

Ranir Associate ToolKit

2021 Open Enrollment (OE) – What’s Next?

Frequently Asked Questions

Find information at (starting January 1, 2021):

Perrigo Benefits Center <i>For all benefit information</i>	https://benefitscenter.perrigo.com (24 / 7, except Sundays 3:00 a.m. – 12:00 p.m. EST) 800.974.5176 or online chat (Monday – Friday, 8:00 a.m. – 7:00 p.m. EST) <i>Key dates: elect benefits within 30 days for new hires; 31 days for life events</i> <i>Dependent & life event verification: due within 5 – 7 weeks of the date requested</i>
HEALTHYyou <i>For well-being information</i>	https://perrigo.limeade.com 855.439.4534 or email: support@limeade.com <i>Key dates: program start in early January; program end, November 30</i>

MEDICAL & PRESCRIPTION

1. When will I receive my new medical and prescription cards?

Your new benefit cards will arrive by December 31, 2020 to your address on file. If you require additional cards, you can reach out to each of our vendor partners to request (contact information is available on page 35 of the Total Rewards Guide). Most vendor partners send information/cards, but some may not. We’ve outlined those key vendor partners below:

- Vision (vendor: VSP): please present yourself as a VSP Choice member at a participating office
- HEALTHYyou (vendor: Limeade): please register you (and your insured spouse) at <https://perrigo.limeade.com>
- Employee Assistance Program (vendor: Magellan): please call 800.424.5306 or www.magellanascend.com
- 401K (vendor: Vanguard): please call 800.523.1188 or www.vanguard.com/retirementplans
- Life Insurance (vendor: Reliance): in the event you (or insured family member) passes, Benefits will support
- Disability (vendor: Reliance): in the event you need to file a claim, please work with your HR Manager
- Pet care discounts (vendor: Pet Assure): please call 888.789.7387
- Legal plans (vendor: Met Life Legal): register at www.legalplans.com (ID # 6090646)
- Critical Illness & Cancer or Accident (vendor: Manhattan Life): please call 855.448.6982

2. When does the spousal surcharge apply?

The spousal surcharge applies when and if your spouse enrolls in a Perrigo medical / RX plan and is eligible for coverage through his/her employer (regardless if s/he is enrolled). The surcharge only applies to eligibility in another employer’s plan and does not apply to Perrigo spouses, Tri-Care, Medicare/Medicaid, or other non-employer plan. You may adjust your surcharge declaration at any time through the Perrigo Benefits Center (<https://benefitscenter.perrigo.com>). Mercer will send a Surcharge Verification to you and your spouse (at your address on file). Please complete or the surcharge will be re-instated.

3. My healthcare provider doesn't accept Blue Cross Blue Shield of Michigan (BCBSM), what now?

Blue Cross Blue Shield is nationally known for its expansive participating provider network so we're confident your provider may be participating. We understand "Blue Cross Blue Shield of Michigan" may create confusion, but if your provider accepts Blue Cross Blue Shield, they are considered a participating provider. You can find out if your provider participates by searching at www.bcbsm.com, calling 866.684.8213, or inquiring with your provider directly.

In the small event that your provider does not participate, our medical plans allow for out-of-network coverage. Learn more by reviewing the Benefits-at-a-Glance (BAAG) on the Perrigo Benefits Center.

Additionally, if your provider doesn't participate and you or your family are undergoing sensitive care, i.e. high-risk pregnancy, Hospice care, chemotherapy, or others), please let us know. We can make special arrangements for the transition to ensure your disruption is as minimal as possible. Please contact BCBSM directly at 866.684.8213.

4. Do I have to use CVS/caremark for my prescriptions?

If you are taking maintenance medication (i.e. high blood pressure, high cholesterol, diabetes), YES, you will need to use CVS/caremark pharmacies, Target stores, or if you live in Michigan, the Meijer store (Plainwell, MI **only**) for 90-day prescription fills. You can use CVS retail locations or CVS mail. Additionally, as you use CVS/caremark for your 90-day / 3-month prescriptions, it will only cost 60-days/2-months co-payment (note: if you are enrolled in the CDH plan, co-payments apply after your deductible has been met).

Due to their complex nature, most retail pharmacies do not dispense Specialty medications. You must always use CVS/Specialty Pharmacy.

For all other medications, you can use participating pharmacies within the CVS/caremark network, which may include Wal-Mart, Walgreens, Rite-Aid, and others. Please work with your pharmacy to confirm they participate, and you can also search at www.caremark.com.

5. Where is a list of maintenance medications?

You can call CVS/caremark to inquire at 800.552.8159 or refer to the list of maintenance medications available on the Perrigo Benefits Center (after January 1, 2021).

6. How do I set-up maintenance medications with CVS/caremark?

Initially ask your doctor to fill a 34-day supply. This can be filled at any local participating pharmacy of your choice. If the medicine works for you and your physician, subsequent refills will need to be filled at CVS retail, CVS mail-order, Target, or Meijer (Plainwell, MI **only**) by:

- After your 34-day supply, ask your physician for a 90-day prescription
- Please complete the Mail-Service Order Form (at www.caremark.com or call 877.321.2652)
- Your order will be sent to CVS retail, via CVS mail, Target, or Meijer (Plainwell, MI **only**)

7. What is Specialty Medication / Specialty RX?

Specialty Medication / RX are complex medications, often injectables, that treat rare conditions like MS. If you or your family member take Specialty Medication, you can fill those through CVS/caremark's Specialty program. Please call

800.552.8159 to register. If you're uncertain if your medication is considered a Specialty Medication, CVS/caremark can also assist you in clarifying.

8. Who is Prudent RX?

PrudentRX is our vendor partner that will work with you or your family member in finding Manufacturer's coupons to cover your Specialty Medication at 100% (otherwise, your cost is 30%). This only applies to members enrolled in our PPO and Value PPO medical plans. If you're enrolled in the CDH Medical Plan, standard co-payments (Tiers I – III apply after deductible) due to IRS regulations.

9. My pharmacy doesn't accept CVS/caremark, what now?

The CVS/caremark network is national and we're confident you will be able to find a participating pharmacy near you at www.caremark.com.

10. How long can my dependents stay on my medical plan?

Your dependents can remain enrolled up to age 26 (midnight the day before their 26th birthday). This applies to medical, prescription, dental, vision, life insurance, and all other plans offering dependent coverage. Your dependent may have an opportunity to continue healthcare benefits beyond their 26th birthday in the following instances:

- Through your group coverage: if they meet the definition of disabled (by BCBSM) before age 19
- Through COBRA coverage (up to 36 months): if enrolled in medical, prescription, dental, and/or vision

11. Is _____ covered under the medical plan?

You can find out if your service is covered under the medical plan in many ways:

- Your physician's office can work with BCBSM Physician Services to confirm (this is the recommended approach)
- You can call BCBSM customer service at 866.684.8213
- Or, you can connect with Mandy Bush, our dedicated BCBSM rep during her scheduled hours
 - Her day/hours are posted each month through email and on posting boards

12. Do I need to notify my doctor and pharmacy of the change?

Yes, please notify your healthcare providers (doctor, hospital, labs) as well as your pharmacy of your change in benefits. Please also take the opportunity to confirm they accept Blue Cross Blue Shield and CVS/caremark. They will request copies of your updated benefit cards and those will arrive by the end of December 2020.

13. Where can I find information on my / my family's medical and RX costs?

To access your and your family's benefits, eligibility, and claims information, you can create profiles at www.bcbsm.com (for medical) and www.caremark.com (for prescriptions). You and your insured spouse/dependents (12 years old or older) are also eligible for the Perrigo Medical Center (PMC) in Allegan, MI and can create a profile at www.mypremisehealth.com.

Note: anyone age 18+ will need to create their own accounts due to privacy.

14. How can I find out how much my prescription may cost through CVS/caremark?

You can call CVS/caremark at 800.552.8159 and request coverage and cost information from the customer service rep (introduce yourself as an enrollee in the Perrigo plan, effective January 1, 2021).

15. Why is the RX list changing from Priority Health to CVS/caremark?

Each pharmacy benefit provider uses their own list of approved drugs, and there may be differences between them. This can include different co-payment levels (i.e. brand or non-preferred brand) or covered drugs. CVS/caremark is confidentially analyzing your Priority Health prescriptions (with data as of mid-October) and will notify you by mail in mid-December 2020 of any disruption. Within the letter, CVS/caremark will also include suggested alternatives to discuss with your physician.

16. Where is a list of Perrigo-manufactured medications?

Our benefit program will cover certain Perrigo-manufactured medication at 100% (for members enrolled in the CDH plan, this applies after the deductible has been met). This list is available on the Perrigo Benefits Center, and you can also call CVS/caremark at 800.552.8159.

17. What if I have 2020 claims; do I submit those to Blue Cross Blue Shield?

Please ask your providers to submit any claims on or before 12/31/2020 to Priority Health. Priority Health will continue to process any 2020 claims.

18. What other benefits are available to my family and me under the medical plan?

In addition to medical and prescription coverage, enrollment in the medical plan also gives you and your family the opportunity to access:

Benefit	Description
Livongo Hypertension Care	If you or your enrolled spouse has been diagnosed with hypertension, access a blood pressure cuff, 24/7 coaching, and more at no-charge
Livongo Diabetes Care	If you, your enrolled spouse, or your enrolled dependents has been diagnosed with type-1 or type-2 diabetes, access a blood glucose meter, test strips/lancets, 24/7 coaching, and more at no-charge
Premise Health Primary Care Support	As an employee, you have automatic access to our Perrigo Medical Center (PMC) in Allegan, MI; if your spouse and dependents (12 years old or older) are enrolled in a Perrigo medical plan, they also have access to the PMC (standard office visits charges may apply)
Blue Cross Online Visits	Access to board-certified physicians 24 / 7 for you and your insured family members. Cost of visits for the PPO and Value PPO plans are \$10 / each; if enrolled in the CDH, \$59 / each
Blue Cross Blue Shield Dedicated Rep	Mandy Bush, from Blue Cross Blue Shield of Michigan, is dedicated to Perrigo on certain days and times each month; she can assist with coverage, claims, and eligibility questions.
Healthcare Bluebook	Find high-quality, fair-priced providers for certain healthcare services near you. You can also earn \$25 - \$100 rewards for key services.

19. What is Livongo?

Livongo is one of our well-being vendor partners who can support you and your family members, if enrolled in any one of our Perrigo medical plans. Livongo provides support for hypertension and diabetes diagnoses and additional information is available on page 14 in the 2021 Total Rewards Guide:

Description	Livongo Hypertension	Livongo Diabetes Care
Eligible	Your and/or your spouse, if enrolled in a Perrigo medical plan	You, your spouse, and/or your dependents, if enrolled in a Perrigo medical plan
Included	Blood pressure cuff, app, 24 / 7 coaching, recipes and other additional resources, and analytics to share with your physician and family (if desired)	Blood glucose meter, test strips, lancets, 24 / 7 coaching, recipes and other additional resources, and analytics to share with your physician and family (if desired)
Cost	No additional charge (included with medical plan enrollment)	No additional charge (included with medical plan enrollment)

20. What services are provided at the Perrigo Medical Center (PMC) in Allegan, MI?

The PMC provides similar services as a traditional physicians' offices, and is staffed with Premise Health employed Medical Assistants, Nurse Practitioners, Physicians, and well-being support staff. They can support you with primary care consultations, chronic condition management, vaccinations, preventive care, and more. As part of our HEALTHYyou program, the PMC can also complete biometric exams at no-charge. The PMC often has same-day or next-day appointment availability, Monday – Friday 6:00am – 4:30pm with extended hours on Thursday to 6:00pm.

21. What is telemedicine through Blue Cross Online Visits?

It's convenience and affordability for your doctor visit needs! If you're enrolled in a Perrigo medical plan, telemedicine, through Blue Cross Online VisitsSM, is a way to engage with US board-certified doctors, 24/7 and 365 days a week for all enrolled family members, of all ages (including under age 2)! Through Blue Cross Online Visits, you can get general medical services for minor illnesses such as cold, flu, allergies, sore throats, and more.

You and your family are automatically enrolled if you are enrolled in a Perrigo medical plan. Cost for visits are:

- PPO Plan: \$10 each visit
- CDH Plan: \$59, then 20% (or just under \$10) once your deductible has been met

Blue Cross Online VisitsSM are accessed through your mobile phone, computer, regular phone, or tablet at any time (www.bcbsonlinevisits.com). We encourage you to download the app and register, in advance (though not required). It's available through Google Play and the Apple App Store.

22. Where can I find Mandy Bush will be available for questions?

Benefits publishes a monthly flyer available on the Perrigo Benefits Center and your local posting board (you'll see the flyers beginning in January). In the interim, if you have questions during times when Mandy Bush isn't available, you can call Blue Cross Blue Shield of Michigan customer service at 866.684.8213.

23. What is Healthcare Bluebook?

Healthcare Bluebook is one of our vendor partners (not directly affiliated with Blue Cross Blue Shield) that provides a cost transparency tool available to you and your enrolled family members. The tool allows you to find high-quality, Fair-Priced

providers for certain medical services near you. You can also earn cash rewards \$25 - \$100 if you use a “green” provider for key services (outlined in the 2021 Total Rewards Guide).

24. What do I need to do for the dependent verification audit?

If you enroll a dependent (i.e., spouse, children), Mercer, who operates the PBC, will mail a request to verify your relationship. It will be mailed to your address on file. The deadline to respond to the verification request is 5 – 7 weeks from the date of the letter and they may request marriage certificates and/or birth certificates. Please respond by the noted deadline or your request(s) will be reversed without an opportunity to elect COBRA.

23. What is a life event verification audit?

If you request a change mid-year due to a qualifying life event (i.e., marriage, divorce, birth/adoption, loss/gain of coverage, etc.), Mercer, who operates the PBC, will mail a request to verify the event. It will be mailed to your address on file. The deadline to respond to the verification request is 5 – 7 weeks from the date of the letter and they may request documentation showing proof of loss / gain in coverage, divorce documents, and others. Please respond by the noted deadline or your request(s) will be reversed without an opportunity to elect COBRA.

24. What do I need to do for the spousal surcharge verification audit?

If you enroll a spouse and designate that the spousal surcharge isn’t applicable, Mercer, who operates the PBC, will mail a request to verify. It will be mailed to your address on file. The deadline to respond is 5 – 7 weeks from the date of the letter and they will ask your spouse to complete an attestation if you enrolled your spouse and indicated the surcharge does not apply. Please respond by the noted deadline or your request(s) may be reversed. The spousal surcharge can be adjusted anytime throughout the year, and credit/retro payments do not apply.

25. What happens if I don’t respond to the audit request from Mercer?

Your request will be reversed without an opportunity to elect COBRA. For example, if you hadn’t er

If you made this change, but didn’t verify	The following will occur
Added a spouse and/or child(ren)	coverage will be terminated, without COBRA
Removed a spouse and/or child(ren)	coverage will be reinstated
If you enrolled due to a loss of coverage	coverage will be terminated, without COBRA
If you unenrolled due to gaining other coverage	coverage could be reinstated

Your next opportunity to update will be at Open Enrollment, hosted in Oct/Nov with a January 1 effective date.

26. Other questions?

You can reach out to the Perrigo Benefits Center (800.974.5176, a language line available, including Vietnamese and Burmese) with questions, Monday – Friday 8am – 7pm ET. They can triage you to the appropriate vendor partner, who can support you with your questions. Online chat and the web site are available starting January 1, 2021.



DENTAL & VISION

1. What's changing with my dental plan coverage?

You and your family should see little disruption with your dental plan coverage in 2021 and may find the increased maximum (\$1,500 vs. \$1,000) per enrolled member as an additional benefit. Preventive care does not count towards the \$1,500 max either. Additionally, if you or a covered family member have periodontal disease, you may be eligible for a total of 4 (instead of 2) preventive cleanings per year.

Even though your dental coverage will still be managed by Delta Dental of Michigan, your group assignment is changing. Please let your dentists' office know by sharing your new Delta Dental card (arriving by December 31) or sharing group ID 1700.

2. What about the orthodontia coverage?

If you had utilized your orthodontia benefit through the Ranir plan (by December 31, 2020), because you are enrolled in a 'new' plan, you may be eligible for the Perrigo orthodontia benefit as well (starting January 1, 2021). Orthodontia coverage is available to dependents up to age 19 (18 and under). We encourage you to work with your orthodontist regarding your dates of service and confirm benefits by asking them to request a pre-authorization from Delta Dental (through the Perrigo group ID 1700) on your behalf.

3. When will I receive my benefit cards for dental and do I need to provide my card for my visit?

You will receive benefit cards by December 31 to present to your dentist's office or let them know your group policy is now under Perrigo (previously, Ranir). Some dentist offices may not require that you present your card.

4. Does my family or do I need to change our dentist?

No, you do not need to change dentist (unless not within Delta Dental's network). Providers within Delta Dental's network can change, so we do encourage you to double check with your dentist's office to confirm they still participate.

5. What if I have 2021 procedures scheduled; do I need to take any action because of the dental plan change?

If you have any upcoming 2021 procedures or services, we encourage you to ask your dentist (or orthodontist) to request an updated pre-authorization from Delta Dental under Perrigo's group # 1700 to confirm coverage and your out-of-pocket expenses.

6. What if my dentist has open 2020 claims?

For any dates of services on/before December 31, 2020, your dentist should continue to request and file those claims under your Ranir plan. Delta Dental will continue to process any 2020 claims under your Ranir plan. We encourage you to ask your dentist to review any open 2020 claims and close those out with Delta Dental by March 31, 2021.

7. What's changing with my vision plan coverage?

Even though we partner with the same provider, Vision Service Plan (VSP), your available benefits are treated as new benefit elections. There are three (3) vision plans to choose from to best support you and your family's needs.

- Basic – preventive exam only (every 12 mos), with discounts on materials
- Enhanced – preventive exam and materials (every 12 mos).
- Value – preventive exam (every 12 mos.) and materials (every 24 mos.)

8. Where are my benefit cards for vision?

With VSP, no benefit cards are required. You just need to present yourself as a VSP Choice member and provide your Social Security Number. Participating providers will bill VSP Choice on your behalf. You have the option to see a non-participating provider (outside of the VSP Choice network). The benefit levels are reduced (you can learn more on the PBC > Benefit Information) and your optometrist may require payment-in-full at the time of your visit.

9. Are safety glasses covered through Perrigo's VSP plan?

The safety glass program through VSP will end on December 31, 2020. Perrigo's Environmental Health and Safety (EH&S) manages our in-house safety glass benefit program. The program includes safety glasses every 24 months, and our EH&S teams will share additional details on this program in early 2021.

10. Does my family or I need to change our vision care provider?

Most likely, no you do not need to change. Providers within VSPs network can change, so we do encourage you to double check with your vision care office to confirm they still participate.

11. Who do I contact with additional questions?

You can reach out at any time to the Perrigo Benefits Center (800.974.5176) with questions. They can triage you to the appropriate vendor partner, who can support you with your questions.

HEALTHYyou WELL-BEING

Additional and detailed information will be shared the week of December 7 on active steps you and your insured spouse will need to take, starting in January. Thank you!

1. What is HEALTHYyou?

Benefits is more than just about insurance; it's about encouraging you to be mindful of your own self-care and well-being journey, and to provide well-being support and resources to you and your family. Our HEALTHYyou program focuses on 6 dimensions: Physical, Emotional, Financial, Work-Life, Community, and Educational.

Our program is voluntary, but insured associates can also earn HEALTHYyou points towards a HEALTHYyou Well-Being Reward (medical plan discount) for the remainder of 2021 and a HEALTHYyou Well-Being Reward for 2022. The program and its resources are available to all Perrigo associates, and all spouses enrolled in a Perrigo Medical Plan ("insured spouse").

Full program details will be available in our HEALTHYyou Well-Being Guide (published the week of December 7).

2. Does my family (spouse and/or children) need to participate?

We feel promoting well-being and providing resources for you and your family is important. To qualify for a HEALTHYyou Well-Being Reward (medical plan discount), your insured spouse is asked to meet the same Well-Being Reward level as you. Information on the activities will be included in the HEALTHYyou Well-Being Guide published in December (with action required in January for the 2021 plan year). We encourage you to share HEALTHYyou concepts you've learned with your child(ren), but they are not required to participate in HEALTHYyou to receive a Well-Being Reward (medical plan discount).

3. Am I eligible for a 2021 HEALTHYyou Well-Being Reward (medical plan discount)?

Yes, you are! You will automatically be awarded a full HEALTHYyou Well-Being Reward for the month of January. You and your insured spouse (if applicable) will need to complete certain HEALTHYyou activities in 2021 to continue your HEALTHYyou Well-Being Reward for the remainder of the year. If you complete these activities between January 11th and January 22nd, you will not see a disruption in your Well-Being Reward. If you complete the activities after January 22, your Well-Being Reward will begin within 1-2 payroll cycles after successful completion, going forward and continue until the end of the year.

You can continue earning HEALTHYyou points throughout the year (until November 30, 2021) to achieve a 2022 HEALTHYyou Well-Being Reward as well (more information will be shared in the HEALTHYyou Well-Being Guide, published in December 2020).

4. What do I have to do now?

In 2020, no action is required other than learning more about our HEALTHYyou program in December. The materials will explain in detail each action step you are asked complete in 2021. You can learn more about those, in an overview, within this FAQ document.

5. Do I need to complete a biometric screening or a Health Questionnaire for the HEALTHYyou Program?

You and your insured spouse (if applicable) do not need to complete a biometric screening and a health questionnaire ("Well-Being Assessment") to be eligible for a 2021 HEALTHYyou Well-Being Reward.

You and your insured spouse (if applicable) do need to complete a biometric screening and the Well-Being Assessment between 12/1/2020 – 11/30/2021 to be eligible for a 2022 HEALTHYyou Well-Being Reward. If you completed a biometric

screening in December 2020, contact HEALTHYyou Customer Service after 1/1/2021 for instructions on how to securely submit for the 2021 Well-Being Program (contact information on the top of page 1).

6. What is the monetary value of the HEALTHYyou Well-Being Reward (medical plan discount)?

The HEALTHYyou program has a Partial Well-Being Reward and a Full Well-Being Reward for Perrigo-insured associates. The medical plan discount you earn is dependent on the medical plan and level of coverage you enrolled in for the 2021 plan year. Please refer to the table in the 2021 Total Rewards Guide at the top of page 8 for more information.

7. How do I start with HEALTHYyou in 2021?

Once the program launches on 1/11/2021, you can visit <https://perrigo.limeade.com> to register each of your own personal accounts. On the landing page, click the blue “Get Started” button under “New to HEALTHYyou?” section, fill out all fields, and click “Find My Account.” If you have a Perrigo-Insured Spouse, please review the Spouse registration instructions on the right side of the landing page screen.

You can find detailed registration instructions in the HEALTHYyou Well-Being Guide, found on the Perrigo Benefits Center in December (<https://benefitscenter.perrigo.com>).

8. Are email addresses required for HEALTHYyou?

Yes, a unique email address is required for each participant to register into the program. For privacy reasons, you and your insured spouse (if applicable) cannot share the same email address for HEALTHYyou registration.

Because your email may receive weekly program notifications, important updates, and new activity announcements, we recommend you use an email that you check regularly. Feel free to register your Perrigo Company email address if available. Your registered email will only be used for the HEALTHYyou program. It will not be shared by HEALTHYyou to any other group for any reason.

9. What do I do if I forget my username and password?

The quickest solution is to use the “trouble signing in?” link found under the blue sign-in button on the HEALTHYyou landing webpage. Enter your email and click “send password reset email” for a prompt to update your password. You can also review the FAQ links found on the Sign-In Help webpage.

If you are still having issues logging in to your account, click the “contact us” link at the bottom of the Sign-In Help webpage. You can also contact HEALTHYyou Customer Service (contact information at the top of page 1).

10. I completed a HEALTHYyou activity, but I am not seeing my points.

Points for preventive care (dental, vision, mammogram, etc) are awarded by claims data and may take up to 90 days to be reflected in your account. If you do not see your points for preventative care activities after 90 days, contact HEALTHYyou Customer Service.

Other activities may be tracked manually and can take up to a week for points to be reflected. If you are not seeing your points reflected for these types of activities after one week, contact HEALTHYyou Customer Service (contact information at the top of page 1).

11. I just completed the New Hire requirements and I am not seeing my medical plan discount.

Medical plan discounts take 1-2 pays for processing. If you were added to the Perrigo Medical Plan on 1/1/2021 and completed the January well-being activities after January 22, you will see your discount reflected after 1-2 pay periods.

12. My Well-Being Reward (medical plan discount) seems to be incorrect or has been removed.

If you had a spouse added to the Perrigo medical plan in the middle of the 2021 program year and they have not completed the new hire requirements within 90 days, your medical plan deduction may have been reversed to the standard insurance rate. Have your spouse complete the new hire requirements (earn 500 points, no required activities) to see your discount reflected correctly within 1-2 pays. There is no back pay for missed incentive dollars.

If your well-being reward has been adjusted for any other reason, please contact HEALTHYyou Customer Service (contact information found at the top of page 1).

13. What do typical HEALTHYyou activities look like?

Throughout the year, as you work towards earning 500 or 1,000 HEALTHYyou points for a 2022 Well-Being Reward (medical plan discount), those activities can include:

- Completing a biometric screening with your primary care physician (required)
- Completing the Well-Being Assessment (required)
- Participating in mindfulness activities through Whil
- Reading about our Corporate Social Responsibility (CSR) and Diversity & Inclusion (D&I) strategies
- Learning about other 2021 Benefits options
- And many other activities focused on our key dimensions – physical, emotional, financial, work-life, community, and educational

All programs are voluntary. To earn a medical plan discount, you and your insured spouse need to equally achieve 500 or 1,000 HEALTHYyou points and complete the required activities (biometric screening and Well-Being Assessment) by November 30, 2021 to qualify for a 2022 Well-Being Reward.

14. I will plan on completing the New Hire Activities by January 22. Do these points apply towards my 2021 or 2022 Well-Being Reward?

Both! The New Hire activities you complete in 2021 will earn a Full Well-Being Reward for 2021 as well as earn HEALTHYyou points towards continuing your medical plan discount for 2022. Keep in mind that you (and your insured spouse) will need to earn points by November 30, 2021 in order to be eligible for your 2022 Well-Being Reward. More information will be shared in December in our 2021 HEALTHYyou Well-Being Guide.

15. What do I need to do in 2022?

We will publish our HEALTHYyou Well-Being Guide and program details/instructions in December 2021 for 2022.

16. When will I know more?

The HEALTHYyou program is closed in December to prepare for the new year. The new 2021 program will be available in early January 2021 and the HEALTHYyou Well-Being Guide will be published and presented in December.

HEALTH SAVINGS ACCOUNT

1. What is a Health Savings Account?

Perrigo will open a Health Savings Account (HSA) on your behalf based on your enrollment elections through the Perrigo Benefits Center (<https://benefitscenter.perrigo.com>). It lets you save pre-tax dollars towards your and your family's eligible healthcare expenses that rolls over every year. Perrigo will also contribute \$750 (employee only) or \$1,250 (2-person or Family) if you enroll in a Perrigo CDH plan (the amounts are pro-rated for employees/new hires enrolling mid-calendar year). Your family members do not need to be enrolled in your medical plan for you to use the HSA funds to pay for their eligible expenses.

Optum Bank, our HSA account vendor partner, explains it as, "An HSA is designed to work with a qualifying high-deductible health plan (HDHP). The money goes in tax-free, grows income tax-free and comes out income tax-free when you use it for qualified medical expenses. You can carry over unused funds from year to year and the account is yours to keep even if you change jobs, change health plans or retire."

2. I'm a newly enrolled/new hire and elected the CDH Plan, how much will Perrigo contribute to my HSA?

The amount that will be contributed by Perrigo will be pro-rated based on the annual HSA contribution of \$750 (employee only) or \$1,250 (2-person or Family). This will be deposited into your Optum Bank account (if eligible) within 30 to 60 days.

3. How do I open an HSA account with Optum Bank?

During Open Enrollment when you enrolled in the CDH plan, you also confirmed your HSA eligibility. If you shared that you were eligible, we will open an account with Optum Bank on your behalf. In certain instances, Optum Bank may reach out to you directly and request additional information before opening the account. If so, please respond within 30 days, otherwise your account and contributions will be delayed.

4. Can I adjust how much I contribute to my HSA at any time?

YES, you can adjust your contribution to your Health Savings Account any time throughout the year through the Perrigo Benefits Center (PBC) at <https://benefitscenter.perrigo.com> or 800.974.5176. Your update may take 1 – 2 payrolls to take effect.

5. Will I receive a debit card from Optum Bank?

Yes, and you can use it to pay for eligible healthcare expenses whether you or your dependents are or are not enrolled in a Perrigo medical plan. You can request additional debit cards by registering at www.optumbank.com, or call 844.326.7967. In the event you pay for healthcare expenses through your own (non-HSA) bank accounts, you can reimburse yourself directly at www.optumbank.com.

6. What are the monthly fees?

The monthly fees are paid 100% by Perrigo, so no cost to you. If you leave Perrigo, the account remains yours and the monthly fee of \$3.75 applies at that time.

7. What happens to my account if I leave Perrigo?

The account and the funds within it remain yours! There is a fee that Perrigo currently sponsors that may apply if / after you leave Perrigo (\$3.75 / month).

8. What do I do with my HSA account with Health Equity? Can I rollover the funds?

If you have an HSA with Health Equity or another vendor, you have a couple of options:

- You can leave your balance with Health Equity; a monthly fee will apply
- You can rollover your balance into a private Health Savings Account (with a bank of your choice)
- You can rollover your balance into your Perrigo HSA through Optum Bank (if you enrolled in the CDH plan)

A rollover from Health Equity can be initiated through your bank account at www.healthequity.com. If you have questions on how to set this up, please reach out to Health Equity customer service at 866.346.5800. There is no deadline and you can take action at your convenience. Note – an HSA account fee may apply starting in January.

9. I've heard I can invest with my HSA; where can I learn more?

Once your balance reaches \$1,100, you have the option to invest in several fund options through www.optumbank.com. You can learn more about these options at the Optum Bank website.

10. What healthcare expenses can I pay with my HSA?

Eligible healthcare expenses include doctor visits, labs, dental, orthodontia, vision, prescriptions, and much more. You can learn more about eligible expenses at www.optumbank.com under Help & Tools > Useful Links.

11. Are my dependents eligible to use the account?

Yes, and you can use the debit card to pay for eligible healthcare expenses whether you or your dependents are or are not enrolled in a Perrigo medical plan. You can request additional debit cards by registering at www.optumbank.com or call 844.326.7967.

Please keep in mind that your dependents can be enrolled in your medical plan up to age 26, but per IRS regulations, you can only use your HSA funds for dependents up to age 19, or age 24 (if they're a full-time student).

12. What do I need to do with my receipts? Do I need to file claims?

Unlike a Flexible Spending Account, you will not need to provide receipts to our vendor partner. However, you will be responsible for maintaining your own receipt archive in the event the IRS performs an audit or requests these of you. You can upload and track your receipts at www.optumbank.com.

13. If I switch to the PPO (or the Value PPO) plan, what happens to my HSA account?

The funds in your HSA account always remain yours and you can continue to spend the funds on eligible healthcare expenses for you and your dependents even when enrolled in the PPO or the Value PPO plan. Unenrolling from the CDH medical plan simply means that you can no longer contribute to your HSA.

14. What if I use my HSA funds for ineligible expenses?

If you withdraw funds or pay for services that are not eligible (i.e., personal items), these funds may be taxable and subject to a 20% penalty (reported on your year-end tax return).

15. Other questions?

You can reach out at any time to the Perrigo Benefits Center (800.974.5176) with questions. They can triage you to the appropriate vendor partner, who can support you with your questions.

FLEXIBLE SPENDING ACCOUNTS

1. What are Flexible Spending Accounts (FSAs)?

Flexible spending accounts, or FSAs, allow you to set aside earnings, before taxes, to pay for eligible expenses such as healthcare, childcare, and/or elder care expenses. You can enroll in an FSA at Open Enrollment (or due to a life event such as marriage, divorce, birth, etc.) and once effective (i.e. January 1, 2021), you have access to your full election (for healthcare FSAs; dependent care FSA funds are available as soon as they're withheld from your payroll).

2. I enrolled in an FSA at Open Enrollment, when will I receive my debit card?

If you elected to enroll in the Full Purpose or Limited Purpose FSA, Discovery Benefits (DBI), our vendor partner, will mail a Discovery Benefits / Wex debit card to your address on file by December 31, 2020. You can use the debit card to pay for eligible healthcare expenses whether you or your dependents are or are not enrolled in a Perrigo medical plan. Debit cards do not apply to Dependent Care FSAs. If elected, you will need to file reimbursement claims with DBI at www.discoverybenefits.com.

You can request additional debit cards by registering your FSA account at www.discoverybenefits.com or by calling 866.451.3399.

3. I have an FSA with Health Equity (through the Ranir benefit program); what happens to it after January 1?

You can continue to file claims with Health Equity through February 28, 2021 (for dates of service between January 1, 2020 – December 31, 2020). If you don't have any immediate expenses to be reimbursed, you can find eligible over-the-counter products at www.fsastore.com. Please file claims by February 28, 2021 at the latest as any remaining FSA funds through Health Equity will be forfeited.

4. DBI has requested back-up for my debit cards payments; why?

When you pay an eligible expense with your debit card, DBI may request copies of your receipts, per IRS regulations. Please respond to DBI as swiftly as possible. If DBI does not receive the requested information, they may inactivate your debit card until they receive it.

ADDITIONAL BENEFITS

1. What is the Perrigo Benefits Center (PBC)?

The PBC is your all-in-one access to everything benefits related. This can include benefit summaries, forms, plan documents, and contact information. The PBC can also be used to elect or update your benefits over the phone (800.974.5176), online chat, or via web (<https://benefitscenter.perrigo.com>). A language line (including Vietnamese and Burmese) is also available when calling. When electing benefits, there are key deadlines:

- New hires must elect benefits within the first 30 days; benefits are then effective on the 31st day
- Life events (i.e. marriage, divorce, birth, loss/gain of coverage, etc.) must be elected within 31 days; benefits are then retro effective to the date of the event

The PBC also verifies dependent relationships, life events, and spousal surcharges. Mercer, who operates the PBC, will mail a request to your address on file. Please respond by the noted deadline or your request(s) may be reversed.

2. How do I sign into the PBC?

- Go to <https://benefitscenter.perrigo.com>; the PBC utilizes Single-Sign-On technology
- If you are connected to the Perrigo network (onsite or via VPN), you will automatically be signed in
- If accessed outside of the Perrigo network, you can sign in with your Perrigo network ID and password
- If you need assistance, please call Perrigo TAG
- Please note the site is down on Sundays 3AM – 12PM EST (for regularly scheduled maintenance)

3. What are benefit enrollment deadlines?

- New hires must elect benefits within the first 30 days after their hire date; benefits are then effective on the 31st day
- Life events (i.e. marriage, divorce, birth, loss/gain of coverage, etc.) must be elected within 31 days of the life event; benefits are then retro effective to the date of the event

4. What benefits are included with the Employee Assistance Program (EAP)?

Our EAP benefits are focused on supporting your self-care through several ways, all available to you and your household family members at no-charge:

- Emotional well-being counseling sessions (up to 5 per year, per concern, per member)
- An initial financial consultation, including debit management
- An initial legal consultation, including traffic violations, divorce, will and trusts
- Work-life services, which include household estimates, finding child-care

You can access by engaging with our vendor partner, Magellan Health, at www.magellanascend.com (ID = Perrigo, or by calling 800.424.5306). All services are available 24/7.

Alma Muxlow, Perrigo's dedicated onsite counselor (located in Allegan, MI) is also available to support you and your

family. You can make an appointment with Alma by calling Magellan at 800.424.5306 and requesting her support.

5. What if I am in counseling sessions with Ranir’s Magellan Employee Assistance Program (EAP) before December 31, 2020?

If you or your family member start to engage in active sessions prior to December 31, 2020, you and your family can continue those sessions under the Ranir group until the 5 max sessions (per person, per concern) is reached or active concern is resolved (whichever comes first). Your available sessions through Perrigo’s EAP will not be impacted.

6. I have an Allstate benefit with Ranir; what are next steps with that policy?

Your benefit policy through Allstate (hospital, critical illness, and/or accident) will end on December 31, 2020. You will have an option to continue (“port”) through an individual policy. Allstate will mail, to your address on file, information on how to continue your coverage. If you wish to continue/port, you will need to do so by January 31.

There are additional considerations as you review continuing the policy. Allstate’s customer service team will be available to support you in this decision.

7. At Open Enrollment, I’ve elected Optional Life in excess of the guarantee issue; what next?

At Open Enrollment, you had an opportunity to elect life insurance for you and your family and were also eligible to elect certain amounts without having to seek approval (“guarantee issue”) from our vendor partner, Reliance. These include:

Coverage	Max Optional Life	Guarantee Issue Optional Life
Employee (you)	Up to 5X annual base earnings (\$1M max)	Up to 3X annual base earnings (\$500K max)
Your spouse	Up to \$100K	Up to \$50K
Your child(ren)	Up to \$25K	<i>No guarantee issue required</i>

In the event you elected coverage in excess of the guarantee issue, Reliance will email you an application by the end of December. Please complete within 60 days and Reliance will notify you confidentially if your request is approved.

8. How do I access the Perrigo Wellness Center (PWC; onsite fitness center) in Allegan?

At this time, due to COVID-19 precautions, PWC availability is limited to Allegan-based onsite colleagues. As availability expands, we will share how you can register and access.

9. How do I access the Perrigo Medical Center (PMC) in Allegan?

The PMC is available to all Michigan colleagues and associates even if you’re not enrolled in a Perrigo medical plan, including interns and part-timers (note – spouses and child(ren) aged 12+ must be enrolled in a Perrigo medical plan to access).

The PMC provides similar services as a traditional physicians’ offices, and is staffed with Premise Health employed Medical Assistants, Nurse Practitioners, Physicians, and well-being support staff. They can support you with primary care consultations, chronic condition management, vaccinations, preventive care, and more. As part of our HEALTHYyou program, the PMC can also complete biometric exams at no-charge. The PMC often has same-day or next-day appointment availability, Monday – Friday 6:00am – 4:30pm with extended hours on Thursday to 6:00pm (internal 33-9000 or 269.673.9000)



10. How do I register with ID Watchdog for the identity theft benefit?

If you elected our identity theft benefit through ID Watchdog at Open Enrollment, they will mail you registration information for www.idwatchdog.com by December 31, 2020. You can also call at 800.970.5182.

11. How do I register with MetLife legal for the legal services benefit?

Pre-registration with MetLife Legal is not required. If you elected our legal services benefit through MetLife Legal at Open Enrollment, you can call 800.821.6400 and identify yourself with group # 6090646.

12. How do I register with Pet Assure for the pet care discount benefit?

If you elected our pet care discount benefit through Pet Assure at Open Enrollment, you can learn more about the benefit on/after January 1 at www.petassure.com. You can also call at 888.789.7387.

13. What is the MetLife Home & Auto Insurance benefit?

You can register with MetLife at <https://metlife.com/mybenefits> and request a customized quote for your home, auto, and other personal vehicle coverage and group discounted rates. If you elect, premiums can be withheld through your payroll check automatically through our partnership.

14. How do I register with ManhattanLife for the Critical Illness & Cancer and/or Accident benefits?

If you elected our critical illness & cancer and/or accident benefits through ManhattanLife at Open Enrollment, they will mail you registration information for www.manhattanlife.com by December 31, 2020. You can also call at 855.448.6982.

15. Are my basic (company-paid) life insurance and disability benefits changing in 2021?

Your benefits remain at their current levels as today. These benefits include:

- For you: \$50,000
- For your spouse: \$5,000
- For your child(ren): \$500 (if under age 6 mos.) or \$2,500 (for ages 6 mos.+)

You must create profiles for your spouse and child(ren) within the PBC to activate the company-paid benefit. You can update this at any time through the PBC, under Enroll Now > Other Updates (<https://benefitscenter.perrigo.com> or 800.974.5176).

16. Other questions?

You can reach out at any time to the Perrigo Benefits Center (800.974.5176) with questions. They can triage you to the appropriate vendor partner, who can support you with your questions.