



2025
Total Rewards Guide
Empower Your Self-Care

Empower Your Self-Care



We design our benefit plans around six well-being dimensions to empower you and your family on your self-care journeys. **Our benefits work together to save you time and money** while providing the care and support your family needs.



- Physical** Preventive Care | Eat Healthy | Move More | Sleep Better
- Emotional** Reduce Stress | Be Resilient | Reduce Anxiety and Depression
- Financial** Plan Ahead | Budget | Manage Debt
- Work-Life** Foster Positive Relationships | Manage Career | Enjoy Life
- Community** Protect the Environment | Be Community Active | Help People
- Educational** Personal Development | Improvement | Learn New Skills

CONTENTS

- 5 Who is Eligible for Benefits?
- 6 Medical Benefits
- 9 Join **HEALTHY***you* Well-Being
- 9 Preventive Care
- 10 Prescription Drug Benefits
- 12 Health Savings Accounts
- 14 Flexible Spending Accounts
- 16 Supplemental Insurance
- 18 Healthcare Resources
- 22 Where Should I Go for Medical Care?
- 24 Dental Benefits
- 25 Vision Benefits
- 26 Life and Accidental Death and Dismemberment Insurance
- 28 401(K) Retirement Plan
- 30 Additional Benefits for Enrollment
- 31 Resources for Your Individual Needs
- 32 Personal & Family Development
- 33 Culture and Community
- 34 Helpful Apps
- 35 Contacts
- 36 How to Enroll
- 38 Enrollment Information and Dependent Verification
- 39 Important Information

Perrigo Benefits Center (PBC)
Website: aptia365.com/perrigo
Telephone: 855.978.2695
Mon-Fri: 7am - 9pm ET
Chat Support: 8am - 7pm ET

Scan this code to access the Perrigo Benefits Center enrollment system.



**BEST AND
BRIGHTEST[™]
IN WELLNESS**

WINNER 2024

The Perrigo **HEALTHY***you* Well-Being Program was awarded the Best and Brightest in Wellness[™]. This award, sponsored by the National Association for Business Resources (NABR), recognizes employers for quality and excellence in health awareness in promoting a culture of wellness to make their business and the community a healthier place to live and work.

For the eighth year in a row, Perrigo has earned the Best and Brightest Award for our **HEALTHY***you* Well-Being Program.



Supercharge your benefits with their mobile apps! Learn more on page 34.

This document is intended to highlight Perrigo's benefit plans for eligible Associates and their eligible spouses or partners. It is not intended to provide all the details on each benefit. For more detailed information, refer to the Perrigo Employee Welfare Benefits Plan, Summary Plan Descriptions, and relative insurance certificates. If there are any differences between the wording in those plan documents and in this document, the wording in the plan documents will prevail.

Receiving this document is not a guarantee of employment or eligibility of plan benefits.

Perrigo reserves the right to amend, suspend, or terminate any benefit plan or feature at any time and notify Associates of these changes by a Summary of Material Modifications and/or other communications. The Board of Directors is the the appointed designee for the Perrigo benefit plans.

Resources for Managing Your Health

pages 18 - 21

For Diabetics: CVSHealth offers Transform Diabetes Care Program which features a holistic approach to personalized guidance and support for your diabetes care.

For Heart Care: Livongo's Hypertension Program offers personalized support and online-connected tools for monitoring hypertension.

Your Dedicated Nurse: A dedicated nurse can address your healthcare issues by being the point person for a team of healthcare professionals.

Check out additional resources such as the Spine and Joint Program, Kindbody for fertility support, the Oncology Value Program (managing cancer), Behavioral Health support, the Nurseline, the new mandatory CVS Weight Management Program, and Wondr for weight loss.

This Total Rewards Guide is about your benefits and resources.

Choosing your benefits is just the beginning.

Knowing the resources, special features, and services helps you get the most from them all year long.

Supplement Your Health Benefits

page 16

You have three options for cash to help with your and your family's medical bills following a covered illness, accident, and or hospitalization.

Why Pay More?

pages 12- 15

Enroll in a Health Savings Account or Flexible Spending Account to reduce your taxes, potentially increase your tax refund, and pay eligible health care and/or dependent care expenses.

Company contributions are added when you enroll and elect to contribute at least \$250 annually in the Perrigo HSA.

Employee Assistance Program

page 31

Every problem has a solution. Find yours by calling specialists in the Employee Assistance Program. Available to you and family members for help with family, legal, financial issues, and more. No cost to you and completely confidential.

WHO IS ELIGIBLE FOR BENEFITS?

Coverage for Perrigo Associates

You are eligible for all company benefits if you are scheduled to work at least 30 hours per week. Interns are not eligible.

Dependent Eligibility

You may add your dependents to some of your benefits if they meet the following:

Relationship	Requirement
Spouse	Your legally married partner
Dependent Children <i>Younger than 26</i>	Biological, adopted, or stepchildren (your children or legal spouse's children). Children who live with you and a court has appointed you to be their legal guardian.
Dependent Children <i>Age 26 and older</i>	Your dependent children certified as disabled before age 26. Discuss with BCBSM for more information.

Spousal Surcharge

You will need to confirm if your spouse is eligible for another employer's medical plan. If so, and you decide to still enroll your spouse in your Perrigo medical plan, Perrigo will add a spousal surcharge to your medical plan premium each paycheck (included in premium).

The spousal surcharge **does not apply** if your spouse works at Perrigo. Refer to page 9 to learn more.

Dependent Eligibility Verification

When you add an eligible dependent for the first time, you will be asked to verify their relationship to you. Download and print the Dependent Verification Form, including the Spousal Provision Form (if enrolling your spouse) from the Perrigo Benefits Center under the tile "How do you verify dependents?" It must be completed and submitted within 31 days of the date you enrolled.

Spouses and dependents will not be enrolled in any plan selections until verification is approved. If you do not complete the full verification process with Aptia or they do not approve your dependent's eligibility, your dependents' pending enrollment will be reversed or canceled. You will not be able to enroll them again until the next Open Enrollment or Qualifying Life Event. Also, they will not be eligible for COBRA continuation of coverage.

Visit aptia365.com/perrigo to learn more about benefits eligibility and to review the Perrigo Company Employee Welfare Benefits Plan. Or, contact the Perrigo Benefits Center at 855.978.2695. Find the Perrigo 401(k) Plan information in the Perrigo Company Profit-Sharing and Investment Plan document at vanguard.com/retirementplans.

When to Enroll

Eligible New Hires – You must enroll within 30 days of your date of hire to have benefits for the year.

Open Enrollment – Eligible associates can enroll or change current benefit elections during annual Open Enrollment, Open Enrollment is typically held in October or November.



For enrollment instructions on the Perrigo Benefits Center (PBC), go to page 36.

Changing Benefits During the Year

Between Open Enrollments, you can change certain benefit elections following a Qualifying Life Event. These include:

- Marriage or divorce
- Adding a dependent by birth or adoption
- You or your spouse lose or gain coverage in another plan
- Other events as described in the Perrigo Employee Welfare Benefits Plan

You must report this change within 31 days of the Qualifying Life Event to change benefits. Learn more on page 38.



MEDICAL BENEFITS

Plan Options

You have three medical plan options:

- Traditional PPO Plan,
- Value PPO Plan, and
- Consumer Driven Health Plan (CDH Plan)

All three have these key features in common:

- Same medical provider network through Blue Cross Blue Shield of Michigan.
- 100% coverage for preventive care with in-network providers.
- Same coverage, including for primary care, emergency and urgent care, behavioral healthcare, condition management, and behavioral health.
- Access the same wide range of healthcare resources (details are later in this guide).
- 20% co-insurance after paying a deductible (varies by plan).
- Coverage for prescription and over-the-counter drugs through CVS Caremark.
- Auto insurance is primary where appropriate in no-fault states.

Choosing the Best Plan

The Perrigo Benefits Center has two ways to help you make the best decision for you and your family. See a plan summary and how much you pay for each of our medical plans using the enrollment options below.

Two Ways to Elect Your Medical Plan

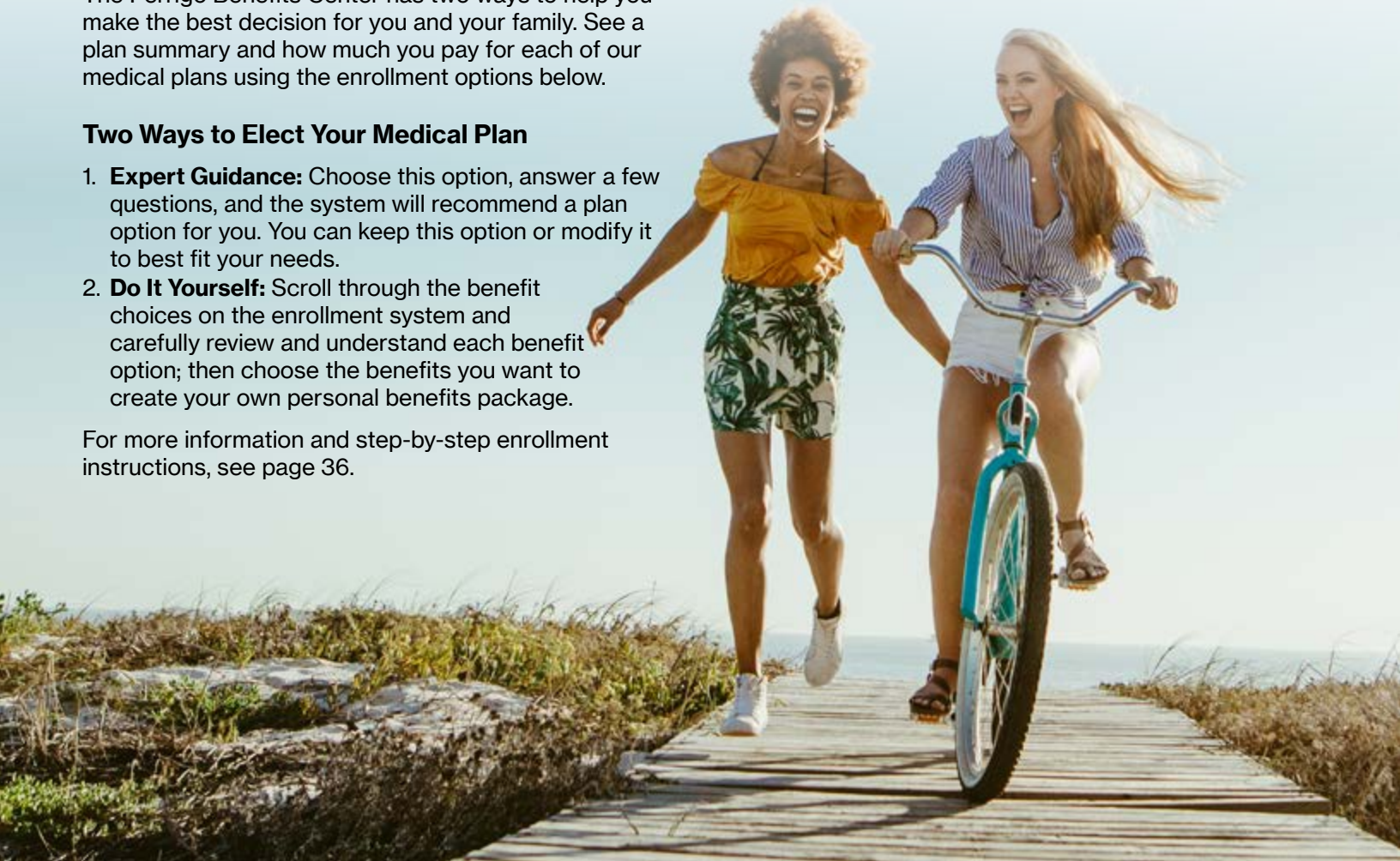
1. **Expert Guidance:** Choose this option, answer a few questions, and the system will recommend a plan option for you. You can keep this option or modify it to best fit your needs.
2. **Do It Yourself:** Scroll through the benefit choices on the enrollment system and carefully review and understand each benefit option; then choose the benefits you want to create your own personal benefits package.

For more information and step-by-step enrollment instructions, see page 36.

Important Insurance Terms

These definitions will help you understand your benefits.

Co-Insurance	After the deductible, you and the plan share a percentage of eligible expenses. Your co-insurance also counts toward your out-of-pocket maximum.
Co-Payment	A fixed amount you pay for a covered service. When a co-payment is charged, the service may also be subject to co-insurance.
Deductible	The amount you owe for covered healthcare services before your healthcare plan begins to pay. The deductible may not apply to all services.
Eligible Expenses	Charges for covered health services received or supplied by a certified health professional under the plan.
In-Network Providers	Providers that join a carrier's network who agree to charge less for their services than those not in the network.
Out-of-Pocket Maximum	The most you pay in deductible, co-payments, and co-insurance in a calendar year.
Out-of-Network Providers	Providers who charge more for their services than network providers.
Premium	The portion you pay each paycheck for your insurance coverage.



Comparing Medical Plan Features

The following table highlights selected benefits. A more detailed *Summary of Benefits and Coverage* document that includes out-of-network coverage is available on the PBC. Find plan premiums on page 8.

Medical Plans at a Glance For In-Network Coverage

Feature	Traditional PPO Plan	Value PPO Plan	CDH Plan
Perrigo's HSA Contribution	Not available	Not available	If you elect at least \$250 annually, Perrigo will contribute: Single: \$600 Family: \$1,200
Annual Deductible	Single: \$800 Family: \$1,600	Single: \$2,000 Family: \$4,000	Single: \$1,900 Family: \$3,800
Annual Out-of-Pocket Maximum	Single: \$4,000 Family: \$8,000	Single: \$7,500 Family: \$15,000	Single: \$4,000 Family: \$8,000
Co-Insurance (what you pay after deductible)	20%	20%	20%
Preventive care	Plan covers 100%	Plan covers 100%	Plan covers 100%
Doctor's Visit	Primary: \$25 Specialist: \$40	Primary: \$35 Specialist: \$50	20% after deductible
Virtual Care through Teladoc	Plan covers 100%	Plan covers 100%	20% after deductible
Emergency Room*	\$150 + 20% after deductible	\$150 + 20% after deductible	20% after deductible
Urgent Care	\$25 copay + 20% after deductible	\$35 copay + 20% after deductible	20% after deductible
Hospital, Inpatient	\$100 + 20% after deductible	\$100 + 20% after deductible	20% after deductible
Behavioral Health, Inpatient	\$100 + 20% after deductible	\$100 + 20% after deductible	20% after deductible
Behavioral Health, Outpatient	\$25 copay	\$35 copay	20% after deductible

*If you use the emergency room for a non-emergency, you pay a \$500 copay plus 50% after the deductible.

Key Differences in Medical Plan Options

Covered Medical and Prescription Drug Expenses	PPO Plans	CDH Plan
Deductible	Traditional Plan's deductibles are lower than Value Plan's	Highest
Pay expenses from a Health Savings Account	No	Yes, before/after deductible
Pay expenses from a Healthcare Flexible Spending Account (FSA)	Yes, Full Purpose Healthcare FSA	Yes, Combination Healthcare FSA
Pay expenses out-of-pocket before deductible	Yes, except for preventive care services and copays (in-network only)	All, except for preventive care and where specified
Pay co-pay when you go to the doctor	Yes, see table above	No, visits are subject to deductible



Paycheck Premiums

The following tables show medical plan paycheck deductions (includes prescription coverage) for weekly, bi-weekly, and semi-monthly (twice a month) payroll frequency. The tables also show the discounts available for completing certain activities in the [HEALTHYyou](#) Well-Being Program. See the 2025 Well-Being Guide by visiting [perrigo.limeade.com](#) for details. Your paycheck deduction may vary based on rounding, your spousal surcharge election, the [HEALTHYyou](#) Rewards discount, and any enrollment adjustment.

Weekly Coverage	Employee - No Discount			Employee - Partial Discount			Employee - Full Discount		
	Traditional PPO	Value PPO	CDH Plan	Traditional PPO	Value PPO	CDH Plan	Traditional PPO	Value PPO	CDH Plan
Employee Only	\$54.01	\$39.12	\$16.12	\$46.01	\$31.12	\$11.12	\$39.01	\$24.12	\$6.12
Employee + Child(ren)	\$96.49	\$65.32	\$32.98	\$88.49	\$57.32	\$27.98	\$81.49	\$50.32	\$22.98
Spouse Well-Being Discount									
Employee + Spouse	\$95.57	\$64.73	\$32.74	\$87.57	\$56.73	\$27.74	\$80.57	\$49.73	\$22.74
Employee + Family	\$129.43	\$80.94	\$46.87	\$121.43	\$72.94	\$41.87	\$114.43	\$65.94	\$36.87
Without Spousal Discount									
Employee + Spouse	\$100.57	\$69.73	\$34.74	\$92.57	\$61.73	\$29.74	\$85.57	\$54.73	\$24.74
Employee + Family	\$134.43	\$85.94	\$48.87	\$126.43	\$77.94	\$43.87	\$119.43	\$70.94	\$38.87

If your spouse is eligible for another medical plan, add \$50 to your Traditional or Value PPO Plan's weekly premium or \$34.62 per week if enrolled in the CDH Plan.

Bi-Weekly Coverage	Employee - No Discount			Employee - Partial Discount			Employee - Full Discount		
	Traditional PPO	Value PPO	CDH Plan	Traditional PPO	Value PPO	CDH Plan	Traditional PPO	Value PPO	CDH Plan
Employee Only	\$108.02	\$78.24	\$32.24	\$92.02	\$62.24	\$22.24	\$78.02	\$48.24	\$12.24
Employee + Child(ren)	\$192.97	\$130.64	\$65.97	\$176.97	\$114.64	\$55.97	\$162.97	\$100.64	\$45.96
Spouse Well-Being Discount									
Employee + Spouse	\$191.13	\$129.47	\$65.48	\$175.13	\$113.46	\$55.48	\$161.13	\$99.47	\$45.48
Employee + Family	\$258.87	\$161.88	\$93.73	\$242.87	\$145.88	\$83.73	\$228.87	\$131.88	\$73.74
Without Spousal Discount									
Employee + Spouse	\$201.13	\$139.47	\$69.48	\$185.13	\$123.47	\$59.48	\$171.13	\$109.47	\$49.48
Employee + Family	\$268.86	\$171.88	\$97.74	\$252.87	\$155.88	\$87.73	\$238.86	\$141.88	\$77.73

If your spouse is eligible for another medical plan, add \$100 to your Traditional or Value PPO Plan's biweekly premium or \$69.23 biweekly if enrolled in the CDH Plan.

Semi-Monthly Coverage	Employee - No Discount			Employee - Partial Discount			Employee - Full Discount		
	Traditional PPO	Value PPO	CDH Plan	Traditional PPO	Value PPO	CDH Plan	Traditional PPO	Value PPO	CDH Plan
Employee Only	\$117.03	\$84.76	\$34.93	\$99.69	\$67.43	\$24.10	\$84.53	\$52.26	\$13.26
Employee + Child(ren)	\$209.06	\$141.53	\$71.47	\$191.72	\$124.20	\$60.63	\$176.56	\$109.03	\$49.80
Spouse Well-Being Discount									
Employee + Spouse	\$207.06	\$140.26	\$70.94	\$189.73	\$122.92	\$60.10	\$174.56	\$107.76	\$49.27
Employee + Family	\$280.44	\$175.37	\$101.55	\$263.11	\$158.04	\$90.71	\$247.94	\$142.87	\$79.88
Without Spousal Discount									
Employee + Spouse	\$217.90	\$151.09	\$75.27	\$200.56	\$133.76	\$64.44	\$185.40	\$118.59	\$53.60
Employee + Family	\$291.27	\$186.21	\$105.88	\$273.94	\$168.87	\$95.05	\$258.77	\$153.71	\$84.21

If your spouse is eligible for another medical plan, add \$108.33 to your Traditional or Value PPO semi-monthly premium or \$75 semi-monthly if enrolled in the CDH Plan.

Surcharges

Spousal Surcharge: The spousal surcharge (as shown below each table) applies if your covered spouse is eligible for another medical plan (excludes Perrigo spouses, Medicare, and Tricare). Please sign into or call the Perrigo Benefits Center to confirm your surcharge election. If you do not, the surcharge will be added to your paycheck (and is non-refundable).

Spousal Medical Plan Premium Surcharge

Pay Frequency	Amount to Add to Your Rate		
	Traditional PPO Plan	Value PPO Plan	CDH Plan
Weekly	\$50.00	\$50.00	\$34.62
Bi-Weekly (every other week)	\$100.00	\$100.00	\$69.23
Semi-Monthly (twice a month)	\$108.33	\$108.33	\$75.00

Leaders' Surcharge: A 15% or 28% surcharge will be added to the paycheck premiums.

All Other Salaried Associates: A 2% surcharge will be added to the paycheck premiums.

Join HEALTHY_{you} Well-Being

Save Money, Be Healthy

Empower your self-care through HEALTHY_{you}, Perrigo's well-being program. The goal of the voluntary HEALTHY_{you} program is to encourage you to take action to help you improve your and your spouse's health if you are enrolled in a Perrigo medical plan. When completing certain activities during the year, you can earn a substantial discount on your next year's medical plan premium. Watch for more information and learn more in the Well-Being Guide at perrigo.limeade.com.

Preventive Care

Your health is important to you, your family, and Perrigo. The best way to stay healthy is through your medical plan's fully paid preventive care benefits.

Regular preventive care can help catch health issues before they become more serious and costly. Many medical plan participants are not taking advantage of their preventive care benefits.

Schedule your preventive care visits. Your doctor will set up your lab tests and health screenings for you during an annual wellness visit. To learn about what care you may need, go to health.gov/myhealthfinder. Add your age and gender to learn your recommended health screenings and tests. Check for yourself, then add family members.

Perrigo pays for many preventive care services with no out-of-pocket costs to you when using in-network providers. To learn more, go to bcbsm.com, where you can also locate in-network doctors and facilities.

Whether you are in perfect health or not, be sure to join the HEALTHY_{you} Well-Being Program to empower your self-care.

PRESCRIPTION DRUG BENEFITS

When you enroll in a Perrigo medical plan, it includes prescription drug benefits through CVS Caremark.

The PPO Plans cover your cost after you pay a copay or the co-insurance percentage.

The CDH Plan does not begin to pay until you have satisfied the deductible. Before then, you pay the discounted cost for your prescriptions out-of-pocket or from your Health Savings Account (if applicable).



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the creditable prescription drug coverage and annual Medicare notice you receive separately or page 40.

Comparing Prescription Drug Benefits

Benefits vary depending on whether you enroll in a Traditional PPO, Value PPO, or CDH Plan and whether you fill your prescriptions at an in-network retail pharmacy in a 34-day supply or through the mail-order pharmacy in a 90-day supply, as shown in the following tables.

Retail Pharmacy

In-network retail pharmacies are best for short-term prescriptions of up to 34 days.

In-Network Retail Pharmacy 34-day Supply – What You Pay

Drug Tier ¹	Traditional PPO Plan	Value PPO Plan	CDH Plan (after deductible)
1 Generic	\$13 co-pay	\$13 co-pay	\$13 co-pay
2 Preferred Brand-Name ²	20% Min. \$30, Max. \$90	30% Min. \$40, Max. \$100	20% Min. \$30, Max. \$90
3 Non-Preferred Brand-Name ²	30% Min. \$55, Max. \$165	45% Min. \$80, Max. \$200	30% Min. \$55, Max. \$165
4 Specialty Drugs ³	0% if through PrudentRX (otherwise 30%)		0% after deductible if through PrudentRX (otherwise 30%)

Mail-Order Pharmacy

Your best option for filling maintenance medications (such as for high cholesterol, high blood pressure, or diabetes) is through the CVS Caremark Mail-Order Pharmacy or a local CVS Pharmacy for a 90-day supply.

To order from the Mail-Order Pharmacy, follow these three steps:

1. Ask your doctor for a 90-day prescription.
2. You can fill this first prescription at your in-network retail pharmacy.
3. Order your refills through the Mail-Order Pharmacy for better savings.

In-Network Mail-Order Pharmacy 90-day Supply – What You Pay

Drug Tier ¹	Traditional PPO Plan	Value PPO Plan	CDH Plan (after deductible)
1 Generic	\$26 co-pay	\$26 co-pay	\$26 co-pay
2 Preferred Brand-Name ²	20% Min. \$60, Max. \$180	30% Min. \$80, Max. \$200	20% Min. \$60, Max. \$180
3 Non-Preferred Brand-Name ²	30% Min. \$110, Max. \$330	45% Min. \$160, Max. \$400	30% Min. \$110, Max. \$330
4 Specialty Drugs ³	0% if through PrudentRX (otherwise 30%)		0% after deductible if through PrudentRX (otherwise 30%)

¹See the standard formulary on CVS Caremark (caremark.com) for which tier applies to you.

²If a generic drug is available and you choose to fill with a brand-name drug, you pay the difference.

³Offers up to 100% coverage for certain Specialty drugs if filled through the PrudentRX Co-Pay Program. See page 11 for details.

How Medications Are Separated into Drug Tiers

The cost for each prescribed medication is based on its Drug Tier, which CVS Caremark has listed using the “Standard Formulary,” or Prescription Drug List. You can find the Formulary at caremark.com. Medications listed as Preferred Brand Name are more affordable than the Non-Preferred Brand Names.

Although doctors have options for medications when treating a health condition, the Formulary lists specific medications that are considered the most clinically appropriate and affordable options to cover in the Prescription Plan. If your medication is not shown on the Formulary, contact CVS Caremark.

Important Information

100%-Paid Preventive Drugs: The CDH Plan covers certain preventive drugs at 100%. Call CVS Caremark or go to caremark.com for a list of 100% covered preventive medications.

Avoid Overpaying: If a generic drug is available for your prescription and you fill it with a brand-name drug, you pay the difference between the cost of the generic drug and the brand-name.

Rx Savings Solutions Program

Rx Savings Solutions helps you and your doctor make the best prescription decisions for your health and your budget. The following services are at no cost to you:

- Help in finding generic equivalent medications.
- Get better pricing.
- Find equally effective lower-cost medications.
- Discuss your medications with an unbiased prescription drug consultant.

Learn more and register at myrxss.com, call 800.268.4476, or email support@rxss.com. If you qualify to participate based on your health, an RxSS representative will contact you by phone, mail, or Perrigo email to discuss how they may help.

Note: Perrigo does not have access to your and your dependents’ prescription information.

Save on Specialty Drugs with the PrudentRx Co-pay Program

Doctors prescribe specialty drugs to treat complex health conditions, such as for multiple sclerosis, certain cancers, and rheumatoid arthritis. All three plans cover 30% of the cost of eligible specialty drugs (CDH Plan after the deductible). However, if you join the PrudentRx Savings Program, the plan will cover up to 100% of the cost for certain specialty drugs.

Specialty drugs are filled only through the CVS Caremark Specialty Pharmacy at CaremarkConnect and are delivered by mail.

To learn more, call 800.578.4403 (Mon-Fri, 8am - 8pm ET).

Answers to Common Questions

What form do I need to start the Mail-Order Pharmacy delivery?

You or your doctor can fax the Mail-Service Order Form available at caremark.com under “Request a Prescription with Fast Start.”

Can I fill my 90-day supply of maintenance medications at a retail pharmacy?

Request CVS Caremark to send your order for you to pick up at your local CVS pharmacy or Target store. For Michigan families, the Meijer store in Plainwell, MI is also an option.

Can I fill my maintenance medications at any pharmacy?

You can fill your prescription at any pharmacy. But you pay the full cost for your prescription if filled at an out-of-network pharmacy.

What pharmacies are in-network?

All CVS pharmacies, Target store pharmacies, and the Meijer pharmacy in Plainwell, MI are in-network.

HEALTH SAVINGS ACCOUNTS

The CDH Plan includes a Health Savings Account (HSA) managed by Optum Bank. Perrigo contributes to HSAs and so can you. Understanding how to best use your HSA will help you save money on eligible expenses right away and in the future.

What to Know

HSA Eligibility: The enrollment system will ask questions when you elect the CDH Plan to see if you are HSA eligible. You and Perrigo cannot contribute to your HSA unless you answer the eligibility questions each year during the annual enrollment period. To learn more about eligibility, go to optumbank.com.

Getting Started: You will need to open your Optum Bank account to receive both Perrigo's and your HSA contributions. Refer to the Optum Bank welcome packet for registration details. Your enrollment packet from Optum will help you get started. If your name or status change, you will need to work directly with Optum Bank to update your account.

Key Benefits of an HSA

Invest Extra Funds: After your HSA balance reaches \$1,000, you can invest it in Optum Bank's mutual funds.

Triple Tax Advantage: Perrigo's contributions, your contributions, and any investment earnings are always tax-free if they are used for eligible expenses.

No "Use-It-or-Lose-It" Rule: Your HSA balance rolls over from one year to the next and you can take it with you if your Perrigo employment ends.

Plan Ahead



One of the best ways to take advantage of an HSA and to receive a Perrigo contribution is to put money in it for upcoming healthcare expenses. That's because you can add, change, or stop your contributions at any time.

For example, contribute additional funds at any time to pay for an upcoming healthcare expense.

Funding Health Savings Accounts

If you are eligible and elect to contribute at least \$250 annually, Perrigo contributes to your HSA.

When enrolling in a CDH Plan, you have the option to specify how much to contribute. You must elect at least \$250 annually to receive Perrigo's employer contribution.

The IRS limits how much in total Perrigo and you can contribute each year, as shown in the following table.

	Single	Family
IRS 2025 Annual Limit*	\$4,300	\$8,550
Perrigo Annual Contribution	\$600	\$1,200
What you can contribute*	\$3,700	\$7,350

*If you are 55 or older, you can contribute up to an additional \$1,000.



Your contribution election does not carry over to the next year. You will need to state how much to contribute each year during the annual enrollment period.

When Are Contributions Added?

If you are eligible and elect to contribute at least \$250 annually, Perrigo contributes to your HSA. Perrigo contributes half of its annual contribution by January 31 and the other half by July 31 each year. Each "half-contribution" is based on your coverage level and if you are an active associate at time of deposit.

If you are newly hired and enroll in the CDH Plan between January and July, your first half-year contribution is pro-rated. If enrolled after July, your half-year contribution will be pro-rated based on your enrollment date through the end of the calendar year.

Perrigo's contributions are added within 60 days after your HSA eligibility date.

Do You Have a Healthcare Flexible Spending Account?

If you have a 2024 Healthcare FSA and you elect the CDH Plan with an HSA for 2025, make sure your FSA balance is \$0 on 12/31/24. The IRS requires you to have \$0 in your FSA before the effective date of your HSA. If you have a balance in your FSA account for 2024, your HSA will be frozen until 4/30/25.

Perrigo will contribute half of its annual HSA contribution by May 31 and the other half by July 31 if you have elected \$250 annually.

Under this law, you cannot have both a Healthcare Flexible Spending Account and a Health Savings Account because both use tax-free money to pay the same eligible expenses.

Balances Carry Over: Any balance left in your HSA at the end of the calendar year carries over to the next year with no limit. Log into your Optum Bank account to view your balance.

What Happens if You Change Medical Plans or Leave Perrigo Employment?

The money in your account is yours to keep. To remain tax-free, you can roll over your HSA balance to another qualified HSA or IRA. Discuss your options with Optum Bank or your tax advisor.

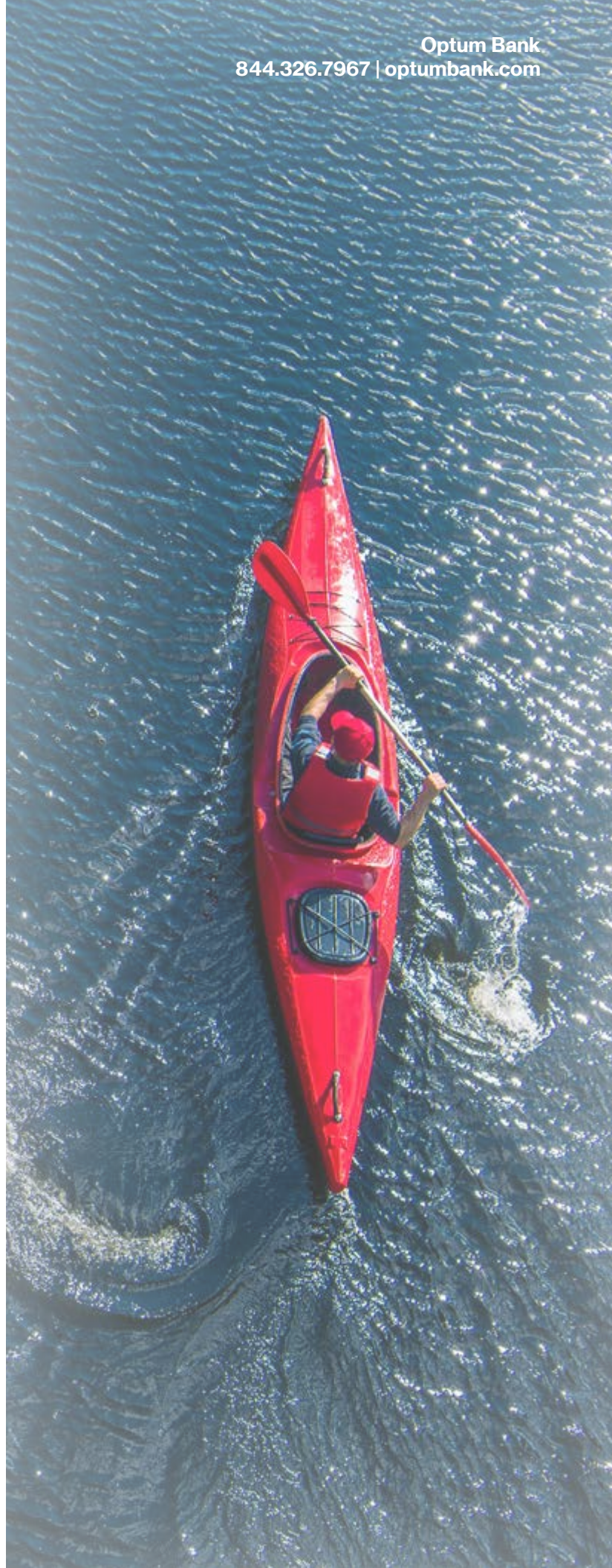
Paying Eligible Expenses from an HSA

Pay eligible healthcare (medical, dental, vision), prescription drug, and eligible over-the-counter healthcare items directly from your HSA. For a list of eligible expenses, go to optumbank.com or to IRS Publication 969 at irs.gov/publications/p969.

Reimburse Yourself at Any Time

If you are short of funds in your HSA at the time you receive service, you can pay the expense out-of-pocket and reimburse yourself after the money is added to your HSA - if your Optum account was open and active at the time of service.

Paying Dependents' Expenses: Pay expenses for your eligible dependents. They do not need to be enrolled in the CDH plan, but *they must be a dependent listed on your federal tax return and be under 19 or 24 if a full-time student.*





FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts (FSAs), through WEX, offer a way to save money on healthcare and dependent care expenses. You have two options:

1. **Healthcare FSA:** Enroll in either the Full Purpose or Combination FSA and contribute tax-free money directly from your paychecks (before payroll taxes are withheld) to save money in paying eligible healthcare expenses.
2. **Dependent Care FSA:** Enroll and contribute tax-free money and save on eligible daycare and other dependent care expenses.

Healthcare FSAs

If you enroll in either PPO Plan, you cannot have a Health Savings Account. But no worries, you can add a Healthcare Flexible Spending Account to pay eligible medical expenses. You do not have to enroll in a Perrigo medical plan to elect a Healthcare FSA.

You have two options depending on your medical plan:

Full Purpose Healthcare FSAs

Available if you enroll in either PPO Plan or if you waive coverage in a Perrigo medical plan, or are ineligible to have a Health Savings Account in the CDH Plan. After participation begins, you can begin paying eligible medical, dental, prescription drug, and over-the-counter healthcare expenses right away and up to the amount selected.

Combination Healthcare FSA

Available if you enroll in the CDH Plan with HSA eligibility. After your participation begins, you can begin paying eligible dental and vision expenses (but not medical or prescription drugs) right away from this FSA. However, to pay medical and prescription drug expenses, you must first satisfy the CDH Plan's deductible for the year.

What Expenses Can You Pay from a Healthcare FSA?

You can pay for many expenses from your Healthcare FSA, including:

- Acupuncture
- Chiropractic
- Co-insurance
- Deductibles
- Crutches
- Wheelchairs
- Dental and eye exams
- Orthodontics
- Glasses
- Contact lenses
- Certain therapies
- Medical x-rays

For a full list, visit wexinc.com and search "eligible expenses."

Dependent Care Flexible Spending Accounts

If you enroll in the Dependent Care FSA you can use it to pay eligible childcare and eldercare expenses. You are eligible if you and your spouse both work, or your spouse is actively looking for a job, or attending school full-time.

To pay dependent care expenses from this FSA:

- Your child must be a dependent on your tax return and be under age 13.
- Older children and adults are eligible if they are physically or mentally unable to care for themselves, financially dependent on you, and a dependent on your tax return. Contact WEX for details.

What Can You Pay from a Dependent Care FSA?

Eligible expenses include:

- Daycare
- Childcare Before or after school programs
- Work-related babysitting in your or someone else's home
- Adult care center fees
- Work-related custodial care

Ineligible expenses include:

- Activity fees
- Not-work-related babysitting
- Babysitting by your tax dependent
- Not-work-related custodial care
- Dance lessons
- Day nursing care

Contact WEX at wexinc.com for other eligible expenses.

Debit Cards

If you are continuing your participation from last year, WEX will reload your debit card with your elected amount. If you are a new enrollee, WEX will send you a debit card to use in paying eligible expenses. Be sure to keep receipts to confirm your elections were eligible for payment from your account.

Important: Keep Your Receipts

WEX may ask for proof that payments from your FSA are eligible under the IRS regulations. Be sure to respond no later than the requested deadline to avoid the IRS freezing your debit card or holding future reimbursements, or to demand repayment and apply penalties.



How Flexible Spending Accounts Work

Set up

Enroll and elect a minimum of \$240, up to the maximum amounts:

Healthcare:
\$3,200

Dependent care:
\$5,000 or \$2,500*

Limits are set by the IRS and subject to change

Note: Your FSA election is divided by the number of pay periods remaining in 2025 and deducted evenly through December 31

* If spouse files separate tax return or has a dependent care FSA

Availability of Funds

Healthcare:
Full election is available on your benefit effective date

Dependent care:
Funds are available as they are deducted from your payroll checks



Paying Expenses

Healthcare:
Use the FSA debit card or file reimbursement claims

Dependent care:
Use the DCFSA debit card or file claims for reimbursement



Time Limits

Healthcare:
Pay expenses through 3/15/26
File expenses through 4/30/26

Dependent care:
Pay expenses through 3/15/26
File expenses through 4/30/26

Important: After the filing deadline, any remaining funds in FSAs can no longer be reimbursed

Important Healthcare and Dependent Care FSA Considerations

- You must enroll each year.
- After you enroll, you cannot change your election during the year unless you have a Qualifying Life Event. Learn more on page 38.
- You cannot pay expenses from your Healthcare FSA for dependent care, or pay for your own healthcare expenses with your Dependent Care FSA.
- If you use your funds for anything other than eligible expenses, you may have to pay an IRS penalty.
- You cannot pay expenses from a Dependent Care FSA and take a credit on your tax return.



SUPPLEMENTAL INSURANCE

You can add one, two, or all three of these insurance plans to supplement your medical plan with cash benefits to help pay medical and other expenses:

1. **Critical Illness Insurance** pays cash benefits after a diagnosis for a covered illness.
2. **Accident Insurance** pays cash benefits following an accident outside of work.
3. **Hospital Indemnity** pays cash benefits after admission to a hospital.

Critical Illness Insurance

Receive a fixed, lump-sum amount paid directly to you after a diagnosis for a heart attack, stroke, paralysis, and other defined critical illness.

As shown in the table on the next page, you can elect coverage for yourself and dependents.

- **For you:** \$15,000 or \$30,000
- **For your covered dependents:** 50% of your coverage

Premiums are deducted from paychecks after payroll taxes are withheld. See the premium table on the next page.

Accident Insurance

Pays a fixed, lump-sum amount for injuries from a covered accident that happens outside of work, or for accidental death or dismemberment. Cash payments are based on whether you elect the Low Plan or the High Plan and the medical services received as shown in the following table. Elect coverage for yourself only or for you and eligible dependents.

The table highlights selected cash payments. For additional coverage see the Reliance Matrix materials on the Perrigo Benefits Center.

Annual Accident Benefits	Cash Payment	
	Low Plan	High Plan
Ambulance, ground	\$ 300	\$ 400
Ambulance, air	\$ 1,500	\$ 2,000
Emergency Treatment / Urgent Care	\$ 150	\$ 300
First Hospitalization	\$ 500	\$ 1,000
Physical Therapy, maximum of 6 sessions up to the total cash payments shown	\$ 150	\$ 228

Hospital Indemnity Insurance

Pays a fixed, lump-sum amount after you or a covered dependent is admitted to a hospital. Includes room and board costs. Cash payments are based on whether you elect the Low Plan or the High Plan and the hospital charges as shown in the following table.

Annual Hospital Indemnity Benefits	Cash Payment	
	Low Plan	High Plan
Two daily hospital admissions (per admission)	\$ 1,000	\$ 2,000
Daily benefit while confined to hospital, up to 90 days	\$ 100	\$ 200
Daily benefit for intensive care stay, up to 15 days	\$ 200	\$ 400
Nursery admission	\$ 250	\$ 500

No requirement to complete a medical questionnaire and no pre-existing condition exclusion. Mental, nervous, and substance abuse hospitalizations are treated the same as other hospital admissions.

Collect a Wellness Cash Benefit

You and your covered dependents can receive a \$50 Wellness Benefit following an annual health screening through your doctor.

Premiums

The tables on the next page show the paycheck premiums charged for each plan after payroll taxes are deducted. The enrollment system will calculate your premium when you enroll.



Change coverage only during Open Enrollment. See all Reliance Standard summaries on the Perrigo Benefits Center.

Critical Illness, Accident, and Hospital Indemnity Insurance Premiums

The tables list each plan's premiums deducted from paychecks after taxes are withheld. The enrollment system will calculate your premiums when you enroll.

Reliance Standard Critical Illness Premiums per \$1,000			
Age	Weekly	Bi-Weekly	Semi-Monthly
0 – 29	\$0.09	\$0.18	\$0.19
30 – 39	\$0.15	\$0.30	\$0.33
40 – 49	\$0.28	\$0.55	\$0.60
50 – 59	\$0.58	\$1.15	\$1.25
60 – 69	\$1.59	\$3.18	\$3.45
70+	\$2.77	\$5.54	\$6.00

Reliance Standard Accident Insurance Premiums						
Coverage	Weekly		Bi-Weekly		Semi-Monthly	
	Low	High	Low	High	Low	High
Employee Only	\$2.40	\$3.77	\$4.80	\$7.55	\$5.20	\$8.18
Employee + Spouse	\$4.59	\$5.89	\$9.18	\$11.78	\$9.95	\$12.77
Employee + Child(ren)	\$6.64	\$8.39	\$13.27	\$16.78	\$14.38	\$18.18
Employee + Family	\$8.74	\$10.59	\$17.48	\$21.18	\$18.94	\$22.94

Reliance Standard Hospital Indemnity Premiums						
Coverage	Weekly		Bi-Weekly		Semi-Monthly	
	Low	High	Low	High	Low	High
Employee Only	\$3.72	\$8.13	\$7.44	\$16.26	\$8.07	\$17.62
Employee + Spouse	\$7.33	\$16.04	\$14.66	\$32.08	\$15.88	\$34.75
Employee + Child(ren)	\$5.30	\$11.78	\$10.60	\$23.55	\$11.49	\$25.52
Employee + Family	\$8.83	\$19.50	\$17.66	\$38.99	\$19.13	\$42.24

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.



Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596 (TTY: 1-855-889-4325)** to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

HEALTHCARE RESOURCES

Blue Cross and Blue Shield offers a wide range of healthcare resources to help you manage your health and spending. In most cases, they are available at no additional cost.

24/7 Nurseline

If you need to discuss a health situation or treatment option at any time day or night, call the 24/7 Nurseline at 800.775.2583.

For example, call if your child becomes ill during the night and you want help deciding what to do.

Spine and Joint Care Program

Based on your health claims and prior authorization for medical care for a spine or joint injury, a member of the Spine and Joint Care Program may contact you. No enrollment is necessary.

A spine or joint injury healthcare professional will collaborate with your doctor to make sure all your care is necessary, safe, and delivers the best possible outcomes resulting in:

- Faster recovery times and a lower risk of more surgery,
- Fewer complications and infections, and
- Care provided at the right time, in the right setting.

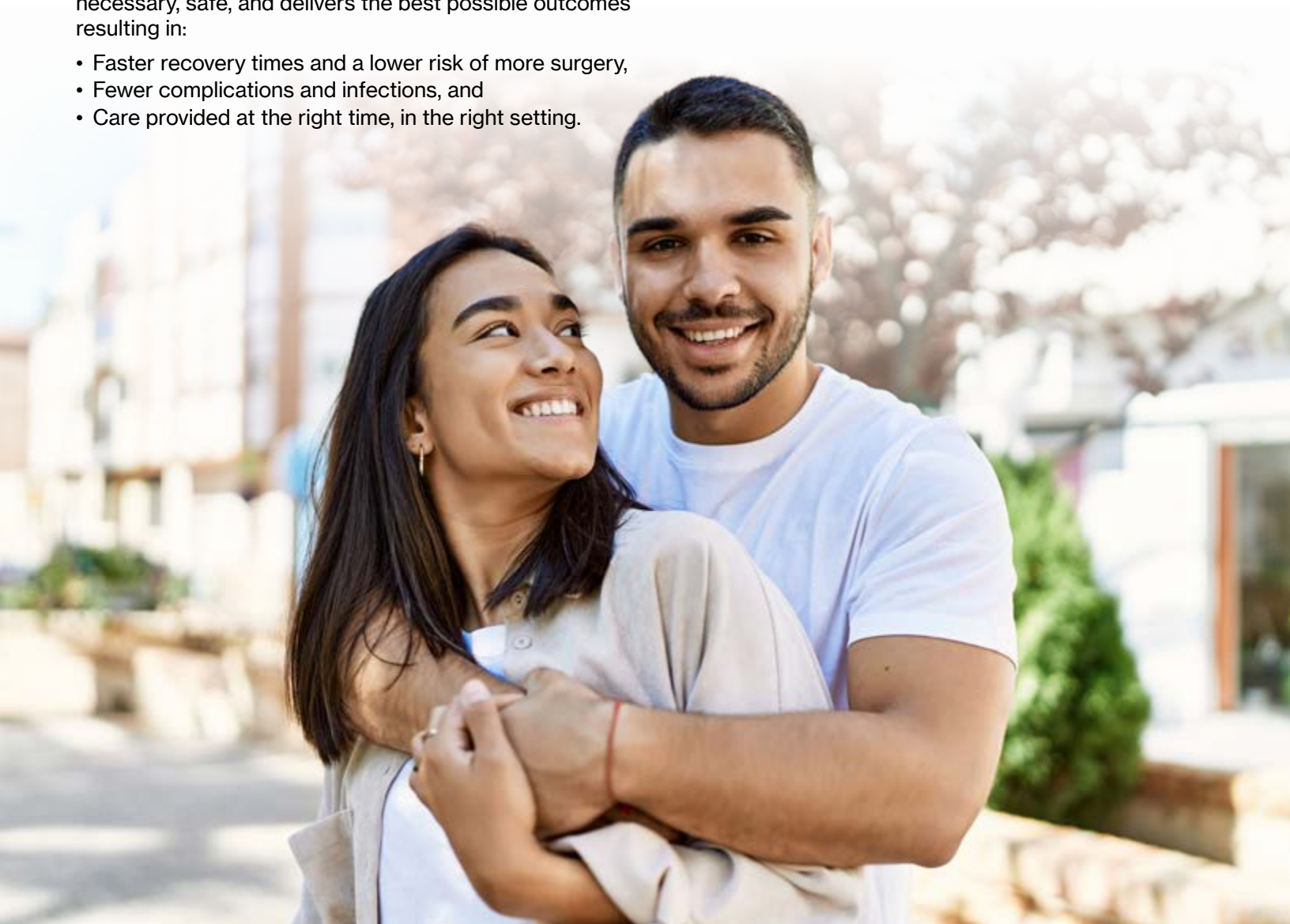
Your Dedicated Nurse

When you enroll in a medical plan, a dedicated nurse can help with health issues at no cost to you. Your nurse can find treatments, connect you with resources, and coordinate your care. You also get help using plan benefits and resources.

If you qualify for these services, a nurse will contact you to discuss how they may help. You can also call them at 866-684-8213.

Your nurse works with a team of healthcare professionals to help you:

- Set and meet health goals
- Prepare for and recover from a hospital stay
- Understand your medications
- Locate behavioral health services



Programs for Diabetics

Diabetes is a chronic health condition resulting from changes in blood sugar (glucose) levels that can result in strokes, heart disease, amputations, and other serious health conditions if not managed carefully.

Perrigo sees the challenges diabetics face and offers two programs through our medical plans with personalized support from diabetes specialists at no additional cost to you.

Transform Diabetes Care (TDC) Program

The TDC Program offered through CVSHealth provides you with a holistic approach to personalized guidance and support for your diabetes care.

A team of certified diabetes care nurses provide coaching, monitoring, and one-on-one support, including blood glucose monitoring, medication adherence and optimization, screenings, and lifestyle and comorbidity management.

CVS Transform Diabetes Care works confidentially with Blue Cross Blue Shield of Michigan to identify and reach out to individuals who may benefit from this program. For questions about diabetes or for more support, call Transform Diabetes Customer Care at 800-348-5238.

Diabetes Deprescribing Program

Designed for Type 2 Diabetics to support participants through nutrition education and counseling, medication management, and by providing access to a care team with the goal of safely reducing or eliminating certain medications.

Important



If you are diagnosed with both diabetes and hypertension, see the Transform Diabetes Care (TDC) Program through CVSHealth above.

CVS Weight Management

This online virtual program through CVS Caremark is designed to help associates and eligible dependents (enrolled in a Perrigo medical plan) who are using weight loss medications such as Saxenda or Wegovy. It also offers tactics for changing behaviors when using weight-loss medications.

It will help you reach your weight loss goals through (at no cost to you):

- One-on-one support from a team of clinicians, including providers and registered dietitians.
- A nutrition plan personalized just for you.
- Health Optimizer™ app with helpful guides, recipes, goal setting, and more.
- Connected body weight scale and other devices, as applicable, to support and monitor your progress in weight management.

Participation is required for associates to avoid losing coverage of weight loss medications. You will be contacted if you are eligible and automatically enrolled.

There is no cost to you to participate in this program, but your medical plan's deductible and coinsurance will still apply to the cost of any drugs and supplies if required.

Livongo Hypertension Support

Livongo Hypertension Support is only available to participants in a Perrigo medical plan diagnosed with hypertension. Children are not eligible.

If you enroll, at no cost to you, receive an internet-connected blood pressure monitor to regularly check your blood pressure. This enables you, your doctor, and your Livongo clinician access to real-time analytics offering instant feedback from hypertension specialists.

The program offers solid health tips, reminders, and automatic alerts to keep you healthy. In addition, expert coaches are available 24/7/365.

Get Started



To register with the Livongo, visit get.livongo.com/PERRIGO, or call 800.945.4355.



Blue Cross Blue Shield of MI Behavioral Health

Support for autism spectrum disorders, substance use, mental health issues, and more.

- Find the right in-network care
- Connect with community support groups
- Get help working with your doctor

Call 800.762.2382 anytime or visit

bcbsm.com/behavioral-mental-health/index

Wondr™

If you are enrolled in a Perrigo medical plan and are not taking a weight-loss medicine, Wondr can help you lose weight, sleep better, move more, and stress less – all while eating your favorite foods. Instead of receiving points, following plans, or counting calories, you'll learn simple behavioral skills that are clinically proven to improve your health.

It's 100% digital and an on-the-go experience that you can access at any time and from anywhere.

Wondr produces weight-loss results in three phases:

1. **WondrSkills:** Learn simple, repeatable skills through weekly classes via videos with inclusive content.
2. **WondrUp:** Reinforce and practice WondrSkills through tailored messaging and a personalized curriculum.
3. **WondrLast:** Build momentum toward your healthiest self in this maintenance phase.

You will also have access to your own health coach for personalized support.

For more information or to register, go to

wondrhealth.com/perrigo.



Important

The Wondr weight management program will continue as an option for those not using medications to manage their weight.

Oncology Value Management Program

This program aims to advance the standard of cancer care with the adoption of preferred treatment options, supported by clinically backed outcomes.

Cancer and its treatment have distressing symptoms and serious toxicities that affect members' functioning and quality of life.

The Oncology Value Management program supports you behind the scenes by evaluating patient-specific factors to determine the right treatment plan for your situation.

Associates with an applicable/eligible cancer diagnosis will receive this support automatically and are not required to take any action. Specialists in the field of Oncology will review your treatment plan to ensure you are receiving the most appropriate care in the most appropriate setting, based on your clinical needs.

If an opportunity is identified, the specialists will have a peer-to-peer discussion with your physician to assess if adjustments to your treatment plan would be beneficial to enhance the quality of care you receive.

Fertility Support through Kindbody

Kindbody believes that everyone deserves dynamic and integrative healthcare. This benefit provides holistic support throughout every phase of the reproductive spectrum. This includes general wellness, support for those trying to conceive, pre and postpartum care, menopause support, adoption support, men's health, and more.

Eligibility: Associates must be eligible for a Perrigo medical plan and spouses are eligible if enrolled in a Perrigo medical plan.

To Get Started: Visit kindbody.com/activate and enter the following information to verify your eligibility and open an account:

- Use the access code KINDPERRIGO.
- Enter your Perrigo employee ID number.
- Spouses and domestic partners can add an "S" at the end of your Perrigo employee ID. For example, if the employee ID code is ABC123, your spouse's or partner's Unique ID would be ABC123S.

Book a consult and start your Kindbody journey.



WHERE SHOULD I GO FOR MEDICAL CARE?

When to Use Virtual Care, the ER, Urgent Care, or Other Medical Services

The table on the next page will help medical plan participants decide which medical care services would be right for you based on your situation. You can also call Your Dedicated Nurse or contact bcbsm.com.

Teladoc

Go online at bcbsm.com/virtualcare for a virtual visit with a board-certified doctor or therapist, or call 800.835.2362, TTY users can call 855.636.1578. If necessary, you may be directed to contact your primary care physician for further care.

- **For medical care:** contact a board-certified doctor or specialist 24/7 for treating common ailments and conditions or for recommending treatment and/or therapy. No appointment needed.
- **Prescriptions:** if needed can be sent to a nearby in-network pharmacy.

For behavioral healthcare such as grief, stress, anxiety, or depression, contact a psychiatrist or licensed therapist. Therapy is available for covered children ages 13-17 and psychiatry help available for children 18 or older. Call ahead to make an appointment. Virtual therapy is not for complex mental health or substance abuse disorders.

Onsite Medical Care at the Perrigo Medical Center

for Michigan Associates

The Medical Center in Allegan MI, managed by Premise Health, offers subsidized healthcare services to full- and part-time associates, as well as interns in Michigan. This includes spouses and children (ages 12+) covered by a Perrigo medical plan. For more information, 269.673.9000 or mypremisehealth.com

Blue Distinction Specialty Care

Blue Distinction Centers are healthcare facilities and providers that are recognized for their expertise in delivering certain complex and costly specialty care.

To find out which specialty care is eligible for Blue Distinction or to find the right medical facility:

1. Sign in or register at bcbsm.com.
2. Click "Find a Doctor" under "Doctors and Hospitals."
3. Under "Other Ways to Get Care," click "Find Care."
4. Search for "Hospital."
5. Select a procedure at a recommended Blue Distinction Specialty Care facility near you.








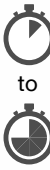
BetterHelp: Virtual Counseling

Get free virtual therapy for you and your household members through BetterHelp. Available through text messaging, phone, video calls, or live chat.

You must register before using BetterHelp. Visit BetterHelp.com/Magellan and follow the prompts. A valid email is required.



Knowing where to go for the right care can help you save time and money. Get familiar with your options before you need them to know where to go to get the care you need.

Where to Go for Medical Care When You Need It <i>for participants in Perrigo medical plans</i>					Cost of Care		
When You Need It	Common Reasons	How to Access Care	Average Wait Time	Best Source	Traditional PPO Plan	Value PPO Plan	Consumer Driven Health Plan (CDH)
 Quick	Non-emergency health issues like sinus problems, respiratory infections, allergies, flu symptoms, rashes, etc	Anytime 24/7 Call 800.835.2362 bcbsm.com/virtualcare	Short (avg. 5 minutes)	 Virtual Care through Teladoc	\$0	\$0	20% after deductible
				In-network preventive care	\$0	\$0	\$0
 Soon	Diagnosis, prescriptions, treatment, and preventive care	Visit bcbsm.com to locate network doctors for best plan coverage and call for appointment	Varies on care needed	 Doctor's Visit	\$25-\$40	\$35-\$50	20% after deductible
				Inpatient Visit	\$100 + 20% after deductible	\$100 + 20% after deductible	20% after deductible
 Urgent	Minor cuts, sprains, burns, skin rashes, fever, flu, x-rays and lab testing	Visit bcbsm.com to locate in-network urgent care and clinics for best plan coverage	Varies, no appointment needed – call first to confirm.	 Urgent Care	20% after deductible plus \$25 copay	20% after deductible plus \$35 copay	20% after deductible
 Immediate	Chest pain, shortness of breath, uncontrolled bleeding, poisoning, or any life-threatening situation	Immediately call 911 or go to nearest ER at any time	Longer, unless life-threatening	 to Emergency Room*	\$150 + 20% after deductible	\$150 + 20% after deductible	20% after deductible

*If you use the emergency room for a non-emergency, you pay a \$500 copay plus 50% after the deductible.

DENTAL BENEFITS

If you enroll in the Dental Plan through Delta Dental, coverage includes preventive care at no additional cost. It also provides coverage for basic, major, and orthodontic dental care services. The following table summarizes the benefits.

What's Included

Preventive Services cleanings, x-rays, fluoride treatments	Plan pays 100% with no deductible
Annual Deductible	\$50 per covered person; up to \$150 family maximum
Basic Services fillings, root canals	Plan pays 80% after deductible
Major Services crowns, bridges, implants (including porcelain crowns and bridges on back teeth)	Plan pays 50% after deductible
Orthodontic Services (up to age 19)	Plan pays 100% after deductible, up to \$1,500 lifetime max per member
Annual Benefit Maximum	\$1,500 per member, per year (Basic and Major Services)

Note: Benefits include both in-network and out-of-network coverage, but out-of-network benefits are based on Reasonable & Customary (R&C) charges, and may include additional charges from your dental provider. Please call Delta Dental with questions.

Save Money with In-Network Dentists

Delta Dental contracts with its network dentists to charge lower rates compared to those not in the network. You can use any dentist. However, be aware that charges from out-of-network dentists are based on "Reasonable and Customary (R&C)" amounts.

When an out-of-network dentist charges more than the R&C amount, you are responsible for paying the over amount. Contact Delta Dental for details.

Before enrolling in this plan or scheduling an appointment after your participation begins, be sure your provider is part of the network at deltadentalmi.com or call 800.524.0149.

Take Advantage of Preventive Care Checkups

You may not consider going to the dentist a fun experience, but regular preventive care checkups are key to good dental health, medical care, and for a great smile. The visit is fully covered by the plan when using an in-network dentist, no deductible or charges to pay.

Tips to Maximize Your Dental Benefits

- For major services, ask your dentist beforehand for what you and the plan will pay.
- If you are enrolled in the CDH Medical Plan and elected the Combination Healthcare Flexible Account and/or a Health Savings Account, you can pay eligible dental expenses from either or both accounts.
- If you are enrolled in either PPO Plan, you can pay eligible expenses from your Full Purpose Healthcare FSA if elected.

Special Care Available

Extra cleanings and dental visits as well as anesthesia are available to dental plan participants with qualifying special care needs. Contact Delta Dental for details.

Dental Plan Premiums

Coverage	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$3.81	\$7.62	\$8.26
Employee + Spouse	\$7.23	\$14.47	\$15.68
Employee + Child(ren)	\$8.00	\$16.00	\$17.33
Employee + Family	\$11.43	\$22.85	\$24.76

Important

Regular dental checkups are key to well-being because they can detect serious health issues, such as:



- Diabetes
- Leukemia
- Oral cancer
- Pancreatic cancer
- Heart and kidney disease

Source: American Dental Association

VISION BENEFITS

You pay less when using providers in the VSP network members, as shown in the following table.

VSP has a large network of participating eyecare providers that includes national chains. Before enrolling in this plan or scheduling an appointment after your participation begins, be sure your provider is part of the network at vsp.com or call 800.877.7195. See the VSP materials posted on PBC for more information.

Three Options

You have three options for vision benefits through VSP:

- **Basic Plan:** offers the lowest cost and lowest level of benefits.
- **Value Plan:** features a middle level of benefits and cost.
- **Enhanced Plan:** has the highest level of benefits for those needing the most eyecare.

What's Included

Coverage after co-pay for in-network providers

Feature	Basic Plan	Value Plan	Enhanced Plan
Well Exam	\$10 co-pay	\$20 co-pay	\$10 co-pay
Lenses		\$20 co-pay	\$25 co-pay
Frames	20% discount on a complete pair of glasses	\$150 allowance, \$80 allowance at Costco, Walmart, and Sam's Club	\$200 allowance, \$110 allowance at Costco, Walmart, and Sam's Club
Frequency	Once per calendar year	Exam and lenses, once per calendar year Frames once every other calendar year	Once per calendar year
Contact Lens Exam Services	15% discount	15% discount, \$60 co-pay max	15% discount, \$60 co-pay max
Contact Lenses (in place of frames & lenses)	Not available	\$130 allowance	\$140 allowance

*Co-pays vary depending on the lens option (anti-reflective and scratch-resistance coatings, polycarbonate lenses, progressive, photochromic, solid tints/PGC, etc.). See the VSP materials and plan documents on the Perrigo Benefits Center.

Tips to Maximize Your Vision Benefits

- Only the Value and Enhanced Plans have a frame allowance for Costco, Walmart, and Sam's Club.
- For great savings, order your eyeglasses from VSP's eyeconic.com.
- If you are enrolled in the CDH Medical Plan and elected the Combination Healthcare Flexible Account and/or a Health Savings Account, you can pay eligible vision care expenses from either or both accounts.
- If you are enrolled in either PPO Plan, you can pay eligible expenses from your Full Purpose Healthcare FSA if elected.

Vision Plan Premiums

Weekly

Coverage	Basic Plan	Value Plan	Enhanced Plan
Employee Only	\$0.28	\$1.68	\$2.50
Employee + Spouse	\$0.41	\$2.45	\$3.65
Employee + Child(ren)	\$0.41	\$2.45	\$3.65
Employee + Family	\$0.74	\$4.41	\$6.57

Bi-Weekly

Coverage	Basic Plan	Value Plan	Enhanced Plan
Employee Only	\$0.57	\$3.36	\$5.00
Employee + Spouse	\$0.83	\$4.91	\$7.31
Employee + Child(ren)	\$0.83	\$4.91	\$7.31
Employee + Family	\$1.49	\$8.82	\$13.14

Semi-Monthly

Coverage	Basic Plan	Value Plan	Enhanced Plan
Employee Only	\$0.62	\$3.64	\$5.42
Employee + Spouse	\$0.90	\$5.32	\$7.92
Employee + Child(ren)	\$0.90	\$5.32	\$7.92
Employee + Family	\$1.61	\$9.56	\$14.24

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Perrigo pays for Basic Life and Accidental Death and Dismemberment (AD&D) Insurance for eligible employees through Reliance Standard at no cost to you. You can elect additional coverage through the Optional Life and Optional AD&D Insurance Plans for yourself and for eligible dependents.

Life and AD&D Benefits

Perrigo-Paid Basic Life and AD&D Insurance

Life Insurance Benefit	1.5x Annual Earnings	Up to 1.5 Million
AD&D Insurance Benefit	1.5x Annual Earnings	Up to 1.5 Million

For example, if earning \$60,000 a year, the life insurance benefit would be \$90,000 payable to your beneficiary and an additional \$90,000 AD&D benefit would be payable if death is from an accident. A percentage of the AD&D death benefit is payable after a severe injury. The amount is based on the loss. Details are available from Reliance Standard.

Optional Life Insurance

If you elect Optional Life Insurance for yourself, you can add coverage for your eligible dependents, as shown below.

Associate-Paid Optional Life Insurance

How Much Can You Purchase?

For yourself*	1 to 5 times your base annual salary up to \$1 million
For your Spouse only*	\$10,000 increments up to \$100,000
For your dependent children only (covers all eligible children)	Up to \$25,000 Evidence of Insurability not required for children.

*Some elections may require Evidence of Insurability.

Requiring Evidence of Insurability: For some selected benefit amounts, you will need to complete an Evidence of Insurability (EOI) medical form. You will be notified if EOI is required at the time of enrollment. Reliance Standard will review your EOI to approve or deny the portion of coverage requiring EOI.

Special Opportunity if Eligible for Life Insurance for the First Time

If you are a new associate or eligible for the first time, you can elect coverage without evidence of insurability:

- Up to three times your base salary (up to \$500,000) and
- Up to \$50,000 for your spouse

You can elect more coverage with evidence of insurability.

Optional Accidental Death and Dismemberment Insurance

Elect AD&D coverage separately. Evidence of Insurability is not required for AD&D Insurance.

Associate-Paid Optional AD&D Insurance

How Much Can You Purchase?

For yourself	1 to 5 times your base annual salary up to \$500,000
For your spouse only	Up to 50% of your elected coverage, not to exceed \$250,000
For your children only	Up to 15% of your elected coverage, not to exceed \$10,000
For your spouse and children	Spouse: Up to 40% of your coverage, not to exceed \$250,000 Children: Up to 10% of your coverage, not to exceed \$10,000

Choose at Least One Beneficiary

A beneficiary is who will receive your benefit if you pass away. Your beneficiary can be a person, persons, or an entity (such as a trust fund). For example, you can add your spouse as your beneficiary to receive the death benefit from your Life and AD&D Insurance coverage.

You can have more than one beneficiary. You can add or change beneficiaries at any time online on the Perrigo Benefits Center. However, if you do not designate at least one beneficiary, your benefit may end up in probate court.

You are automatically the beneficiary for your spouse and children.



If you, your spouse, and/or your dependent children work for Perrigo and are eligible to participate in the Optional Life Insurance plan, special eligibility rules apply. Please see page 38 for more information.

Life Insurance Eligibility Rules for Dependents

- If your spouse, dependent child(ren), or parent(s) is also a Perrigo associate:
 - Optional life coverage can only be elected by you as the associate.
 - Only one associate can cover eligible children.
 - You may not be covered as an associate and as a dependent.
- Your spouse cannot be legally separated or divorced from you.
- Children must be in your custody, considered a legal dependent, and financially dependent on you. They can be your natural child, adopted child, stepchild, or a foster child
- Eligible children must be between the ages of 14 days to 20 years (up to 26 years if full-time student).
- This age limit does not apply for children with a medically declared disability.

Optional Life and AD&D Insurance Premiums

When you elect Life Insurance coverage on the Perrigo Benefits Center, the system will show your cost based on your age and the elected amount. These are low-cost group premiums. Separate premiums apply for you, your spouse, and dependent children.

Optional Life Insurance Premiums*
Monthly Cost Per \$1,000 of Coverage

Age	Employee	Spouse	Age	Employee	Spouse
Under 25	\$0.056	\$0.050	50-54	\$0.259	\$0.230
25-29	\$0.068	\$0.060	55-59	\$0.484	\$0.430
30-34	\$0.090	\$0.080	60-64	\$0.743	\$0.660
35-39	\$0.101	\$0.090	65-69	\$1.429	\$1.270
40-44	\$0.113	\$0.100	70-74	\$2.318	\$2.060
45-49	\$0.169	\$0.150	75+	\$2.400	\$2.060

*Age reduction and rate are based on Employee's and Spouse's age.

Example for Calculating the Cost of Optional Life Insurance: associate age 44 earning \$26,208/year

Calculation	Example
Calculate yearly earnings (hourly rate x 2,080 hours)	\$26,208 – annual earnings
Choose a coverage level (1x, 2x, 3x, 4x, or 5x your annual earnings)	3x annual earnings elected: \$78,624
Determine the coverage amount in thousands	\$78,624 ÷ 1,000 and rounded up to nearest 1,000 = 79 thousands
Find age and cost from the chart	\$0.113
	\$0.113 x 79 = \$8.93/month
Determine per paycheck cost	\$8.93 x 12/52 = \$2.06 weekly rate \$8.93 ÷ 2 = \$4.46 semi-monthly rate

Child Optional Life Insurance Premiums*

Coverage	Premium
Cost per \$1,000	\$0.09

*See Eligibility Rules to the left

Optional AD&D Insurance Premiums

Monthly Cost Per \$1,000 of Coverage

Coverage Level	Premium
Employee Only	\$0.020
Employee + Family	\$0.032

Parental Leave and Disability Benefits

Perrigo associates are automatically enrolled in the Short-Term Disability and Long-Term Disability Plans when eligible. You are also eligible after the 30-day waiting period for Perrigo's Paid Parental Leave Plan at no cost to you. Learn more in the Employee Handbook on the HR Library.



401(k) RETIREMENT PLAN

Perrigo offers both a 401(k) Retirement Plan with matching contributions and financial resources to help you maximize these benefits as you plan ahead to retirement.

Contributing to your 401(k)


All money in your 401(k) is always 100% yours.

Most Common Ways to Contribute

Pre-tax	Up to 50%, of eligible pay, up to the IRS limit. You will pay taxes on monies you withdraw when you retire. <i>Eligible for Company Match.</i>
Roth (Post-tax)	Up to 50% of eligible pay, up to the IRS limit. You pay taxes now and not when you withdraw. <i>Eligible for Company Match.</i>

Other Ways to Contribute

Traditional After-tax	Up to an additional 4% of eligible pay, above the IRS limit. Can be converted to Roth. <i>Not eligible for Company Match.</i>
Catch-up Contributions	If you are age 50 or older in 2025, you may contribute more to your 401(k). Call Vanguard for more information. <i>Eligible for Company Match.</i>



Newly Eligible? Beginning 30 days after your date of hire, we enroll you at 4% pre-tax, invested in the *Vanguard Target Retirement Trust I* with a target date closest to your 65th birthday. Contributions automatically increase by 1% each year, up to 10%. Vanguard mails an enrollment kit with more information on managing your 401(k).

Perrigo contributes to your 401(k)

Company Match

Pre-tax, Roth (post-tax), and catch-up contributions are eligible for Company Match.


If you put 2% of your eligible pay into your 401(k) account, Perrigo will add 2%. If you put in another 2%, Perrigo will also add 1% (Perrigo matches up to 3%).

Profit Sharing


If eligible, Perrigo will put 3% of your eligible pay into your 401(k) account by Spring of the following year. .

3%	Profit Sharing
3%	Company Match
4%	What you contribute

A 4% contribution by you really equals 10% with Perrigo's Company Match and Profit Sharing.



You do not have to put money into a Perrigo 401(k) to be eligible for Profit Sharing.



Go to vanguard.com/retirementplans to set up and manage your account at any time.

Perrigo Provides Financial Advice Services

An important part of retirement planning is having an investment plan that balances investment risk with potential rewards.

Perrigo pays for financial advice services through Stifel | Pearl Street Investments to help you reach your retirement goals with:

- Assistance and advice / recommendations regarding your investment allocation
- Evaluation of your current plans for retirement, including the use of software to predict success
- Considerations and support regarding rolling outside retirement accounts into the Perrigo plan

You can meet with a Stifel financial advisor online or via phone call in one-on-one meetings during the year. Watch for registration details or call anytime to schedule a consultation.

Contact Stifel | Pearl Street Investment Management at 844.854.5846 or visit [pearlstreetim.com](https://www.pearlstreetim.com).

Getting Ready for Medicare?

If you're nearing retirement, age 64 or older, working, and want to know how to enroll in and use Medicare, SmartConnect can help. Find educational materials on retiree healthcare and connect with a Medicare concierge for ongoing help on using Medicare after enrolling.

Call a licensed agent at 833.460.5383
Mon-Fri 9am - 10pm ET.



ADDITIONAL BENEFITS FOR ENROLLMENT

Pet Insurance

Many people consider their pets part of the family and want them to have just as much care as other family members. That's why Perrigo offers pet insurance through Nationwide Insurance. You choose the vet, pay the bill, and file for reimbursement from Nationwide.

Choose from two options:

- My Pet Protection
- My Pet Protection with Wellness500

Costs vary by your pet's age, breed, and ZIP code.

You can file a claim:

- **Online (web or mobile):** my.petinsurance.com
- **Email:** submitmyclaim@petinsurance.com
- **Mail:** Nationwide Claims Dept., P.O. Box 2344, Brea, CA 92822
- **Fax:** 714-989-5600

Go to benefits.petinsurance.com/perrigocompany or call 844.208.1108 for a quote.

For more information, or if you have an Avian or Exotic pet, call Customer Care at 800.54.2016, Mon-Fri, 8a-10p and Sat, 10a-630pm ET.

Identity Protection

Through Norton LifeLock* you can protect your and your family's identity and online privacy with:

- Anti-virus software and multi-layered security to protect against existing and emerging threats.
- Monitoring for fraudulent use of personal information with Norton Secure VPN, Privacy Monitor, and SafeCam.
- Alerts if a potential threat is detected.
- Monitoring of family online activities and ability to set screen time limits, block unsuitable sites, and search history.

No one can prevent all identity theft or cybercrime. Not all transactions or businesses are monitored. If you already have a Norton Lifelock membership and prefer to elect this coverage, call 800.607.9174 to cancel your current membership.

Learn more at norton.com/BenefitPremier.

Coverage	Weekly	Bi-Weekly	Semi-Monthly
Single	\$2.31	\$4.61	\$5.00
Family	\$4.38	\$8.76	\$9.49

Note: If you already have a personal Norton LifeLock Plan, you will need to cancel that plan after enrollment in the Perrigo Norton plan as you are not able to have multiple plans.



You can change or cancel enrollment in the MetLife Legal and Norton LifeLock programs only during annual Open Enrollment.

MetLife Legal Plan Plus Parents

Through the MetLife Legal Plan Plus Parents* program, you and your parents can access legal services and advice from a network of attorneys. When you enroll, cover yourself, your spouse, dependents, and other family members, including your parents, parents-in-law, and grandparents.

Services include:

- Telephonic and in-person consultations
- Document preparation for wills, deeds, etc.
- Representation for legal matters
- Help with elder-care issues
- Estate planning
- Real estate
- Help with family and personal issues!

You are not charged copays, deductibles, or have a waiting period when using a network attorney for a covered matter. After-tax paycheck premium deductions are shown in the table.

Weekly	Bi-Weekly	Semi-Monthly
\$4.44	\$8.89	\$9.63

Learn more at members.legalplans.com or call 800.821.6400 for details.



RESOURCES FOR YOUR INDIVIDUAL NEEDS

Perrigo offers a range of benefits to meet the needs of our diversified workforce as listed below. All services are at no cost to you, confidential, and available 24 hours a day, every day.

Employee Assistance Program

The Employee Assistance Program (EAP) through Magellan Healthcare offers a large selection of resources to empower personal self-care for you and your household members. You can contact the EAP for referrals to local resources for help with daily tasks or tough issues at home or work.

Your Contact Is Confidential: Your discussions are completely confidential. Perrigo does not know who contacted the EAP and for what purpose.

Legal and Financial Services

Get expert help with legal, financial, and identity theft issues. You can also access a free online library for help with:

- Identifying theft and fraud
- Budgeting and debt management
- Helping with family law, wills, and more

Work-Life Services

Save time and money on life's most important needs. Get personalized referrals to expert guidance from service providers in your area for:

- Childcare and adult care
- Education
- Home improvement
- Consumer information
- Emergency preparedness
- And more

5 Free Confidential Counseling Sessions

Your household members can have up to five free and confidential sessions per year, per concern for help with:

- Stress, anxiety, and depression
- Grief support
- Substance misuse
- Relationship counseling
- Parenting

Coaching Services

Use EAP resources and coaching services to create an action plan for resolving personal and family problems. Your coach can help you stay on the track and reach solution milestones. It's a lot easier when you have someone who can guide you through. You can connect by phone or video call and there is no limit to coaching services.

LifeMart APP

Through Magellan's LifeMart app you can access an online discount center for both national and local discounts on popular brands. Save on a variety of purchases from a car, a vacation trip, or day-to-day essentials!

Go to Member.MagellanHealthcare.com to register or call 800.424.3506 for more information.



PERSONAL & FAMILY DEVELOPMENT

Perrigo's philosophy to invest in our associates and their families is key to why we have such remarkable, talented, and dedicated associates. This Work-Life dimension includes benefits for personal and family development, as described below.

Webinars and Resources

Through our benefit programs, you have access to a variety of self-care resources for you and your household members throughout the year, including webinars on a variety of topics and interactive content and short videos through [HEALTHYyou](#).

Tuition Reimbursement

Perrigo will reimburse your education costs up to \$5,250 per calendar year (adjusted for part-time associates). Review the Tuition Reimbursement Program on the HR Library for eligibility and benefits.

Be Your Best You with ReThinkCare

You perform your best work in any area of your life. You'll find a wide variety of topics to help you be better at what you do, and it's at no cost to you.

These sessions are led by experts in their fields to help you prepare for the future of your work and be effective in collaborating with coworkers and others.

In addition, you can access Personal Wellbeing solutions including mindfulness and resilience training to master life-long skills for managing stress, anxiety and sleep issues.

For questions, contact support@rethinkcare.com.

Dependent Scholarships

The Perrigo Foundation funds scholarships for dependent children of eligible associates, up to \$10,000 per year. Learn more in the HR Library.

Fitness Funds

Participate in our Fitness Funds program for help in paying for a fitness center or fitness classes. Get up to \$75 for single memberships or up to \$120 for family membership each quarter. Search for "Fitness Funds" in the HR Library.

Adoption Assistance

You may receive up to \$5,000 in financial help to use in adopting a new family member. Find the Adoption Assistance Form and details in the HR Library.

Insurance Discounts

Compare Throughout the Year and Potentially Lower Your Auto or Homeowners Insurance

Save up to a 15% discount on your homeowners, auto and personal property insurance by comparing your current rates with the group insurance plans on the Aptia Choice Platform. Then experience the convenience of paying your premiums through payroll deduction.

Compare coverage and rates for:

- Auto, boats, motorcycles/ATVs, RVs, mobile homes, utility trailers, and more
- Primary homes, seasonal homes, apartments, condo/town homes, rentals
- Scheduled personal property (jewelry, artwork, etc.)

Perrigo Crisis Relief Fund

The Perrigo Crisis Relief Fund offers a unique opportunity for Perrigo associates to support and care for each other in times of crisis or financial hardship. The Crisis Relief Fund can assist associates burdened with a natural disaster, domestic abuse situations, and unexpected medical expenses.

The Crisis Relief Fund relies primarily on individual donations from associates and support from Perrigo. You can help ensure the next request and the request after that are funded by contributing to this important program.

Contributions from our global team will build and sustain the fund going forward, enabling more and more associates to benefit from this important program. Even small donations can add up to making a big difference in the life of an associate in crisis.

Learn more by going to eafrelieffund.com/m/Perrigo.

Online Discounts with PerkSpot Mall

PerkSpot is a one-stop shop for exclusive discounts at many of your favorite national and local merchants. Use your computer or mobile device to shop online. No registration fees.

Take advantage of online offers and discover discounts in your neighborhood with PerkSpot's streamlined Local Map. Filter your shopping with categories like restaurants, health and fitness, retail, and others.

Opt in to PerkSpot's weekly email to receive selected discounts, new and popular deals, seasonal, holiday and group offers. Go to perrigo.perkspot.com (code: PerrigoPerks) or call 866.606.6057 (Mon-Fri, 9a-7p ET) for details.

Culture and Community

Our Culture

While Perrigo's strategic focus has evolved during our rich 135-year history, many important aspects of our culture, such as our focus on consumer well-being, customer service and acting with integrity, have been steadfast.

All of us contribute to shaping our culture. Essentially, our culture is a reflection of our shared attitudes and behaviors. We can experience through our physical environment and our daily interactions. Building a strong culture where everyone feels they belong positively influences how we treat each other, hold each other accountable, how we innovate and win, and how we value our customers, consumers, stakeholders and communities.

It is through these kinds of actions that our culture comes to life. Our culture influences business strategy and performance, retention rates, and how well our colleagues are engaged.

As Perrigo continues to grow and prosper, our culture will continue to evolve as well. We are committed to making Perrigo the best work environment in self-care for our colleagues, and our culture framework represents how we meet that commitment. Driven by our vision, purpose, and values, our culture framework is a guide to help us realize our vision and purpose, demonstrate our values, define expectations for greatness, and help everyone thrive. You can learn more about our culture framework by visiting [Inside Perrigo > People Page](#).

Corporate Social Sustainability

Sustainability at Perrigo focuses on five core business priorities – Climate, Packaging, People & Communities, Responsible Sourcing, and Natural Resources. These focus areas reflect our dedication to mitigating the impacts of our business. Accordingly, we established 13 goals with complementary metrics to measure our progress along the way and reduce our impact.

Environmental

Our planet is changing, and so are we. We have firmly committed to limiting our environmental impact through responsible manufacturing and resource use. Our biggest aspiration is to achieve NetZero carbon emissions by the year 2040. To achieve this goal, we plan to source 100% renewable electricity, increase energy efficiency, develop circularity with our packaging, and engage our value chain.

You can help by becoming engaged with our sustainability goals and by vocalizing any ideas with your manager or EHS representative around process improvements.

Social

We strive to have a positive and lasting effect on society at large. Whether within our own workplace or by engaging our local communities or our supply partners, people are Perrigo's most important asset. As such, we strive to create a culture that is safe, diverse, innovative and with a lasting positive effect on people. Not only with our own employees, but everywhere in the value chain.

For details or to learn more on our sustainability strategy and goals, read our annual Sustainability Report on [Inside Perrigo](#) or [Perrigo.com](#).

Diversity, Equity, and Inclusion (DEI)

At Perrigo, we strive to ensure all our associates feel they belong as part of our thriving, global community. Our commitment to diversity, equity, and inclusion (DEI) helps us understand how to better meet the needs of the thousands of team members around the globe working toward Perrigo's vision.

Diversity refers to all the ways we are similar and different. **Equity** refers to identifying and removing barriers and providing access to opportunities for our colleagues. **Inclusion** refers to the behaviors that leverage the diverse backgrounds and perspectives of our colleagues to drive results.

We like to think of diversity as fact, inclusion as an act or a choice we make, and equity as what enables all colleagues to thrive. This mindset helps us build a winning culture of belonging where people feel welcomed, valued, respected, and heard, and deliver for our consumers, investors and shareholders, and communities who rely on businesses like Perrigo to appreciate diversity, promote inclusivity, and create a sense of belonging for all.

The desire to remain your employer of choice and understand that an equitable total rewards package is a key component of this journey. By remaining committed to reviewing our total rewards package through an equity lens, we can continue to prioritize self-care and wellbeing for all associates through our Well-Being Program and Employee Assistance Program (EAP).

Learn more about Perrigo's commitment to DEI at www.perrigo.com (externally) and the Inside Perrigo homepage (internally).

TOGETHER, we make lives better. Email: DEI@Perrigo.com

HELPFUL APPS

Access digital insurance cards, schedule appointments, manage account activity, and get help on your own time. All apps below are available on the App Store and Google Play.

Blue Cross Blue Shield of Michigan (BCBSM)	<ul style="list-style-type: none"> • Access your digital ID card anytime • See all account info, including your deductible and other plan balances • Check claims and Explanations of Benefits (EOBs) • See what services your plan covers and where • Find, select, and view your Primary Care Physician
CVS Pharmacy	<ul style="list-style-type: none"> • Pay for your prescriptions and have them delivered • Order refills, check status, and see your prescription history • App-only deals and rewards when you link your ExtraCare® card
Teladoc Health	<ul style="list-style-type: none"> • Board-certified care from virtually anywhere • Get appropriate prescriptions written and sent to your local pharmacy • Virtual therapy services from professionals trained in telemedicine • Visit bcbsm.com/virtualcare for a link to download the Teladoc Health app
Vanguard	<ul style="list-style-type: none"> • Manage account activity (check balances, monitor investment performance, and more) • Buy, trade, and sell mutual funds, ETFs, and stocks • Stay informed on market trends
Delta Dental Mobile	<ul style="list-style-type: none"> • Access your digital ID card anytime • Find out what to expect with the Dental Care Cost Estimator • Search for in-network dentists in your area
Benefits by WEX	<ul style="list-style-type: none"> • Check FSA balances, view summarizing account charts • Scan product barcodes to determine their eligibility • View claims requiring receipts
Optum Bank Mobile	<ul style="list-style-type: none"> • Track payments, balances, receipts, and contribution limits • Search for qualified medical expenses • Reimburse yourself
Limeade ONE (HEALTHY_{you})	<ul style="list-style-type: none"> • Take HEALTHY_{you} on-the-go with the same experience as on a computer • Complete activities and check your HEALTHY_{you} Reward status • View, engage with others, and post content on certain well-being topics
Rx Savings Solutions	<ul style="list-style-type: none"> • See all your lower-cost prescription options • Search for prescription savings and compare prices at any pharmacy • Switch to a lower-cost medication with one click
MyPremiseHealth Michigan families only	<ul style="list-style-type: none"> • Real-time scheduling for the Perrigo Medical Center in Allegan, MI • View lab results and manage medications • Message providers and complete necessary forms

Contacts			
Benefit	Vendor	Website	Phone
Perrigo Benefits Center	Aptia	aptia365.com/perrigo	855.978.2695
Dependent Verification			
Perrigo Medical Center	Premise Health	mypremisehealth.com	269.673.9000
COBRA	WEX	wexinc.com	866.451.3399
Health Benefits			
Medical Benefits Group #71350	Blue Cross Blue Shield of Michigan	bcbsm.com	866.684.8213
Your Dedicated Nurse			
Nurseline	Blue Cross Blue Shield of Michigan	bcbsm.com	800.775.2583
Virtual Care by Teladoc	Teladoc	bcbsm.com/virtualcare	800.835.2362
Transform Diabetes Care	CVSHealth	N/A	800.348.5238
Hypertension Care	Livongo	get.livongo.com/perrigo	800.945.4355
Weight Management	Wondr	wondrhealth.com/perrigo	N/A
Family Planning	Kindbody	kindbody.com/activate	855.950.2116
Medicare Enrollment	Aptia SmartConnect	gps.smartmatch.com/mercercpassive	833.460.5383
Health Savings Account	Optum Bank	optumbank.com	844.326.7967
Flexible Spending Accounts	WEX	wexinc.com	866.451.3399
Prescription Drug, Dental, and Vision			
Prescription Drugs	CVS Caremark	caremark.com	800.552.8159
Prior Authorization			800.294.5979
Specialty Rx	PrudentRx	N/A	800.578.4403
Rx Savings Program	Rx Savings Solutions	myrxss.com	800.268.4476
Dental	Delta Dental	deltadentalmi.com	800.524.0149
Vision	VSP	vsp.com	800.877.7195
Life, Disability, and Leave Benefits			
Life Insurance	Reliance Standard	rsli.com	800.351.7500
Long Term Disability Insurance			
Short Term Disability Insurance	Matrix	matrixabsence.com	877.202.0055
Parental Leave			
Critical Illness	Reliance Standard / Matrix	matrixabsence.com	877.202.0055
Accident			
Hospital Indemnity			
Financial Well-Being			
401(k) Retirement Plan #099087	Vanguard	vanguard.com/retirementplans	800.523.1188
Financial Advisors	Stifel Pearl Street Investments.	pearlstreetim.com	844.854.5846
Additional Benefits			
Pet Insurance	Nationwide	benefits.petinsurance.com/perrigocompany	844.208.1108
ID Theft Protection	Norton Lifelock	norton.com/benefitpremier	800.607.9174
Auto & Home Insurance	Aptia Choice	aptia365.com/perrigo	855.978.2695
Legal Services	MetLife	members.legalplans.com	800.821.6400
Tuition Reimbursement	Perrigo Rewards	Perrigo HR People Solutions	269.686.1081
Adoption Assistance			(English)
Fitness Funds			269.686.1749
Diversity, Equity & Inclusion	Email: OfficeofDiversityandInclusion@Perrigo.com		
Mental Health and Well-Being			
Employee Assistance Program	Magellan Health	Member.MagellanHealthcare.com	800.424.3506
HEALTHYyou Well-Being	Limeade	perrigo.limeade.com	888.388.8258
Free Community Programs	Premise Health	findhelp.premisehealth.com	N/A
Managed Behavioral Health	BCBS MI Behavioral Health	bcbsm.com/behavioral-mental-health/index/	800.762.2382

HOW TO ENROLL

Two options to enroll with the Perrigo Benefits Center (PBC):

1. Use the instructions below to enroll on any device, anytime. Enroll online to get personalized support through the Expert Guidance enrollment option.
2. Over the phone at 855.978.2695. A language line is available for all languages.

Perrigo Benefits Center (PBC)

www.aptia365.com/perrigo

855.978.2695, Monday – Friday (7am – 9pm ET)

Chat support: 8am – 7pm ET

Scan the code to access the PBC enrollment system.



Online

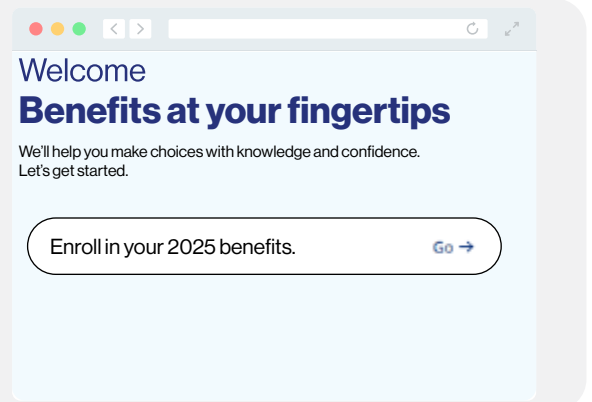
1

Visit www.aptia365.com/perrigo on any device and click **Get Started**.

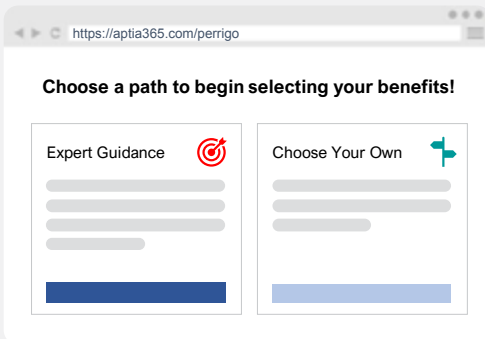
NOTE: You sign in automatically to the PBC if connected to the Perrigo network. Otherwise, sign in with your Perrigo ID and password. Call TAG at 33-HELP for password assistance.



Scan this code with your mobile device to enroll now.

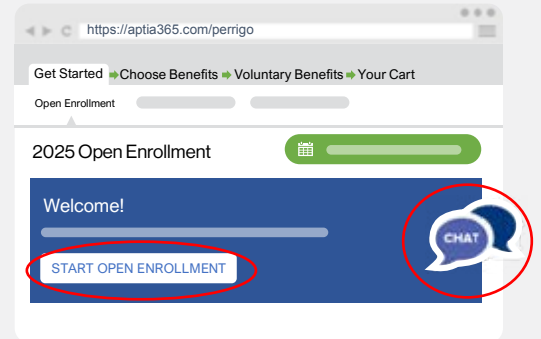


2



Choose the **Expert Guidance (recommended)** or the **Enroll by Individual Benefit** option.

3



Click **Start Open Enrollment**. If you have questions while you enroll, click the **Chat bubble**.

4

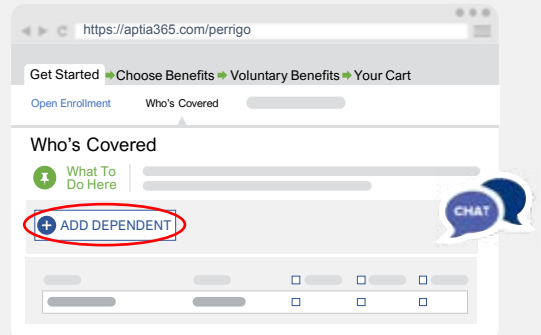
Add Dependents. Have their Social Security Number and Date of Birth ready when you enroll them.

NOTE: Refer to the **What To Do Here** section on the top of each enrollment page if you're not sure what to do.



Dependent Eligibility Verification

If you add a new dependent, print and submit the completed Eligibility Verification form with supporting documents within 31 days. Refer to page 38 for more information on Dependent Verification.



Elect Benefits

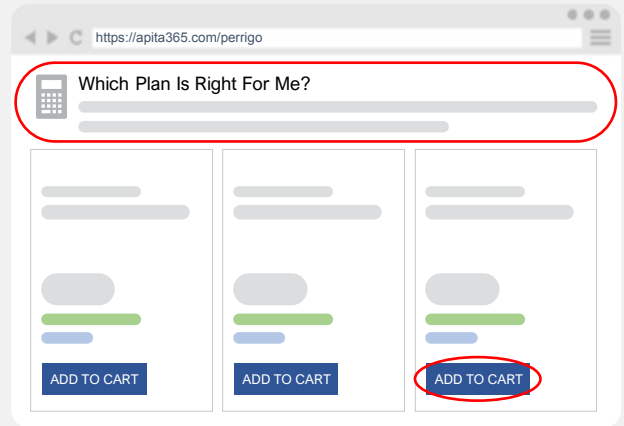
5

Follow the prompts and choose the options that fit your needs by clicking **Add To Cart**.

NOTE: You can only move to the next elections page by adding an option to your cart.

Some elections pages have **optional resources** to help you make an informed decision in the moment. Examples include videos, calculators, articles, and other resources.

NOTE: Your election will not time out while exploring the optional resources.



Manage Beneficiaries

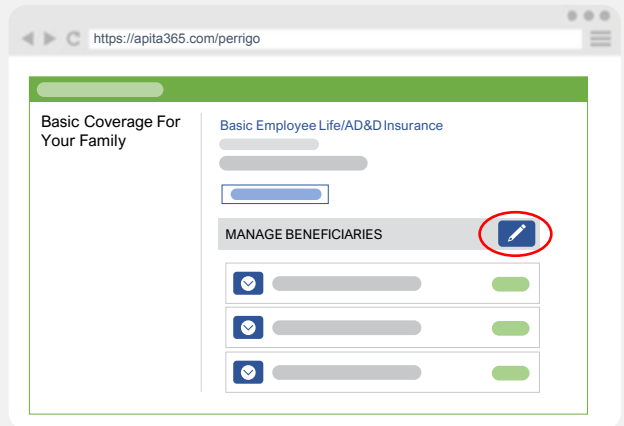
6

When prompted, click **Manage Beneficiaries** to add or edit your beneficiaries for certain benefits. You must agree to the Online Beneficiary terms before you can move forward.

NOTE: If you have more than one beneficiary for a certain benefit, the percentages must equal 100%.

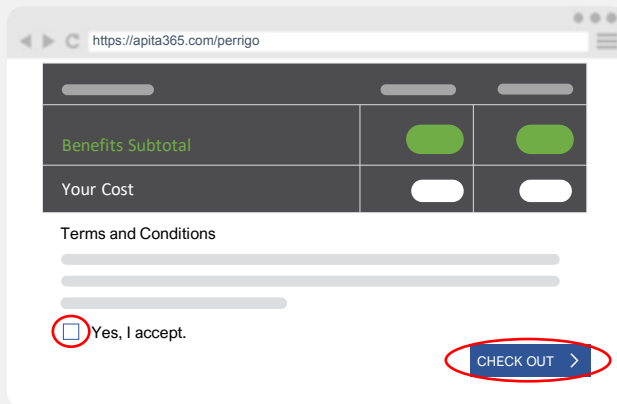


Don't forget other beneficiary assignments! Beneficiaries for your Vanguard 401(k) and Optum Bank Health Savings Account (HSA) are assigned on their websites.



Review and Confirm

7



Carefully review your cart. Make changes by clicking the pencil icon under each benefit. When you are ready, click **Yes, I accept** to accept the Terms and Conditions, then **Check Out**.

8



CONGRATULATIONS!

You have completed your benefits enrollment.

Contact the PBC if your confirmation statement is incorrect.



Remember to verify newly added dependents

ENROLLMENT INFORMATION AND DEPENDENT VERIFICATION

Information You Need to Enroll

If you call the PBC, for confidentiality reasons, the customer service team will ask you questions to verify your identity. Additionally, whether calling or enrolling online, you will need:

- **A valid email address. Note:** Yahoo (@yahoo.com) and Google (@gmail.com) offer free email address set-up
- If you are enrolling a spouse and/or dependents, please have their social security numbers (or ITIN) available. Spouse and dependent names and SSN (or ITIN) need to be entered exactly as printed on the cards
- A social security number will not be required for child(ren) under 3 months, but please update once the social security card is received

While navigating through enrollment, be aware:

- Once you begin enrolling, the system will save your place if you need to continue later. When you return, the system will start your enrollment where you left off. When you are satisfied with your elections, submit your cart
- Please do not use the “back” or “forward” arrows on your browser as you may lose your progress, only use “Continue.” You may edit elections on the Pre-Confirmation screen before submitting
- The Perrigo Benefits Center enrollment system will time-out after 15 minutes of inactivity
- Please utilize the Perrigo Benefits Center Customer Service Team if you have any questions (855.978.2695)
- The chat feature is available for assistance while you enroll online

Once you complete your enrollment, please click “Log Out.”

Spousal Surcharge

Please note, if you are paying the spousal surcharge, it will be included in the medical rate. It will not be a separate deduction on your paycheck.

Download the Spousal Verification Form from the Perrigo Benefits Center under the tile, “How do you verify dependents?”. Please complete by the deadline or the Spousal Surcharge will apply and is non-refundable.

Verifying Eligibility of New Dependents

The first time you add an eligible dependent, you will be asked to verify their relationship to you. Download and print off the Dependent Verification Form from the Perrigo Benefits Center under the tile “How do you verify dependents?”. It must be completed and submitted within 31 days from the date you enrolled.

Directly upload the form along with copies of your supporting documentation to Aptia 365+ (pictures of documents are sufficient). Or, mail all documents to:

Aptia 365
Box 10398 Des Moines, IA 50306-0398

Dependent verification notifications will be sent to you from Aptia, including but not limited to, no documentation being received, insufficient documentation, and/or removal of dependents due to the deadline passing.

Verifying Dependent Information

When you sign into the Perrigo Benefits Center website, the system may ask you to verify your dependent information. This is part of an ongoing quality check.

Other considerations for spouse and dependent profiles are listed below:

- Children age 26 and over may not be added in the dependent section; you may add them as a beneficiary
- If your child is turning age 26, and is no longer eligible for coverage, Aptia will update the system on your behalf and send you a notification of the change

What to Expect after You Enroll

- Please check your confirmation statement for accuracy
- ID and/or debit cards (as applicable) will be sent to your address on file (the Vision Plan does not have ID cards)
- If you enroll in the CDH Plan, Perrigo will contribute to your Health Savings Account, if eligible. See page 38 for more information

Changing Elections after You Enroll

After the enrollment period ends, you cannot change your benefit elections unless you have a qualifying life event, which includes:

- Marriage, divorce, annulment, or legal separation
- Dependent is no longer eligible
- If your job status changes from part-time to full-time
- Losing or gaining other health coverage (you or your dependent)
- The birth, adoption, or guardianship placement for adoption of a child
- Death of a spouse or dependent

Your change in election must be consistent with the life event. For example, if you get married, you can drop your medical coverage or add your spouse to your current coverage.

To change your benefit elections because of a qualifying life event, go to the Perrigo Benefits Center within 31 days of the event. If you miss that deadline, your change cannot be processed. However, you can change your benefit elections during the next Open Enrollment period (unless you have another qualifying life event). Contact the Perrigo Benefits Center if you have questions.

Download the Dependent Verification and/or Life Event Verification Forms from the Perrigo Benefits Center under the tile, “Mid-year Life Event Change.” Please complete by the deadline noted, otherwise your enrollment requests will be reversed or canceled (without a COBRA opportunity).

IMPORTANT INFORMATION

Go to the Perrigo Benefits Center for a copy of the Perrigo Summary Plan Descriptions (SPDs) and Summary of Benefits & Coverage (SBCs) for more information on the following:

Special Enrollment: If you declined coverage for yourself or your dependents in the PPO or CDH Plan because of Medicaid coverage or coverage under a state children's health insurance program, you may be able to enroll yourself and your dependents in the PPO or CDH Plan if you or your dependents lose eligibility for the other coverage.

If you or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under the PPO or CDH Plan, you may be able to enroll yourself and your dependents. However, you must request enrollment in connection with a loss of Medicaid coverage or state children's health insurance coverage or eligibility for premium assistance (as applicable) within 60 days from the date of the loss of coverage or the date of the determination of eligibility for premium assistance (as applicable).

If you declined coverage in the PPO or CDH Plan for you or your dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the PPO or CDH Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

However, you must request enrollment within 31 days of when your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days of the marriage, birth, adoption, or placement for adoption event. To request special enrollment or obtain more information, contact the Perrigo Benefits Center at 855.978.2695.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Under the HIPAA privacy regulations, the Perrigo health plans are required to protect the privacy and security of your protected health information. A copy of the Plan's Notice of Privacy Practices can be found on the Perrigo Benefits Center or requested by contacting your Perrigo Benefits Center at 855.978.2695.

Notice Regarding Wellness Program: HEALTHYyou is a voluntary wellness program available to all eligible employees and spouses who are enrolled in a Perrigo medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a voluntary well-being assessment or "WBA", which includes a series of questions about your health-related activities and behaviors. While the WBA is a component of the wellness program for those who choose to participate, you are not required to complete it.

Employees and spouses who are enrolled in a Perrigo medical plan and participate in the wellness program are eligible to receive a medical premium discount based on the level of wellness program points earned (e.g., Level I - Partial Wellness Discount or Level II - Full Wellness Discount). Please see the *Total Rewards Guide* on the Perrigo Benefits Center website for more information about discount amounts.

Incentives in the form of a medical premium discount are available if you participate in certain health-related activities. Incentives in the form of wellness points are available if you achieve certain health outcomes (e.g., being tobacco free or meeting two of four Healthy Standards). If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Limeade (HEALTHYyou administrator) at 888.388.8258.

The information from your WBA will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You are encouraged to share your WBA results, biometric screening results, and/or concerns with your doctor.

Note that you and your spouse are required to adhere to the online conduct rules of the Perrigo wellness program, found in the Limeade Terms of Service.

Protections from Disclosure of Medical Information: We are required by law to maintain the privacy and security of your personal identifiable health information. Although the wellness program and Perrigo, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, HEALTHYyou will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. We are required by law to maintain the privacy and security of your personal health information. Although the wellness program and Perrigo may use aggregate information it collects to design a program based on identified health risks in the workplace, HEALTHYyou will never disclose any of your personal health information either publicly or to Perrigo, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program or as expressly permitted by law.

All medical information about you obtained through the wellness program will be maintained separate from your personnel records, will not be provided to your supervisors or managers, and will not be used to make any employment decisions regarding your employment. You may not be discriminated against in employment because of the medical information you provide in connection with the wellness program and you may not be subjected to retaliation if you choose not to participate.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information to receive an incentive or as a condition of participating in the wellness program. Additionally, medical information stored electronically will be encrypted. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personal health information are the wellness program administrator (Limeade), the biometric screening data administrator (Quest Diagnostics), and other third-party vendors as deemed necessary by Perrigo to provide you services under the wellness program.

Additionally, we comply with HIPAA and privacy requirements with respect to such information. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Perrigo Benefits Center at 855.978.2695 Monday-Friday between 7am - 9pm ET. If you have any concerns about discrimination or retaliation related to the wellness program, please speak with your supervisor, your HR business partner, or you can report through Perrigo Ethics Hotline at Ethics hotline.Perrigo.com, or by calling 800.461.9330.

Newborns' and Mothers' Health Protection Act: Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under

Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act of 1998: Federal law requires under the Women's Health and Cancer Rights Act, and subject to all Welfare Program provisions, that a group health plan provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and treatment for physical complications of all stages of mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan. If you would like more information on these benefits, contact bcbsm.com or 866.684.8213.

Important Notice to Employees from Perrigo Company About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Perrigo Company medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2025 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Perrigo Company and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Perrigo Company prescription drug plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2025. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Perrigo Company plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or

drop Perrigo Company coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Perrigo Company plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Perrigo Company and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Perrigo Company coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Perrigo Benefits Center
Perrigo Company
855-978-2695, Monday – Friday from 7 a.m. to 9 p.m. EST
<https://www.Aptia365.com/perrigo>

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP): If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and

you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Alabama – Medicaid	FLORIDA – Medicaid
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
ALASKA – Medicaid	GEORGIA – Medicaid
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>
ARKANSAS – Medicaid	INDIANA – Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
CALIFORNIA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
<p>Website: https://www.dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov</p>	<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	KANSAS – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	NORTH DAKOTA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
LOUISIANA – Medicaid	OKLAHOMA – Medicaid and CHIP
<p>Website: www.medicaid.la.gov or www.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
MAINE – Medicaid	OREGON – Medicaid
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

MASSACHUSETTS – Medicaid and CHIP	PENNSYLVANIA – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa/ Phone: 1-800-862-4840	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
MISSOURI – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
MINNESOTA – Medicaid	SOUTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
MONTANA – Medicaid	SOUTH DAKOTA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEBRASKA – Medicaid	TEXAS – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
NEVADA – Medicaid	UTAH – Medicaid and CHIP
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW HAMPSHIRE – Medicaid	VERMONT– Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 or 603-271-5218	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
NEW JERSEY – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov
NEW YORK – Medicaid	WASHINGTON – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
NORTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://mywvhipp.com/ Second Website: https://dhr.wv.gov/bms/ Medicaid Phone: 304-558-1700 CHIP phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Centers for
Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research,

Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Summary of Material Modifications

This document is intended to highlight certain benefits available to eligible Perrigo employees. It does not include all benefit plan rules and details. For additional information about plan details, refer to the applicable summary plan descriptions (SPDs). If there are any inconsistencies between this document and the official plan documents, the plan documents control. To obtain copies of the plan documents, see your benefits representative.

These annual enrollment materials also constitute a summary of material modifications to the summary plan descriptions for the Perrigo Summary Plan Descriptions, effective January 1, 2024.

Perrigo reserves the right to change or discontinue any or all of its benefits programs or to change the cost of coverage at any time for any reason. Receiving this document is not a guarantee of employment or eligibility for benefits.



ONE Perrigo VISION

To Provide the Best Self-Care for Everyone

ONE Perrigo PURPOSE

Make Lives Better Through Trusted Health and Wellness Solutions, Accessible to All



Global Total Rewards – Benefits

Perrigo Benefits Center (PBC)
aptia365.com/perrigo
855.978.2695, Mon-Fri: 7am - 9pm ET



@PerrigoCompanyPlc



@PerrigoCompany



Perrigo Company plc