program needs to be completed then confirmed on CaféWell to earn the HSA financial incentives. The Ready, Set, Go! Program has three easy steps for employees and covered spouses/domestic partners to complete:

- **Step 1 – Ready:** Register on CaféWell at cafewell.com/ibm.
- **Step 2 – Set:** Set-up your HSA account on NetBenefits (one account per family).
- **Step 3 – Go:** Set-up your account for Telemedicine and Cost and Quality Comparison Tool (formerly called Transparency Tools) with your medical plan.

Each step of Ready, Set, Go is a chapter of the 2017 HSA Incentive Program on CafeWell. Finish each chapter by reading the articles and answering the quiz question at the end. Finishing all three chapters will mark the program as complete. Ready, Set, Go program completions will update in your Rewards Dashboard after 24-48 hours. Incentives will take approximately 4 to 6 weeks to be processed and deposited into your HSA account once CaféWell confirms completion.

Q. When do I complete the Ready, Set, Go! Program?

A. This program is now available on CaféWell to allow employees and families the opportunity to earn their full IBM HSA incentive contributions deposited into their HSA accounts. When you complete Ready, Set, Go, you will earn your FULL incentive (\$300 Individual / \$850 Family) and it will be deposited into your HSA Account in 4 to 6 weeks.

(Note: In order to receive the Family HSA Incentive, both the employee and Spouse/Partner must complete the Ready, Set, Go program on CafeWell.)

(Note: Those who enrolled in 2016, the IBM Base & HSA Jump Start, (\$500 / \$750), were AUTOMATICALLY deposited in January. For those enrolling during 2017, the IBM

Base & HSA Jump Start will be deposited as soon as administratively possible, generally 4-6 weeks after you enroll.)

		HSA Plan Options		Non-HSA Plan Options
		Individual Coverage	Family Coverage	
IBM Gives You	IBM base contribution	\$250	\$500	Not applicable
	HSA Jump-Start contribution <i>new for 2017</i>	\$250	\$250	
You Earn	Ready-Set-Go contribution <i>program completion on CaféWell</i>	\$300	\$850	
	Total IBM contribution potential	\$800	\$1600	

Q. What is the deadline to earn my financial incentive?

You must complete the Ready, Set, Go program on CaféWell by December 1, 2017 at 11:59 pm EST to receive your 2017 HSA incentive contribution. For Family Coverage, your spouse/partner must also complete the Ready, Set, Go program on CaféWell by the same deadline to receive your full contribution amount.

Q. What is the HSA Jump-Start Contribution?

A. Enroll in an HSA plan and you will receive an additional \$250 contribution from IBM to jump-start your HSA balance.

Q. I enrolled in family coverage, but there is no other adult in my household. How can I earn the full \$850 in HSA incentives?

A. If you only have covered child dependents, you will be able to earn all the incentives on behalf of the family.

Q. We are a dual-IBM family with minor children. If we each choose an HSA-eligible health plan option (my spouse chooses individual coverage and I cover myself and the children), what incentive contributions can we earn?

A. With individual coverage in an HSA health plan, your spouse can earn up to \$300 in earned incentives by completing the Ready, Set, Go! Program. Since you are covering the children, you can earn up to \$850 in family incentives by completing Ready, Set, Go!

Commit to Health Rewards Program (for eligible IBMers)

Q. Are there incentives for education?

A. There are no incentives for education for 2017.

Q. How do I earn my wellness device credit?

A. IBM offers a \$100 device credit on a variety of health devices and activity trackers through the new CaféWell Marketplace to support your health and wellbeing. After completing Wellness Checkpoint and joining a Commit to Health program on CaféWell, eligible IBMers will earn a device credit from one of three Marketplace vendors: Apple, Vitality or Wellness Codes.

(Note: All device voucher selections are final. Once you have redeemed your device, there are no returns or exchanges for the value of the code, including the imputed tax for the device (if applicable). This also applies to orders that are cancelled due to the device vendor's inability to contact an employee regarding the order or a denied credit transaction. If you received a defective device, please see the Q&A below for details)

Q. What is the deadline for earning a device credit?

A. You must earn your device dollars and redeem them for your \$100 device credit voucher by December 1, 2017 at 11:59 pm EST.

Q. Can I apply my \$100 device credit to purchase an Apple Watch?

A. Yes, if you select the Apple Watch device voucher as your reward. You can redeem the device credit in the IBM Apple Watch EPP Store for select Apple Watch models*.

*Series 1 and 2 Watches with aluminum and stainless steel enclosures are eligible. Nike, Hermes and Special Edition models are not eligible for purchase using the device voucher.

(Note: All device voucher selections are final. Once you have redeemed your device, there are no returns or exchanges for the value of the code, including the imputed tax for the device (if applicable). This also applies to orders that are cancelled due to the device vendor's inability to contact an employee regarding the order or a denied credit transaction. If you received a defective device, please see the Q&A below for details)

Q. How do I return a defective device?

A. **Apple Watch:** Every employee who purchases a Watch is covered by AppleCare warranty for one-year and can still receive paid support on their watch. The link to the Apple Watch support program is <https://support.apple.com/watch>.

Vitality: If you believe the device you received through the Active Track program may be defective, please contact the Vitality Customer Service Team directly for assistance: telephone: (877) 224 7117 or email: wellness@powerofvitality.com. You can also submit an online form by visiting https://www.powerofvitality.com/vitality/vitality_content/contact_us

Wellness Codes: If you believe the device you received through the Wellness Code option is defective, please contact Wellness Codes (support@wellnesscodes.com) for an RMA number **within 30 days** for return and exchange support.

Q. How do I participate in the quarterly employee wellness drawings?

A. After completing the Wellness Checkpoint Health Assessment, you will receive one (1) employee wellbeing drawing entry for each new IBM rewardable program completed in your Rewards Dashboard on CaféWell. For each entry you receive, your name will be entered that many times into that quarter's drawing. (e.g. two new programs completed in Q1 equates to two entries for the Q1 drawing)

Ten (10) winners will be selected for the drawing each quarter and each winner will receive 12,000 Blue Points (approximately a \$3,000 value; "grossed up" to cover any taxes). The Final Quarter (Q4) will be a cumulative drawing for all completions earned from January 1, 2017 through December 1, 2017 at 11:59pm EST. As an example, if

you completed 1 new program in Q1, 2 new programs in Q2, 0 new programs in Q3, and 1 new program in Q4 then you would have earned 4 entries in the cumulative drawing for Q4.

(Note: By completing a program, employees accept the terms of the contest. To see the full rules to participate in the BluePoints quarterly rewards drawing, please see the IBM 2017 Health Rewards Quarterly Contest rules [here](#).)

Q. Can I earn multiple entries for completing the same program more than once?

A. No. Commit to Health programs can only be completed once for rewardable credit this year. We encourage you to complete new programs throughout the year to earn additional entries into the BluePoints drawing. However, you may continue to engage in programs upon completion to maintain your health and wellbeing.

Q. When do the quarterly drawings take place and winners will be notified?

A. Drawings will occur approximately 2 weeks after the close of each quarter to allow for data to be received from the program vendors to confirm participation. In Q4 of 2017, programs must be completed by December 1, 2017 at 11:59 ET. Winners will be notified within 2 weeks of the drawing and will be posted on CafeWell.

Q. How will I be notified if I win the BluePoints drawing?

A. The BluePoints vendor partner (BI Worldwide) will notify the winners and will provide instructions for redeeming BluePoints.

Q. Will employees be taxed on BluePoints?

A. The value of BluePoints is subject to taxation and/or payroll reporting similar to regular compensation and other recognition awards. Tax assistance will be provided for all BluePoint deposits. The value of the BluePoints will be included in your taxable income, **but IBM will compensate you for those taxes.** This should neutralize the impact in your net pay caused by the taxation of the BluePoints. The US payroll group will be provided the BluePoints value and will process it 30-45 days after issuance.

Q. If I complete multiple programs, can I win multiple times?

A. Yes! When you complete a new IBM program each quarter, you are entered in the drawing. You can receive one entry per new program per quarter, but you can only win once per quarter.

Q. In “My Personal Health Itinerary” I have the ability to “Create your own program”. Is that program “rewardable” so I can enter the BluePoint drawing?

A. No, user created health programs are not rewardable programs and are not tied to the **IBM Commit to Health Rewards Programs**. They are intended for personal use only and any questions regarding these programs should be addressed to the CafeWell support desk at 1-844-231-0027.

Q. Can an employee’s spouse or domestic partner enter the BluePoint drawings?

A. No, BluePoint drawings are for employees only.

Q. What is the deadline for completing wellness programs?

A. We want you to focus on your health all year long. You must complete your 2017 Commit to Health wellness programs by December 1, 2017 at 11:59 EST.

Wellness Checkpoint Health Assessment

Q. Why should I complete the Wellness Checkpoint health assessment?

A. Completing the Wellness Checkpoint health assessment is a program requirement for participating in the 2017 Commit to Health Rewards Program. Wellness Checkpoint also provides important knowledge about your current health and wellness. While you are free to complete any of the other Commit to Health Rewards Programs in advance, they will not appear as “Complete” on your Rewards Dashboard unless Wellness Checkpoint has already been completed. You will not be able to earn your wellness device credit or be entered into the quarterly drawings until you complete Wellness Checkpoint.

Q. How do I complete the Wellness Checkpoint health assessment?

A. You can access the Wellness Checkpoint health assessment, provided by our partner InfoTech, from within CaféWell.

Q. I completed the Wellness Checkpoint health assessment. When will I see the status updated on my Rewards Dashboard?

A. After completion, your Wellness Checkpoint health assessment data will be updated in the CaféWell Rewards system within 24-48 hours. Once processed, your status for that activity will be updated to reflect its completion on your CaféWell Rewards Dashboard.

Reviewing Your Wellness Program Rewards Status

Q. Where can I see my rewards status?

A. Your program rewards status for program completion can be reviewed on your Rewards Dashboard, which can be accessed from the [CafeWell](#) Rewards page. Please note that most program completions will take 24-48 hours to update in the dashboard, but some may take up to 10 business days. You can also reach out to the Customer Support team at ibmhelp@Cafewell.com or call 1-844-231-0027 to inquire about your rewards status at any time.

Q. I completed several programs and have waited 24-48 hours for my rewards dashboard to update. Why don't I see my updated rewards status?

A. Be sure you have completed the Wellness Checkpoint Health Assessment, as this is a requirement to receive your wellness device credit and to participate in the wellness rewards programs. Complete Wellness Checkpoint if you have not done so already. If Wellness Checkpoint is marked complete on your Rewards Dashboard, please contact our support team at 1-844-231-0027 or ibmhelp@cafewell.com.

(Note: For self-report programs, be sure you have confirmed completion for the program in the Active Programs tab.)

Q. Why do I have to accept the "opt-in" disclaimer message in order to earn points and incentives?

A. CaféWell needs your permission in order to share your incentive activity completion data with IBM. As stated in the opt-in message, this is solely for the purpose of identifying who you are so that we can indicate the amounts you have earned for completing your activities. If you choose to decline this "opt-in," you will not earn financial incentives for any activities you have completed. You can go back and accept the opt-in at any time in the Privacy Center tab of your Account Settings. Note that any activities completed while the opt-in was declined may not be credited back to your account.

Active Track - Physical Activity Tracking Program

Q. What is the Physical Activity Tracking Program?

A. The Physical Activity Program available on the Active Track website and powered by Vitality, is a [web-based program](#) and mobile app which integrates various data sources to track physical activity. You can earn credit for physical activity tracked by your fitness device (such as Fitbit, Apple Watch), heart rate monitor, or MapMyFitness mobile app. (Note: your Apple Watch can be linked to the Active Track program using the VitalityToday mobile app.) You can also get credit for workouts at your health club. All of these workout credits count towards program completion and participation in the Commit to Health Rewards Program, or other rewards on the Active Track website such as gift cards, fitness equipment, or charitable donations. [Click here](#) to learn more about redeeming rewards through Active Track.

(Note: For any device redeemed in the Vitality Mall there are no returns or exchanges for the value of the code. If you received a defective device, please see the Q&A in the “Commit to Health Rewards Program (for all IBMers)” section above.)

Q. How do I participate in the Physical Activity Tracking Program and navigate the Active Track site?

A. A library of resources is available for you to learn about the Active Track site and its features on CaféWell, including site navigation. Use the links below for instructions on topics related to the Physical Activity Tracking Program:

- Device Syncing: [Video](#), [Transcript](#)
 - Fitbit Instructions: [Video](#) (Closed Captioning Provided)
 - Guide to Vitality: [Video](#), [Transcript](#)
 - Points Planner: [Video](#), [Transcript](#)
 - Site Navigation: [PDF](#), [Video](#), [Transcript](#)
 - Vitality Mall: [Video](#), [Transcript](#)
 - Vitality Squares: [Video](#), [Transcript](#)
 - Points vs. Bucks: [Video](#), [Transcript](#)
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Smiling Mind - Mindfulness Program

Q. How do I access the Smiling Mind program to receive credit for 2017 program?

A. You will need to add the Smiling Mind program to your “Active Programs” from your CafeWell itinerary (homepage). Complete the first milestone and then select “Sign in to Smiling Mind or Create Your Account Today” to SSO over to Smiling Mind to activate your account. This step is required to validate you are eligible for the program and grant you access to the Workplace program. Once in your Smiling Mind account, you will need to restart the program to begin earning your reward by completing 20 workplace meditations.

Q. My Smiling Mind Corporate app is frozen and won't work! How do I fix it?

A. The Smiling Mind Corporate program has now been migrated into the free Smiling Mind app. Please remove your current Smiling Mind Corporate app from your device. Then head to the iOS App store or Android Google Play and download the free Smiling Mind app.

Q. Why do I have to download the free Smiling Mind app?

A. The Smiling Mind Corporate program has now been migrated into our new Smiling Mind app. We no longer have separate apps for Corporate and for Smiling Mind. If you search in the App Store or Google Play for "Smiling Mind Corporate app" it will no longer appear.

Q. Where is my meditation history/progress?

A. Your progress summary is displayed in the Rewards Dashboard.

Q. Why can't I see all my previous activity and history on the new app?

A. Not all the activity from the old app has been transferred into the new app, but don't worry. We have captured all the essential information and history that you need to participate in this program and earn your incentives. It is now summarized by the number of sessions you have completed and this is displayed in the dashboard on your app.

Q. What is the Corporate Program and what is the Workplace Program?

A. We now refer to our corporate program as the Workplace Program. You will see this new term used on the new Smiling Mind app, on our website, and in communications you receive.

Q. How do I find the Workplace Program on the app?

A. To find the Workplace program, click “All Programs” and scroll down until you see the Workplace Program. You can also find the Workplace Program under the “My Programs” tab.

Springboard – Meaning Uncovered Program

Q. When does the Springboard program end?

A. A. IBM will discontinue the Springboard Meaning Uncovered program effective April 1, 2017. We recommend participating in the other eight IBM Commit to Health Rewards

Programs to support your health and wellbeing. To explore your purpose and values, we encourage you to take advantage of the Volunteer Program and /or EAP services.

Q. Why is IBM discontinuing the Springboard program?

A. IBM is discontinuing the program to better align our health and wellbeing strategy with our program offerings.

Q. If I completed the program in Q1, do I get credits for BluePoints entries?

A. Yes, as long as you completed the program by 11:59 ET on March 31, 2017 you will receive an entry for the BluePoints drawings in Q1 and for the cumulative drawing in Q4.

Q. What are the completion requirements for Springboard - Meaning Uncovered Program?

A. Eligible employees can earn this incentive by completing **all 9 steps of Meaning Uncovered**. Program completions are automatically updated on your Rewards Dashboard on a weekly basis. Make sure you are checking your Rewards Dashboard for completion. Remember it may take 7 to 10 days to post to your Rewards Dashboard after you complete your 9th step.

HSA-eligible Plan Options and Health Savings Accounts

Q. How does an HSA plan affect my healthcare costs? Will I see an increase in my deductibles and out-of-pocket expenses?

A. There are two components that affect the user's cost:

- **What you pay for coverage out of your paycheck.** You will pay less out of each paycheck for coverage under an HSA-eligible plan option.
- **What you pay at the point of service.** An HSA is a high-deductible plan, so you may pay more out of pocket at the time of service, until you reach the deductible limit. However, this is offset by paying less out of each paycheck. Further, you can more effectively manage your costs at the point of care. You can stretch your health care dollars by carefully examining the quality and cost of the provider, and choosing an appropriate setting for services (e.g. retail walk-in clinic vs. emergency room). And you can pay for that care using tax-free dollars from your HSA, saving even more. (Remember, if you use an in-network provider, you will be charged the negotiated in-network fees.)

Note that with the HSA options, your pharmacy coverage is also subject to the deductible (except preventive medications). As such, you need to meet your deductible (the family deductible if more than one person is enrolled in coverage) before the plan will pay benefits. Keep in mind that if you use a pharmacy that is in the CVS/Caremark network (most pharmacies are), then you will pay the IBM discounted cost for your medication.

Q. Why is the deductible so high in the HSA-eligible plan options?

A. The IRS requires that you must be enrolled in a high-deductible health plan option to be eligible to contribute to an HSA. These plan options cost less in payroll deductions than the non-HSA plan options. You pay the negotiated cost for your covered expenses (preventive care is covered 100%) until you meet the deductible. Although the deductible

is higher than in traditional plans, (and includes non-preventive medications) you can use the money you save on contributions for coverage and your tax-free dollars from your HSA to pay for services you receive, including the “seed” contribution from IBM. (Note that while all HSA deposits and earnings are free from federal taxes, state and/or local taxes may apply. Consult with your accountant for details.)

Q. How will my deductible work in an HSA-eligible plan option? Is it different than with traditional plans?

A. The deductible is the amount you pay for health care services before your health insurance or plan option begins to pay benefits. Similar to the other plan options, medical and mental health expenses apply to the deductible. Under the HSA plan options, prescription drugs are also subject to the deductible. For example, if your deductible is \$2,700, your plan option won't pay anything for medical, mental health or pharmacy coverage (other than preventive care) until you've met that deductible for covered health care services. However, you will pay the negotiated amount for these services when they are received from an in-network provider. In other words, even before you meet the deductible and IBM shares in the costs of services, you will pay less simply for having coverage and using an in-network provider.

The HSA plan options have "aggregate" deductibles. This means that if you choose to cover family members under an HSA-eligible plan option, the *family* deductible (for example, \$5,800) must be met before the plan option will begin to pay benefits for *any* covered individual; in this case, individual deductibles do not apply.

You can use your HSA to pay for eligible expenses tax-free. (Note that while all HSA deposits and earnings are free from federal taxes, state and/or local taxes may apply. Consult with your accountant for details.)

Q. How do I contribute to an HSA?

A. If you are eligible to contribute to an HSA, there are several ways to do so, including before-tax and/or after-tax contributions:

- **Before-tax contributions.** You may elect to contribute to your Fidelity HSA through automatic payroll deductions before federal — and, in many cases, state and local — taxes are taken out. (Consult with your accountant for details.) You can elect your payroll contribution amount through the benefits enrollment process and may change it at any time (changes are effective within one to two pay cycles). Contributions made through payroll deductions are exempt from FICA tax. You may want to consider contributing the money you save on the lower premiums associated with choosing an HSA-eligible plan option. Over time, that money has the potential to grow tax free — while you save to pay for future qualified medical expenses.
- **After-tax contributions.** At any time, you may make an after-tax contribution to your Fidelity HSA by check or by transferring money online between your bank and Fidelity by electronic funds transfer. After-tax contributions are tax deductible to the extent you do not exceed your allowable contribution limit. (Consult your tax advisor for details.)

Q. How much can I contribute to an HSA each year?

A. For 2017, the IRS has set a \$3,400 limit for individual coverage and a \$6,750 limit for family coverage, including all IBM contributions, employee contributions and Commit to

Health Incentives. (If you are age 55 or older), you can also contribute up to an additional \$1,000 “catch-up” amount. Any catch-up contribution from your spouse age 55 or older must be contributed to his or her own HSA, outside of payroll deductions, see next question.

Please note: IBM reduces the maximum payroll deduction to account for IBM contributions, the Jump Start contributions, and the Commit to Health Incentives. For 2017, the maximum payroll deduction you can make is \$5,150 for an HSA with family election and \$2,600 for an individual HSA election. This allows you to contribute the maximum possible contribution with the least out-of-pocket dollars. The chart below shows how IBM contributions help reduce the amount you have to contribute.

	Individual HSA election	Family HSA election
Maximum Payroll Deduction	\$2,600	\$5,150
Total IBM Contributions (made of up of the following)	\$ 800	\$1,600
IBM Contribution	\$250	\$500
Jump Start Contribution	\$250	\$250
Commit to Health Incentives	\$300	\$850
Total Contributions*	\$3,400	\$6,750

*Note the Total contributions are equal to the IRS maximum.

Q. How can I make "catch-up" contributions to my HSA if I am age 55 or older?

A. A. If you are age 55 or older, you can contribute up to \$1,000 “catch-up” contributions (above the IRS limit of \$3,400 for individuals and \$6,750 for families). Any catch-up contribution must be made directly by you into your Fidelity HSA account. You cannot make catch-up contributions by using Payroll deductions. To make a catch-up contribution, you should contact Fidelity

You may make after-tax contributions to your Fidelity HSA online or by check at any time. Contributions can be made through transfers from a Fidelity account or an outside bank account. After-tax contributions are federal income tax deductible to the extent that total contributions, including any contributions made by you, your employer, or third parties, do not exceed your maximum annual contribution limit. Generally, you may make after-tax contributions until your federal tax-filing deadline (not including extensions), which is usually April 15 of the following year.

- Make your check out to Fidelity Brokerage Services LLC.
- Include your account number and the contribution year to which it should be applied.
- Mail your check, along with a deposit slip, to:

Fidelity Investments
 PO Box 770001
 Cincinnati, OH 45277-000

Be sure to include a deposit slip for efficient processing. If you do not already have a deposit slip for your HSA, you can print a generic deposit slip or request preprinted deposit slips with your account number from Fidelity.com.

If you have questions, please call the IBM Employee Services Center at 800-796-9876 (TTY: 800-426-6537). ESC representatives are available Monday through Friday (excluding New York Stock Exchange holidays) between 8:30 a.m. and 8:30 p.m. Eastern time.

Q. How do I pay for expenses using the HSA?

A. There are multiple ways to use your HSA for payment or reimbursement of qualified medical expenses, including:

- Fidelity HSA debit card.
- Fidelity BillPay® for Health Savings Accounts.
- Fidelity HSA checkbook.
- Pay out of pocket.

Q. Can I take the money out of my HSA anytime I want?

A. Yes. You can withdraw from your account at any time, tax-free and without penalty, to pay for qualified medical expenses. If you withdraw funds for other purposes before you are age 65, you'll pay income taxes on the withdrawal plus a 20% penalty.

Note that while all HSA deposits and earnings are free from federal taxes, state and/or local taxes may apply. Consult with your accountant for details.

Q. At retirement, can I roll the balance over into my 401(k) Plus Plan?

A. No.

Q. What happens to the balance in my HSA when I turn age 65 and enroll in Medicare?

A. Once you enroll in Medicare, you are no longer permitted to make contributions to your HSA. However, you can still withdraw HSA funds on a tax-free basis to help pay for medical costs not covered by Medicare. (Note that while all HSA deposits and earnings are free from federal taxes, state and/or local taxes may apply. Consult with your accountant for details.) These costs can include deductibles and copayments that you normally have to pay out of your own pocket. You can also use your HSA funds to pay the premiums for certain Medicare coverage.

If you have retiree health benefits through IBM, you can also use your account to pay for your share of retiree medical insurance coverage.

Once you turn age 65, you can use your account to pay for non-medical expenses, but the amount withdrawn will be taxable as income. Individuals under age 65 who use their accounts for non-medical expenses must pay income tax and a 20% penalty on the amount withdrawn.

Prescription Drugs

Q. Has the IBM Managed Pharmacy Program changed in 2017?

A. Your coinsurance and per-prescription maximums have not changed for 2017. There are some changes to the medications covered by the program; for details, see below.

Q. Is there a difference in prescription drug coverage among the active IBM plan options?

A. The coinsurance and per-prescription maximums are the same for all active plan options. Keep in mind that those enrolled in an HSA plan option will pay 100% of the negotiated cost of the medication until they meet the deductible (except for certain preventive drugs).

Q. Are there changes to the CVS Caremark formulary (list of covered drugs) for 2017?

A. Yes. CVS Caremark continues to review and revise their formulary management strategy to address emerging cost drivers with new, market-leading enhancements. As a result of these strategies, several medications are being removed from CVS Caremark's formulary beginning Jan. 1, 2017. There are preferred medication options available for the removed medications – often at a lower cost to you and IBM. Members who are currently taking one or more of these medications will receive a letter in the mail from CVS Caremark by mid-November. If there is a medically necessary reason to continue with the same medication, your doctor can file for a prior authorization with CVS Caremark. If approved, the medication will be covered under the IBM Managed Pharmacy Program at the non-preferred brand coinsurance (after the deductible is met for those in an HSA plan option).

Visit caremark.com/ibmactives for details on the 2017 medication changes and the 2017 coinsurance modeling tool prior to Jan. 1, 2017. After Jan. 1, sign into caremark.com for the most up to date information. Lists include:

- Formulary Drug List
- Preventive Drug List
- Specialty Drug List
- Drugs which will require a Prior Authorization
- Drugs which require Step Therapy

If you have questions, call the Customer Care team at CVS Caremark at 855-465-0030.

Q. Are flu shots and shingles vaccinations covered when administered by a pharmacist?

A. Yes. Flu shots and shingles vaccines are available and covered at all participating CVS Caremark pharmacies — both the vaccine and the administration of the vaccine. Note that for all other covered vaccines, only the vaccine is covered when administered by a pharmacist, not the administration of the vaccine.

Shingles vaccines are considered preventive for people 50 and older. Zostavax (the ingredient of the shingles vaccine) has a high cost and requires special handling. For that reason, not all pharmacies store Zostavax. Pharmacies that participate in the CVS Caremark vaccine network can be found by accessing caremark.com using the pharmacy locator tool (found on the top right side of the home page). Vaccine participating networks have a syringe icon to the left of the pharmacy name. To save yourself a trip to the pharmacy, contact your pharmacy and ask them if they carry Zostavax prior to bringing in your prescription.

Q. Why is administration of the flu vaccine at CVS Caremark covered, but not other vaccines?

A. Flu vaccines are already being delivered in multiple non-medical sites including pharmacies, health departments, and employer sites. This practice is well accepted and its safety has been established.

Many non-seasonal (non-flu) vaccines require evaluation of medical history and risks, as well as a method of follow-up; as a result, these vaccines must be administered in a medical setting. In addition, some states prohibit pharmacists from administering any vaccine other than the flu vaccine.

Tobacco Cessation

Q. What can I and/or my spouse/domestic partner do to avoid the tobacco surcharge?

A. Tobacco/nicotine users can complete the cessation program offered by their health plan administrators in order to be reimbursed for the surcharges paid, as long as the program is completed by June 30, 2017. See the program details in your enrollment guide (available on NetBenefits) for specifics on how to access, complete, and report your program completion.

Q. How does the tobacco cessation program work?

A. The cessation program will include telephonic coaching with a qualified health coach who will help you develop a 12-week cessation or maintenance plan, point you to useful resources to support your efforts, and provide follow-up coaching calls. You must complete at least three total calls with the coach in order to qualify for a refund of your tobacco surcharge payments. These calls are typically around 30 minutes in length. There is no cost to you or your family members to participate in the program.

Please note: if you are hearing impaired and telephonic coaching is not an option for you, you may call the ESC for an alternative to complete program requirements.

In addition, if your health care provider advises that participating in a tobacco cessation program is medically inappropriate for you due to a health factor, you should call the ESC to initiate a medical review of your situation.

See the program details in your enrollment guide (available on NetBenefits) for specifics on how to access, complete, and report program completion.

Q. How does IBM know if someone is using tobacco? Isn't that violating medical privacy?

A. IBM is relying on the honesty of our employees to answer yes or no; the company is not checking up on the accuracy of the answer.

Telemedicine, Retail Walk-in Clinics and Urgent Care Facilities

Q. How do I access telemedicine?

A. You can connect by video over the internet or smart phone app, or by phone. Visit CaféWell to watch a video that explains telemedicine and walk-in clinics. You can also create your personal telemedicine account through your health plan. Go to CaféWell for information and to enroll.

Q. Is telemedicine access the same for all health plans?

A. No, each plan has its own site and app. Each varies a bit (whether you can choose a provider based on profile, immediate connection or call back, ability to make an appointment for a later time, etc.).

Q. Is there a fee for using telemedicine?

A. There is no charge for telemedicine under most IBM plans after you meet your deductible. For those in a health plan with an HSA, the fee varies by health plan administrator and is between \$40 and \$50 per visit, until you meet your plan deductible. For those in an HSA plan in 2017, IBM will put money in your HSA for the full cost of the visit (up to two visits per family). This applies if you have not yet reached your annual deductible. Once you have met your deductible there is no out of pocket expense for using telemedicine.

Q. Can I see a doctor at retail walk-in-clinics?

A. Retail walk-in clinics, such as CVS MinuteClinic®, are typically staffed by nurse practitioners and physician assistants who specialize in family health care. These clinics deliver convenient (often open on weekends and evenings), cost effective care and will be covered by the IBM Medical plan options the same as a primary care office visit. For those in an HSA plan in 2017, IBM will deposit money in your HSA up to the full cost of the visit (up to two visits per family). This applies if you have not yet reached your annual deductible. Once you have met your deductible there is no out of pocket expense for using Retail Clinics.

Q. Who manages retail walk-in-clinics, in addition to CVS?

A. Retail walk-in clinics are run by numerous companies including Target, Walmart, Duane Reade, Walgreens, and other smaller retail pharmacies. Ensure the retail pharmacy you are visiting participates in your health plan administrator's network.

Q. Can I receive money in my HSA account for using telemedicine and retail walk-in clinics?

A. In 2017, you can use up to two telemedicine visits and up to two in-network retail walk-in clinic services (for example, those typically found in large pharmacies, such as CVS MinuteClinic®) per family and receive money in your HSA up to the health plan's full allowed amount of the visit. If you receive this money, the amount you are permitted by law to contribute to the HSA will be reduced by the amount of the credits. You will have to monitor your own HSA payroll contributions to ensure you do not exceed the 2017 federal limit.

Q. Is there a difference between a retail walk-in clinic and an urgent care facility?

A. Yes. Urgent care is focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent care centers primarily treat

injuries or illnesses requiring immediate care, but not serious enough to require an ER visit. Urgent care centers are distinguished from similar ambulatory healthcare centers such as emergency departments and convenient care clinics by their scope of conditions treated and available facilities on-site. Urgent care centers are usually not open 24-hours a day. The new benefit coverage for retail walk-in clinics is not available at urgent care centers.

Q. Is an urgent care visit covered the same as a primary care office visit, like a retail walk-in clinic visit?

A. No.

IBM Dental Basic and Dental Plus Plans (MetLife)

Q. What are the dental plan design changes for 2017?

A. The plan design changes for 2017 are as follows:

- The Out-of-Network deductible of \$50 has been eliminated.
- The frequency limitation for Scaling and Root Planning is now 1 per 24 months per unique quadrant.
- Type A procedures, also known as Diagnostic or Preventive Care procedures, are now covered at 100% of Reasonable and Customary charges when utilizing an Out-of-Network Provider.
- Procedures performed by an Out-of-Network Provider are now covered at the 80th percentile of the Reasonable and Customary charge.
- Coordination of Benefits (COB) has been improved from Non-Duplication to Full COB.

Q. What is the Difference between the Basic and Plus Dental Plan?

A. The Basic option provides basic coverage for preventive, diagnostic and basic restorative care only, up to a \$500 annual benefit limit per covered person. The Plus option offers participants the opportunity to increase their dental benefits to cover more extensive dental treatment, including preventive, diagnostic, basic restorative, major restorative and orthodontia care, up to \$2,000 per covered person per year; orthodontia care is limited to a lifetime maximum up to \$2,500 per covered person.

Q. How does the elimination of the Out-of-Network deductible impact me?

A. By eliminating the deductible for Out-of-Network procedures, members will no longer need to pay \$50 out of pocket before the plan starts covering benefits.

Q. What does coverage at the 80th percentile of Reasonable and Customary charges mean?

A. For procedures performed In-Network, there are negotiated fees that all providers are required to charge depending on procedure type. When a member treats with an Out-of-Network provider, those negotiated fees do not apply. In lieu of those negotiated fees, benefits are paid based on Reasonable and Customary charges (R&C). R&C is the lesser of the dentist's actual charge, the dentist's usual charge for the same or similar services, and the usual charge of most dentists in the same geographic area for the same or similar services. Starting January 1, 2017, benefits will be issued based on 80% of that R&C fee rather than at 90% of that R&C fee. The member would be responsible

for any difference between what the plan paid and what the Out-of-Network provider charges.

Q. I started a procedure in 2016 but it will be finished in 2017. How will my claim be handled?

A. If you are using an In-Network provider, there will be no change in your claim handling for 2017. For members in treatment for procedures spanning 2016 and 2017, a transition benefit may be available if you are treating with an Out-of-Network provider. Contact MetLife to see if you qualify.

Q. How does the change in Coordination of Benefits impact me?

A. Coordination of Benefits is a cooperative claim payment between two or more insurance carriers that applies when a member is covered under more than one plan. Starting January 1, 2017, if a member has a plan, other than under IBM, as their primary Dental insurance, MetLife will evaluate paying the difference between what the primary insurance paid and the allowable fee for that procedure under the IBM plan. This method can result in up to 100% reimbursement. Prior to January 1, 2017, MetLife would only evaluate paying the difference between what the primary insurance paid and what MetLife would have paid had there been no other insurance. For more information, please contact MetLife.

Q. What is Scaling and Root Planing?

A. Scaling and Root Planing is a treatment for gum disease that involves cleaning between the gums and the teeth down to the roots. The procedure often involves removing plaque, hard deposits, or cementum and/or dentin, which are layers of bony tissue that cover portions of teeth.

Q. How does the change in Scaling and Root Planing impact me?

A. Prior to January 1, 2017, the frequency limitation for Scaling and Root Planing was 2 per calendar year. Starting January 1, 2017, the frequency limitation for Scaling and Root Planing is 1 per 24 months per unique quadrant. Quadrants are divisions of the jaw that are formed by an imaginary line that passes between the central incisors in each arch and divides the arch in half. There are four quadrants in the mouth (two per arch) that divide the mouth into four equal parts.

Q. I heard the MetLife Dental plan is now fully insured, what does this mean?

A. The plan being fully insured does not affect benefits or how claims are paid. The most noticeable differences to participants will be that MetLife will issue plan design documents and handle second level appeals starting January 1, 2017.

IBM Vision Plan

Q. What is the difference between the IBM Vision Plan and the EyeMed Discount Plan?

A. If you choose the IBM Vision Plan from Anthem Blue View VisionSM, you will be enrolled in a fully-insured option that provides benefits for a comprehensive eye exam, eyeglass frames, and eyeglass lenses or contact lenses. Benefits are available both in and out of the Anthem network; you pay a copay for most services received out of

network. Discounts on many non-covered items are also available from participating providers. The EyeMed Discount Plan provides you with discounts on eye exams and eyewear at participating EyeMed Vision Care® providers.

Q. How do I find more information about the EyeMed Discount Plan?

A. A detailed description of the EyeMed Discount Plan is available in the reference library. (See the document titled “EyeMed Vision Discount Plan.”) You can also learn more by visiting www.eyemed.com. Discount Plan members do not register or login to the website to view vision plan details. Follow this path to find detailed information.

1. Visit www.eyemed.com
2. Click on Member Login
3. Scroll down to Discount Plan Members and choose the letter “I” to the IBM Vision Discounts
4. Click IBM Vision Discounts link

Q. Will I get an EyeMed Discount card?

A. No. Effective January 1, 2017, hard copy ID cards are no longer available. Visit the reference library to print a detailed description of the vision plan and a soft copy ID card. (See the document titled “EyeMed Vision Discount Plan.”)

Q. Do I need an EyeMed Discount card in order to use my discount?

A. Presenting an ID card is not required to receive the EyeMed Vision Discount. Simply tell the provider you have the EyeMed Discount Plan through IBM. The IBM EyeMed Vision Discount Group Number is 9245416. If you prefer to have an ID card, simply visit the reference library, search for the document titled “EyeMed Vision Discount Plan,” and print a soft copy ID card.

Q. How do I find an EyeMed provider?

A. You can locate a provider in the EyeMed network online at www.eyemed.com (select “Access network”) or by calling 855-245-0621.

Q. What types of discounts are available with the EyeMed Discount Plan?

A. The plan provides discounts of up to 40% on frames, lenses, lens options and contact lenses, plus a discount on an eye exam, when you use participating EyeMed providers.

Q. Does the EyeMed Discount Plan offer out-of-network benefits?

A. No. Discounts are only available from EyeMed network providers.

Q. Are there any annual maximums or limits on discounts available through the EyeMed Discount Plan?

A. Discounts are unlimited with the EyeMed Discount Plan. You can use your discounts as often as you like.

Long-Term Disability (LTD)

Q. Why did my LTD contribution change?

A. There are a number of reasons why your LT contribution may have changed. Rates are based on five-year age bands and your salary. If you cross an age band in 2017 or

you have an increase in salary, then you may see an increase to the premium you pay for the LTD coverage. The rate IBM sets each year for its LTD plans are based on how each plan is performing financially. For plans where the financial performance is favorable, a rate decrease has been set for 2017. For plans where the financial performance is not favorable, a rate increase has been set for 2017. For plans where the financial performance is on target, rates will continue unchanged in 2017.

In short, the following rate changes will occur for IBM's LTD plans in 2017:

- < 5 Years of Service Core (50%) Plan: +25%
 - > 5 Years of Service Core (50%) Plan: -5%
 - < 5 Years of Service Buy-up Plan (66 2/3%): Renew at Present Rates
 - > 5 Years of Service Buy-up Plan (66 2/3%): -20%
-

Best Doctors

Q. Who is eligible for Best Doctors?

A. As of January 1, 2017, Employees and covered family members are eligible through one of the IBM self-insured medical plans, *EPO and all PPO healthcare plans - including those with HSAs - administered by Aetna, Anthem, Health Partners, MVP Health or UnitedHealthcare*

In 2016 Best Doctors is currently operating with Anthem and MVP. If you are not sure if you are eligible, contact your medical plan carrier.

Q. I am in an HMO or a plan administered by a different carrier. Can I use Best Doctors?

A. No. *IBMers in HMOs or other medical plans are not eligible because those plans evaluate and contract for these types of services separately.*

Q. Where can I get more information on the NEW Watson Health oncology offerings?

- Watson for Oncology
- Watson for Clinical Trials Matching
- Watson for Genomics

A. To learn more, visit the Watson Health oncology offerings [FAQ document](#)

Still need help? If you cannot find your question in the Q&A package or require more immediate support, please contact us at ibmhelp@cafewell.com or by phone at 1-844-231-0027.