

abbvie

2021 U.S. Benefits New Hire Guide

**Enroll within
30 days of hire.**

For employees eligible to participate in legacy Allergan benefit programs.



**Educate.
Enroll.
Engage.**

1hrSource online |
Mercer Marketplace
Benefits app or website



Welcome to AbbVie. For 2021, AbbVie and legacy Allergan U.S. benefits will remain separate. Where integration is possible, some programs may be aligned during 2021. Information will be shared as decisions are made.

We are proud to offer you and your family a comprehensive suite of valuable benefits. The following are a few highlights for 2021:

- All colleagues are eligible to receive a **free annual comprehensive eye exam including free retinal screenings**.
- We are pleased to offer you and your family, including your parents and in-laws, free access to a **health advocate** who can help you make benefit decisions and navigate the complex health care system. See page 5 for more information.
- We support our colleagues and their families through many programs to enhance your overall well-being. Resources for Living, our Employee and Family Support program provides **industry-leading eight free counseling sessions** per family member, per issue as well as 24/7 access to counselors for advice and work-life specialists to assist with everyday needs.
- We **support our working parents and other caregivers** to help you be your best at work and at home by offering you benefits that help you find care, support students, improve emotional well-being and provide access to financial assistance.
- A generous **401(k) Company match made** annually — **100% of the first 8%** of eligible pay you contribute. There is also an opportunity to earn an additional Company match of **up to 4%** of eligible pay contributed to the plan, depending on Company performance. When you add it all up, your total potential contributions from the Company can be up to 12% of eligible pay!

Take the time to review this guide — and share it with your family — to understand the breadth of benefits that you are eligible for and what you can do to take advantage of all that is offered!

What's Inside?

Read this guide to learn about benefits we offer, and steps to take to ensure you have the coverage you want for 2021.

01—Educate. 02—Enroll. 03—Engage.

This document is a summary of the benefits in effect at Jan. 1, 2021. For complete details, refer to the Summary Plan Descriptions (SPDs) and associated Summary of Material Modifications (SMM). AbbVie makes available Summary of Benefits and Coverages (SBCs) which summarize important information about each medical plan coverage option offered in a standard format to help you compare across plan options. Visit **1hrSource** online or **Mercer Marketplace** to view your SPDs, SMM and SBCs. You can also request a free paper copy of the SBCs by contacting Mercer Marketplace at 1-844-851-5427.

If there is any discrepancy with information provided in this Guide or any verbal representation and the official Plan documents or insurance contracts, the official Plan documents or insurance contracts govern. Nothing in this document is intended to imply a contract of employment. AbbVie reserves the right to end, suspend, or amend its benefit programs, in whole or in part, at any time in its sole discretion.

January 2021

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Make the Most of Your Benefits in 2021



Download
Mercer Marketplace Benefits App
Download prior to enrollment!
(company ID: ACTA17)

01—Educate.

- Read this Guide and take time to understand all the benefits offered to you.
- Visit **1hrSource** online via your mobile device or laptop, to access benefits material, including the SBCs and SPDs and link to our carriers' sites.

Have Questions About Your Benefits?

- For specific plan questions, contact the carriers listed beginning on page 38.
- For help selecting which options may be best for you and your family, contact **Health Advocate** at **1-888-724-0507**, visit **healthadvocate.com/allergan** or email **answers@healthadvocate.com**.

02—Enroll.

Take action **within 30 days** of your hire date, or date of eligibility if later, to enroll in your benefits and add dependents via the Mercer Marketplace Benefits app (company ID: ACTA17), at **mercermarketplace.com/allergan**, or using single sign-on through 1hrSource Quick Links (collectively, referred to as "Mercer Marketplace") once you have set up your user name and password. Online access to **Mercer Marketplace** is available 24/7 to fit into your schedule.

If you choose to cover a dependent(s) under a legacy Allergan medical, dental and/or vision plan, provide required documentation within 45 days from your date of hire.

Have Questions About Enrollment?

Mercer Marketplace benefit counselors are ready to assist you.

7 a.m. – 9 p.m. ET Monday through Friday



Online chat

Click "Chat Now" at the bottom of the **Mercer Marketplace** website



By phone

Call 1-844-851-5427

03—Engage.

Stay connected and take advantage of all that is offered. Access benefits and programs when you need them by visiting **1hrSource** online or refer to the carrier contact information starting on page 38.

If You Do Not Take Action

You will only receive employer paid benefits as follows:

- Vision Plan-Exam Only (one free eye exam per year) - employee only
- Employee Life Insurance - 1x annual base pay
- Employee Accidental Death and Dismemberment Insurance (AD&D) - 1x annual base pay
- Business Travel Accident Insurance - 5x annual base pay
- Short-Term Disability (STD) - 100% of annual base pay for first 13 weeks; 70% of annual base pay for up to 13 additional weeks
- Long Term Disability (LTD) - 60% of annual base pay up to \$10,000 per month

Your next opportunity to make benefit changes will be annual Benefits Open Enrollment for coverage effective the following January, unless you experience a qualifying life event.

In addition, if you do not enroll in the Legacy Allergan 401(k) Plan within 30 days, you will automatically be enrolled at 4% of your base salary and will not maximize the Company Match. See page 33 for more information.



Meet Your Personal Health Advocate

Health Advocate's services are available at no cost to you and your spouse/domestic partner, dependent children, parents and in-laws. Prior to enrollment, you can also use Health Advocate to help you determine what benefits are best for you.



By Phone

1-844-851-5427



Online

healthadvocate.com/allergan



Email

answers@healthadvocate.com

Your Personal Health Advocate Can:



Resolve Claims and Billing Issues

We'll do the legwork to untangle medical bills and resolve claims and billing issues.



Work With Insurance Companies

Our team works on your behalf to obtain any necessary approvals and coordinate benefits.



Answer Benefit and Medicare Questions

We'll explain how your benefits work, how Medicare works and options once you are no longer eligible for company-sponsored coverage.



Help With Eldercare Issues

We can find adult day care, home care and other support services.



Find the Right Doctors

We can also find the right hospitals, specialists and other leading providers, anywhere in the country.



Make Appointments

We'll make the calls to schedule appointments and arrange second opinions.



Clarify Tests and Treatments

We'll help you understand medical conditions, test results and treatment options.



Transfer Medical Records

We'll also coordinate the transfer of X-rays and lab results.

01—Educate.

02—Enroll.

03—Engage.

People.
Passion.
Possibilities.®

Medical and Prescription Drug Program

We offer you a range of medical plan options, giving you the flexibility to enroll in the coverage that's right for your needs. Each plan includes prescription drug coverage (see page 10 for details). Review your options here, then visit **1hrSource** online to learn more and log on to **mercermarketplace.com/allergan** to enroll.

2021 Medical Plans

We are proud to offer comprehensive medical coverage that includes additional services such as bariatric surgery, infertility treatment and more (for details, refer to **mercermarketplace.com/allergan**). When electing a medical plan, you'll choose your **plan, medical carrier and coverage level**. You should receive your new medical ID card approximately three weeks after the enrollment window ends. **Note:** If you are currently in treatment for a specific condition, reach out to your new carrier to address your transition of care.



1. Choose Your Plan

- \$400 Deductible Plan
- \$900 Deductible Plan
- \$1,500 Deductible Plan + HSA
- \$2,500 Deductible Plan + HSA

Learn more about the Health Savings Account (HSA) on page 15.



2. Choose Your Medical Carrier

- Aetna
- Horizon Blue Cross Blue Shield (Horizon BCBS)
- UnitedHealthcare (UHC)
- Baylor Scott & White (BSW) | Waco, Austin and Central TX
- Kaiser Permanente (Kaiser) | Northern and Southern CA, CO, GA, Mid-Atlantic (VA, MD and Washington, D.C.) and Pacific Northwest (OR and WA)
- HMSA | Hawaii
- Triple S | Puerto Rico



3. Choose Your Coverage Level

- Employee Only
- Employee + Spouse /Domestic Partner
- Employee + Child(ren)
- Employee + Family



What will you pay?

Costs are determined by the plan, carrier and coverage level you choose, along with your state of residence and salary band (based on your annual base salary):

- Less than \$70,000
- From \$70,000 to \$114,999
- Equal to or greater than \$115,000

There is a low, medium and high tier carrier in each state. Refer to page 22 to determine the tier for each carrier where you live. View the Biweekly Contribution Rate Sheet on **1hrSource** online to see your per paycheck costs for medical, dental and vision coverage or log on to **mercermarketplace.com/allergan** to see your per paycheck costs for each benefit plan, including life and disability insurance and voluntary benefits.

Understand Your Medical Plan Options

Each medical plan offered by our three national carriers and BSW generally covers the same services; however, clinical policies may differ by carrier. The main difference between the plans is how much you pay in employee contributions and how you pay for services as described below.

If you participate in a regional medical plan offered by Aetna International, HMSA, Kaiser or Triple S, your coverage may differ. See your carrier's benefits booklets for details.

Contact Health Advocate for assistance: 1-888-724-0507

healthadvocate.com/allergan | answers@healthadvocate.com

Your Cost Share for In-Network Medical Plan Coverage¹

Aetna, Horizon BCBS, UHC, and BSW

	\$400 Deductible Plan	\$900 Deductible Plan	\$1,500 Deductible Plan With HSA	\$2,500 Deductible Plan With HSA
Per Paycheck Contributions²	Highest ←			→ Lowest
Medical/Rx Deductible	\$400 per individual, up to \$800 family maximum	\$900 per individual, up to \$1,800 family maximum	Employee Only: \$1,500 All Other Coverage Levels: \$3,000	Employee Only: \$2,500 All Other Coverage Levels: \$5,000
Medical/Rx Out-of-Pocket Maximum (OOP max)	\$2,200 per individual, up to \$4,400 family maximum	\$3,000 per individual, up to \$6,000 family maximum	Employee Only: \$3,000 All Other Coverage Levels: \$6,000	Employee Only: \$4,500 All Other Coverage Levels: \$6,850
Office Visit • Preventive • Primary Care • Specialist	• \$0 • \$20 copay • \$40 copay	• \$0 • 20% after deductible • 20% after deductible	• \$0 • 20% after deductible • 20% after deductible	• \$0 • 30% after deductible • 30% after deductible
Plan Coinsurance	You pay 20% after deductible, up to OOP max	You pay 20% after deductible, up to OOP max	You pay 20% after deductible, up to OOP max	You pay 30% after deductible, up to OOP max
Annual Company HSA Contribution³	N/A	N/A	Employee Only: \$450 All Other Coverage Levels: \$900	Employee Only: \$650 All Other Coverage Levels: \$1,300
Accounts to pay for health care expenses See pages 15-16 for more information about the FSAs and HSA.	You may contribute to a Health Care FSA to pay for eligible 2021 health care expenses.		You may enroll in and contribute to a: • HSA to pay for 2021 and/or future eligible health care expenses (no "use-it-or-lose-it" provision), and a • Combination FSA to pay for eligible 2021 dental and/or vision costs plus eligible 2021 medical expenses once the 2021 IRS statutory deductible (\$1,400 for employee only, \$2,800 all other) is met.	

¹ For details on out-of-network coverage through the medical plans, see the Summary of Benefit Coverages (SBCs) on **1hrSource** online or **Mercer Marketplace**. Please note that you'll pay more for services from out-of-network providers because there are no negotiated contracts. If you receive a Company drug on the \$0 Copay list through the medical plan with an out-of-network provider or facility, you may be charged the cost of the drug above the contracted rate. You can save money by staying in-network.

² Per paycheck costs available on the 2021 Biweekly Contribution Rate Sheet on **1hrSource** online (under Health>Enroll/Change Your Elections).

³ The Company's full annual HSA contribution is deposited into employees' accounts in January each year concurrent with the first paycheck of the year. You must actively enroll in the HSA each year to receive the Company's HSA contribution. Mid-year enrollees will receive a prorated Company contribution based on the month following their HSA enrollment, as soon as practical.

Covering Dependents?

Understand How In-Network Deductibles and Out-Of-Pocket Maximums Work

\$400 and \$900 Deductible Plans for services subject to coinsurance:

- The plan pays 80% for any person once they meet their individual deductible. Once the maximum family deductible is met, the plan pays 80% for all covered members, even if those individuals have not met their own deductible.
- The plan pays 100% for any person once they meet their individual out-of-pocket maximum. Once the maximum family out-of-pocket is met, the plan pays 100% for all covered members, even if those individuals have not met their own out-of-pocket maximum.

\$1,500 and \$2,500 Deductible Plans:

- The entire family deductible (applies to all coverage levels except Employee Only) must be met before the plan begins to pay benefits at the 80% or 70% coinsurance for any family member¹.
- The entire family out-of-pocket maximum must be met (applies to all coverage levels except Employee Only) before the plan pays 100% for any family member.



Supplemental Medical Plans

Consider pairing supplemental medical plans with a higher deductible medical plan

Voluntary, supplemental plans provide cash payments in the event of a significant, unexpected medical expense. On their own, they do not provide basic medical coverage. They are designed to complement your primary medical plan to help if you're suddenly faced with large out-of-pocket medical expenses and a large deductible.

The following policies are available:

- **Accident Insurance** – Provides payments for services received as a result of a covered accident (including emergency room treatment, benefits for fractures, dislocations, etc.).
- **Critical Illness Insurance** – Can help cover out-of-pocket expenses if you or a covered dependent are diagnosed with a covered illness (e.g., cancer).
- **Hospital Indemnity Insurance** – Helps protect you and your savings by paying you a direct benefit to cover expenses related to a covered hospitalization.



Free Money!

If you enroll in Critical Illness Insurance, you and your spouse/domestic partner are each eligible to receive an annual \$50 wellness benefit by completing one wellness screening per year (e.g., mammogram, colonoscopy, biometric screening, skin cancer screening, etc.). Simply submit a claim form to AFLAC documenting your screening and you'll receive a \$50 check in the mail!

¹ Special rules apply to Kaiser - Northern California and Kaiser - Southern California, due to California State Mandates. Specifically, any family member will have a maximum deductible of \$2,800. See the **Kaiser Evidence of Coverage documents** on **1hrSource** online for details.

Know Your Prescription Drug Coverage

Prescription drug coverage is automatically included in all of our medical plan options. If you participate in a legacy Allergan medical plan offered through Aetna, Horizon BCBS, UHC or BSW, your prescription drug coverage is provided through CVS Caremark and is outlined in this section. You will get a separate prescription drug card from CVS Caremark, approximately two weeks after you enroll.

If you participate in a regional medical plan offered by Aetna International, HMSA, Kaiser or Triple S, your coverage may differ. See your carrier's benefits booklets for details.

With CVS Caremark, you have:

A network of more than 68,000 pharmacies nationwide, including 9,700 CVS locations (including those located inside of Target stores), but also many pharmacies you may use today, like Walgreens, Walmart, Rite Aid and more.

- **Two ways to fill 90-day supplies of your long-term medications** (such as those for high blood pressure, birth control or diabetes) for a lower cost than three 30-day supplies:
 - CVS Caremark Mail Service Pharmacy
 - CVS Pharmacy locations
- **Automatic point-of-sale rebates** on many preferred brand-name drugs that save you money when you pick up your prescription.
- **Drug lists.** Use the CVS Caremark "Check Drug Cost" tool, available on **1hrSource** online and **Mercer Marketplace** to determine your medication's out-of-pocket cost based on the medical/prescription drug plan you may choose. The tool will also identify cost savings opportunities.
- **CVS Specialty™ Pharmacy** for individuals with rare, complex or genetic conditions.

100% Coverage of Company Drugs

As an AbbVie employee, you and any family members covered under a legacy Allergan medical plan (other than Aetna International or Kaiser) are eligible to receive Company drugs at \$0 copay if you participate in the \$400 and \$900 deductible plans and 100% **after** the deductible if you participate in the \$1,500 and \$2,500 deductible plans. All preventive drugs are covered at 100% without a deductible.

'Member Pay the Difference' Program

In order to incent the use of generic medications to help reduce the overall cost of health care, if you fill a non-Company brand medication when a generic is available, you generally will pay the difference in cost between the non-Company brand medication and the generic, **plus** the generic copay/coinsurance. Only the generic copay/coinsurance will count toward your plan deductible and/or out-of-pocket maximum, not the amount of the price differential between the two medications.

Note: The additional charge does not apply to Company brand drugs or certain behavioral health medications.

All covered generics are your lowest cost option on the Performance Drug List. Speak with your doctor and consider whether switching to a generic drug may be right for you. If you or your physician have any questions concerning this, please contact a CVS Caremark Customer Care representative at **1-844-224-9931**.





Your Share of Prescription Drug Coverage - CVS Caremark

	\$400 Deductible Plan	\$900 Deductible Plan	\$1,500 Deductible Plan With HSA	\$2,500 Deductible Plan With HSA
Deductible	None. Rx copay or coinsurance amounts are paid each time, regardless of deductible and do not count toward the deductible.		Yes. Must meet deductible (combined for medical and prescription drugs) before Rx coinsurance applies (other than preventive drugs).	
Preventive Drugs	See next page			
Company Drugs ¹	\$0 copay		\$0 copay after you meet the deductible , as required by law for non-preventive drugs in HSA-qualified plans. \$0 copay without meeting the deductible for certain preventive drugs as described on the next page.	
Non-Company Drugs	Short-Term Drugs (Up to a 30-day supply): Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay	Short-Term Drugs (Up to a 30-day supply): Generic: You pay 30% (min \$10/max \$20) Preferred Brand: You pay 30% (min \$25/max \$50) Non-Preferred Brand: You pay 45% (min \$40/max \$80)	You pay 20% after deductible, up to OOP max. Deductible waived for certain preventive medications as described on the following page.	You pay 30% after deductible, up to OOP max. Deductible waived for certain preventive medications as described on the following page.
	Long-Term Drugs (Up to a 90-day supply): Generic: \$25 copay Preferred Brand: \$75 copay Non-Preferred Brand: \$150 copay	Long-Term Drugs (Up to a 90-day supply): Generic: You pay 30% (min \$25/max \$50) Preferred Brand: You pay 30% (min \$62.50/max \$125) Non-Preferred Brand: You pay 45% (min \$100/max \$200)		

¹ Both AbbVie and Allergan drugs are included in the Company \$0 Copay List. Drugs or products that are used for cosmetic (i.e. non-medical) purposes, or are available over the counter, are not covered. Visit **1hrSource** online, **caremark.com** or **Mercer Marketplace** for the current \$0 Copay List.

Understand Your Preventive Drug Benefits

Preventive care benefits are an essential part of your health coverage. Here's an overview of your preventive drug benefits and how cost sharing works.



Affordable Care Act (ACA) Preventive Drugs:

The ACA requires that certain preventive medications and supplements available to you at no cost. You pay \$0 for qualifying ACA preventive medications regardless of which medical plan you choose.

Expanded Preventive Drugs for the \$1,500 and \$2,500 Deductible Plans:

Participants in these plans have access to an expanded preventive drug list provided by CVS Caremark as permitted by law. For drugs on this list, coinsurance will apply immediately (no deductible applies).

Note: Company drugs on the expanded preventive drug list are provided at \$0 copay before the plan deductible is met.



Check Drug List

Access the following drug lists on **1hrSource** online, **Mercer Marketplace** or **caremark.com**:

- **\$0 Copay List** - lists Company drugs available for \$0 copay. **Note:** if you participate in the \$1,500 or \$2,500 Deductible Plan, you must first meet the deductible for non-preventive Company drugs before receiving Company drugs at \$0 copay.
- **Performance Drug List** - lists generics and preferred brand medications
- **ACA Preventive Drug List** - lists the \$0 copay preventive drugs in all plans
- **Expanded Preventive Drug List** - for the \$1,500 and \$2,500 Deductible Plans
- **Comprehensive Specialty Drug List** - lists specialty medications available exclusively through CVS Specialty Pharmacy



CVS Caremark Customer Care representatives are available to you 24 hours a day, 7 days a week.

Call Customer Care at **1-844-224-9931**.

Consider Your Dental and Vision Plan Options

You are eligible to select coverage from two dental plans and three vision plans. Review your options here, then visit **Mercer Marketplace** to learn more and enroll.

Dental

The Company offers the legacy Allergan Basic Plus and Enhanced Dental Plan. Both dental plans are administered by MetLife, use their PDP Plus provider network and cover preventive services at 100%. The Enhanced Plan offers a higher annual maximum benefit, covers a larger portion of basic services covers a larger portion of basic services and includes orthodontia coverage for adults and children.



Your Cost Share for Dental Coverage

	Basic Plus Plan	Enhanced Plan
Individual/Family Deductible	\$50/\$150	\$50/\$150
Annual maximum benefit (per person)	\$1,000	\$2,000
Services <ul style="list-style-type: none"> • Preventive¹ • Basic • Major 	<ul style="list-style-type: none"> • \$0 copay² • 30%, after deductible² • 50%, after deductible² 	<ul style="list-style-type: none"> • \$0 copay² • 20%, after deductible² • 50%, after deductible²
Orthodontia coinsurance/lifetime maximum (per person)	Not covered	<ul style="list-style-type: none"> • 50%² • \$2,500 lifetime maximum
Orthodontia eligibility	Not covered	Adults and children

¹ Includes two cleanings and exams each year, not subject to the deductible.

² For in-network coverage, the plan pays a percentage of the provider's negotiated fee, which refers to the discounted fees that participating network providers have agreed to accept. For out-of-network coverage, the plan pays a percentage of the Reasonable and Customary (R&C) charge, which is usually higher than the negotiated fee. When visiting an out-of-network provider, you are responsible for 100% of charges above R&C.

No ID Card Needed for Dental and Vision

To use your dental and/or vision benefits, provide your name, Allergan's name, your Social Security number, and the Group number (Dental: 306371; Vision: 30060593) to your provider, who should be able to look up your coverage information. You also can access a virtual ID card on each carrier's mobile app.





Vision

The Company offers the legacy Allergan Exam Only Plan, Standard Plan and Enhanced Plan.

As part of our commitment to overall eye health, the Company offers a **free comprehensive eye exam** each calendar year for all colleagues through VSP in-network providers, under each plan option.

The Exam Only Plan is provided at no cost to you. Compared with the Standard Plan, the Enhanced Plan offers a lower copay for prescription glasses and lenses and higher allowances for frames and contact lenses.

Your Cost Share for Vision Coverage from a VSP-Participating Provider¹

	Exam Only Plan	Standard Plan	Enhanced Plan
Exam (once per calendar year, includes retinal screening)	\$0 copay	\$0 copay	\$0 copay
Prescription glasses	20% savings on complete pair of prescription glasses and sunglasses from any VSP	\$25 copay See lenses, lens enhancements and frames for additional details	\$10 copay See lenses, lens enhancements and frames for additional details
Lenses • Single vision • Lined bifocal • Lined trifocal	Not covered 20% savings	Once every calendar year Included in prescription	Once every calendar year Included in prescription
Lens enhancements • Standard progressive • Premium progressive • Custom progressive	Not covered 20% savings	Once every calendar year • \$55 copay • \$95–\$105 copay • \$150–\$175 copay	Once every calendar year • \$0 copay • \$95–\$105 copay • \$150–\$175 copay
Frames	Not covered 20% savings	Once every 24 months ² • \$130 allowance for a selection of frames • 20% savings on the amount over your allowance	Once every calendar year • \$175 allowance for a selection of frames • 20% savings on the amount over your allowance
Contact lenses (instead of glasses)	Not covered 15% savings on contact lens services (exam only, excludes contact lens materials)	Once every calendar year • Up to \$60 copay for exam • \$130 allowance for contacts (copay does not apply)	Once every calendar year • Up to \$60 copay for exam • \$175 allowance for contacts (copay does not apply)
Diabetic eye care plus program³	Not covered	As needed; \$20 copay	As needed; \$20 copay

¹ For details on out-of-network coverage, see the vision benefit summary on **1hrSource** online or **Mercer Marketplace**.

² Frequency of services is based on calendar year.

³ Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD).

Save Money Using Tax-Advantaged Accounts

You can save money by contributing on a pretax basis to a Health Savings Account (HSA), Flexible Spending Account (FSA) and/or a Commuter (transit and/or parking) Account.

Health Savings Account (HSA)

Employees enrolled in the \$1,500 and \$2,500 Deductible Plans are eligible to enroll, provided they meet the HSA eligibility criteria, in order to take advantage of the “triple tax savings” - pretax contributions, tax-free interest and investment earnings, and federal tax-free withdrawals for qualified health care expenses. Once your balance reaches \$1,000, you may invest your account in excess of \$1,000 in a variety of investment funds.

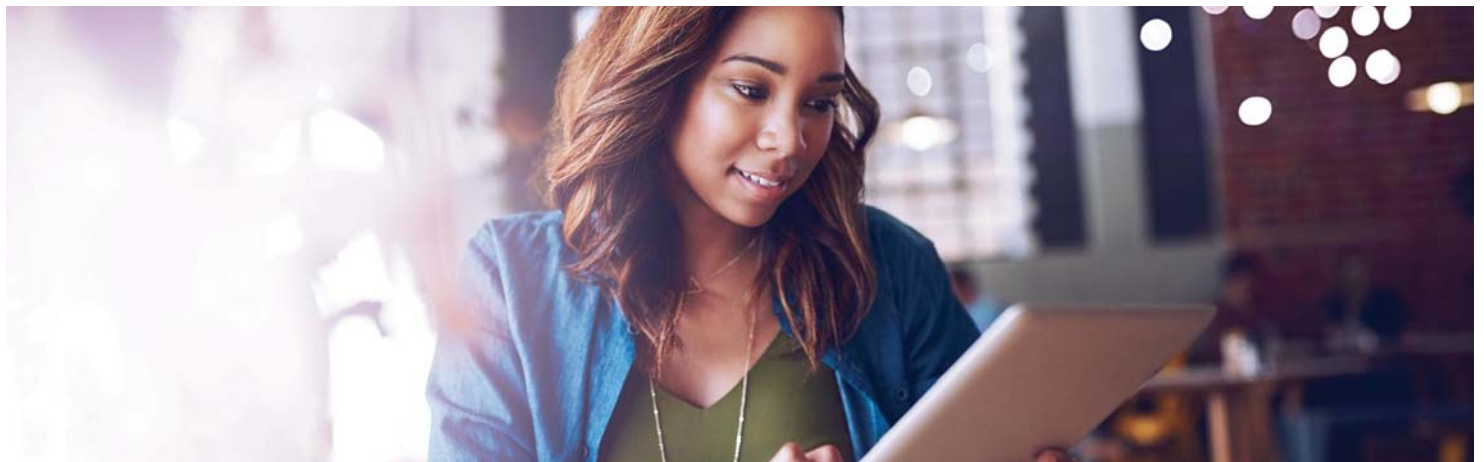
Don't Miss Out On Free Money!

If you enroll in the \$1,500 or \$2,500 Deductible Plans, you **MUST** enroll in an HSA in order to receive the Company's HSA contribution and to make your own contributions, if any. Please note, you need to enroll in the HSA each year during Open Enrollment. Your HSA account election does not roll over automatically each year.



	\$1,500 Deductible Plan		\$2,500 Deductible Plan	
	Company Contribution	Total Contribution Allowed ¹	Company Contribution	Total Contribution Allowed ¹
Employee Only	\$450	\$3,600	\$650	\$3,600
All other coverage levels	\$900	\$7,200	\$1,300	\$7,200

¹ Includes the Company's contribution amount



Flexible Spending Accounts

If you enroll in a Health Care FSA, Combination FSA or Dependent Care FSA, you must generally incur all FSA eligible expenses by **Dec. 31** of the Plan year and submit all eligible claims for reimbursement by **March 31** of the year following the Plan year. Special rollover rules apply to the Health Care and Combination FSAs, as described below.

Health Care FSA

All colleagues who are not enrolled in an HSA are eligible to participate in a Health Care FSA, even if you are not enrolled in a legacy Allergan medical plan. You generally must incur all expenses in the current Plan year, however, there is a special provision that allows you to roll over up to \$550 each year to the next calendar year as long as you enroll in the Health Care or Combination FSA the following year. Rollover funds will be available in mid-April of the following year.

Combination Health Care FSA

All colleagues enrolled in an HSA can use this account for dental and vision expenses, plus medical/prescription drug expenses after you reach the IRS statutory deductible. Like the Health Care FSA, you can roll over up to \$550 to use in the following calendar year as long as you re-enroll in the Health Care or Combination FSA the following calendar year. Rollover funds will be available in mid-April of the following year.


Dependent Care FSA

All colleagues are eligible to enroll in and use this account for day care expenses for eligible dependents (under age 13) or elderly dependents (whom you claim as dependents on your tax return), so that you and your spouse can work, look for work or attend school full-time. Consider your contribution election carefully, as you must incur expenses by the earlier of **Dec. 31** of the Plan year or when the child turns 13. Per IRS rules, any unused amounts at the end of the Plan year will be forfeited; **there is no rollover provision**. This account cannot be used for dependent medical expenses.

Commuter Accounts (Parking/Transit)

All colleagues are eligible to enroll in a transit and/or parking account to pay for commuting expenses with tax free dollars (federal and most states). A monthly deduction will be made on the first pay period of each month. You can change your election at any time during the year.

2021 Contribution Limits	
Healthcare and Combination Healthcare FSA	\$2,750/year
Commuter (Parking or Transit)	\$270/month
Dependent Care FSAs	\$5,000/year



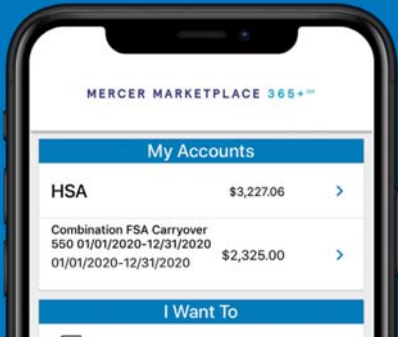
Download

Mercer Marketplace Accounts App

(company ID: ACTA17)

Accessible 24/7, you can:

- Check balances and details
- View claims requiring receipts
- File a claim and submit receipts
- View investments





Tax-free Accounts Are Easy and Convenient

One debit card is provided for all of your tax-free accounts. Generally, your current card can continue to be used each year. If your card is due to expire, you will automatically receive a new one. You can manage all your accounts or request additional debit cards for your family members on the **Mercer Marketplace Accounts app** or online at **accounts.mercermarketplace.com**.

Protect What Matters Most With Life, Disability and Voluntary Benefits

We offer life, accidental death and dismemberment (AD&D), disability and voluntary benefits to help protect your family's financial security in case the unexpected happens, providing you with greater peace of mind.

Life and AD&D Insurance

You are automatically provided with the following coverage at the Company's expense:

Basic Life Insurance	1× annual base pay
Basic AD&D Insurance	1× annual base pay
In addition, you may purchase Supplemental Life and AD&D coverages:	
Supplemental Life	
For Yourself	1–8× annual base pay, up to \$2 million
For Your Spouse/Domestic Partner	\$25,000 increments, up to \$150,000
For Your Dependent Child(ren)	\$5,000 increments, up to \$20,000 per child
Supplemental AD&D	
For Yourself	1–8× annual base pay, up to \$2 million
For Your Family	Pays a percentage of your elected AD&D amount; varies based on family member covered

Certain coverage levels are available without providing Evidence of Insurability (EOI) **if you enroll within 30 days of hire.**

Note: You must elect supplemental coverage for yourself in order to elect supplemental coverage for your dependents.

Business Travel Accident (BTA) Insurance

To provide additional protection while traveling on Company business, we offer BTA insurance coverage at no cost to you.

Key highlights include:

- 5x annual base pay for AD&D
- Reimbursement for loss of personal belongings
- Coverage for domestic travel (not part of regular job duties)
- Coordination with International SOS for business travel overseas

Short-Term Disability (STD)

Our STD program provides base salary continuation if you are unable to work and Matrix, legacy Allergan's disability administrator, certifies you as disabled.

Company-Provided STD – Provides 100% of base salary for up to the first 13 weeks of an approved disability and 70% for up to the next 13 weeks of an approved disability.

STD runs concurrent with Family Medical Leave and any state or federal leaves.



Parental Leave

For births, adoptions and foster care placements, all new parents are eligible for **8 weeks of paid time off** to bond with their new child. Parental Leave runs concurrent with Family Medical Leave and any state or federal leaves.

For birth mothers, Parental Leave is in addition to any period of STD.

Long-Term Disability (LTD)

Our LTD insurance programs work together to replace a portion of your income when you're unable to work for approved disabilities.

Company-Provided Basic LTD – Provides 60% of monthly base salary (up to \$10,000 maximum per month) after you have been disabled, as certified by Matrix, for at least 180 days. Benefits are generally payable to age 65, as long as you remain disabled.

Optional LTD Buy-Up Insurance – In combination with Company-provided Basic LTD, provides 66.7% of monthly base salary (up to \$15,000 maximum per month). This benefit is employee-paid and you must enroll to receive it.

Note: Evidence of Insurability (EOI) is not required if you elect Optional LTD Buy-up Insurance within your **initial 30-day enrollment period**. If you do not elect coverage at that time, you will be required to provide EOI if you elect to enroll at a later date.

Voluntary Benefits

In addition to the benefits described earlier in this Guide, legacy Allergan provides you the opportunity to purchase the following additional, voluntary benefits at your own cost through **Mercer Marketplace** in order to protect what is important to you:



Identity Theft Protection

Services from Allstate Identity Protection that monitor your identity, detect fraud and restore your identity in the event of theft.

Get peace of mind by protecting yourself against the damage of identity theft. Certified privacy advocates act on your behalf to resolve identity theft issues.

You can only enroll in this benefit upon hire and during Open Enrollment each year for coverage effective the following Jan. 1.



Legal Benefits

The MetLife® Legal Assistance Plan offers economical access to attorneys for legal services such as will preparation, estate planning, and family law. Give yourself, your spouse/domestic partner, and your dependents access to a nationwide network of 13,500 attorneys.

Legal advice is a phone call away, and representatives will help you find an attorney in your area.

You can only enroll in this benefit upon hire and during Open Enrollment each year for coverage effective the following Jan. 1.



Auto and Home Insurance

MetLife gives you access to personal insurance policies, including home (not available in Massachusetts or Florida), landlord's rental dwelling, condo, recreational vehicle, and boat:

- Save up to 15% by purchasing this coverage through **Mercer Marketplace**.
- No-obligation quotes and cost comparisons.

You can enroll in this benefit at any time during the year.



Pet Insurance

Nationwide provides coverage to help you pay for the costs of veterinary care:

- Protect against the financial impact of veterinary care while using any veterinarian worldwide.
- You are eligible to receive a discount of 5% or more on premiums.
- Pre-existing condition exclusions may apply.

You can enroll in this benefit at any time during the year.

Select Your Medical Plan Using These Three Steps

Selecting your medical plan is one of your primary decisions as a new hire. Follow these steps to help determine which medical plan may be best for you and your family.

Still unsure? Call Health Advocate for personal assistance.

01—Consider

Consider your responses to the following questions to help determine what plan you prefer:

Are you comfortable paying more for care upfront from your paycheck for predictability and budgeting purposes, even though it may cost you more?

If so, you may want to consider the \$400 Deductible Plan since it has fixed copays for office visits and prescription drugs and the lowest annual out-of-pocket maximum for medical and prescription costs. However, it also has the highest paycheck deduction, so it will likely have the highest Estimated Annual Cost, as defined on the next page.

Are you covering yourself only or family members too?

See page 9 for details on how the deductibles and out-of-pocket maximums work when covering dependents. How each family member uses care can influence your decision.

Do you (or covered dependents) have regular prescriptions you need to fill, including Company drugs?

See page 11 for how prescription drugs are covered under each option.

Note: The \$400 and \$900 plans cover prescription drugs without having to first meet the deductible.

Are you comfortable taking a more active role in your care, such as researching costs, site of service and treatment options?

Under the \$1,500 and \$2,500 plans, you pay less upfront through payroll deductions and more at point of care, so your health care decisions more directly impact your wallet. Proper research can save you money.

Are you looking for a triple tax-advantaged way to save for health care costs in retirement?

If so, consider the \$1,500 or \$2,500 plan and contribute to the HSA. See page 15 for details.



Consumer Tip

If your Estimated Annual Cost is lowest in the \$1,500 or \$2,500 Deductible Plans, consider taking the paycheck deductions you save by not enrolling in the \$400 or \$900 Deductible Plans and contribute that amount to your HSA.

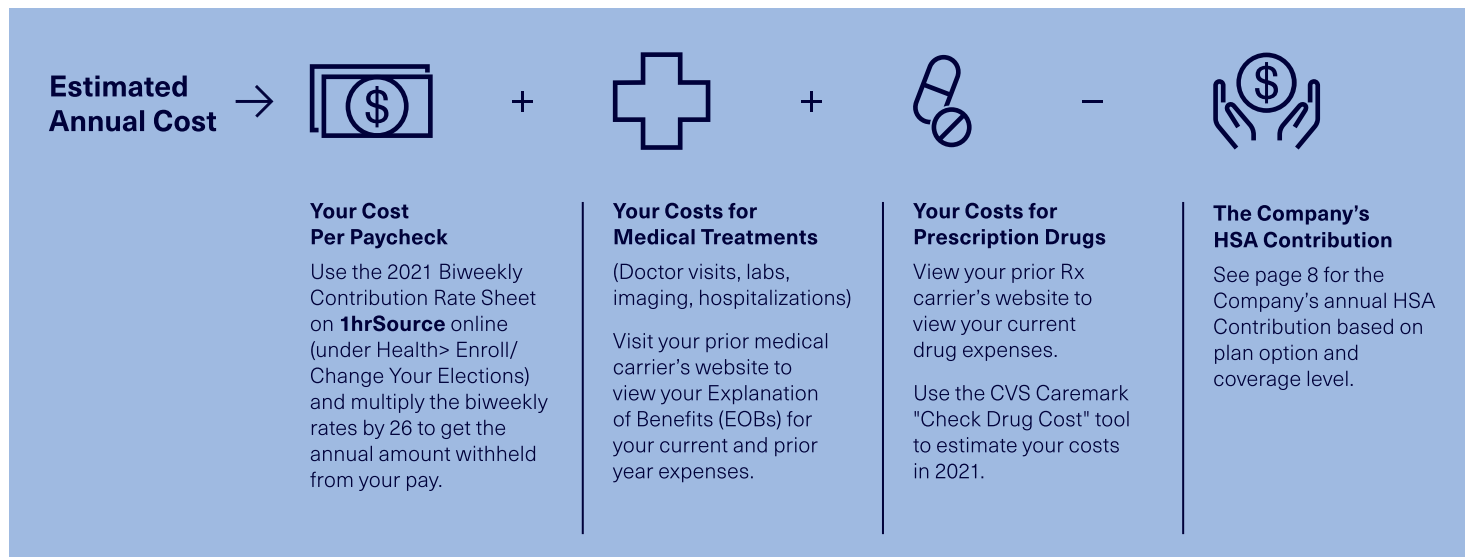
You can use the HSA to pay for costs prior to reaching the out-of-pocket maximum or save it for future health care expenses, even in retirement.



02—Compare

Compare your Estimated Annual Cost under each plan option.

See pages 23-26 for examples



Use Mercer Marketplace's "Best Match" Tool To Calculate Your Estimated Annual Cost.

When you log on to **Mercer Marketplace**, you will be guided through a series of questions to help determine your "Best Match" plans. The "Best Match" plans for medical coverage are based on your responses to the questions, not necessarily your Estimated Annual Cost.

Click on **"How was this calculated?"** to customize your expected usage – and then view the revised Estimated Annual Cost by plan option. Your "Best Match" plan will not change once determined by your preferences, so you will need to **look at each option to find your lowest Estimated Annual Cost.**

Note: The costs used in the tool are based on national averages of negotiated costs and assume all services are provided in-network.

03—Review

Review your medical carrier selection.

1. View the **"2021 Medical Contribution Tiers by Carrier and State"** on page 22 to see if your current carrier has the lowest payroll deduction.
2. If your current carrier is not the lowest cost option, consider switching carriers to save money. See pages 21-22 for details.

The Bottom Line

Choose a carrier that your doctor participates in to receive in-network discounts and a higher level of coverage. From there, if you have enough savings to cover a health care emergency, the \$1,500 or \$2,500 Deductible Plan with HSA often makes the most financial sense. But if you tend to prefer the predictability of paying a higher, fixed amount from your paycheck each pay period instead of an unknown amount at the point of care, it may be worth it to you to pay more with the \$400 or \$900 Deductible Plan for a simpler health care experience.

Discover Why Medical Plan Contributions Vary by Carrier and State

Legacy Allergan medical coverage is offered through three national carriers: Aetna, Horizon Blue Cross Blue Shield (Horizon BCBS) and UnitedHealthcare (UHC), as well as some regional carriers in certain states. Annually, **Mercer Marketplace** performs a review to identify national carriers with the most and least favorable negotiated rates in each state. The Company uses the results of this review to place each carrier in the low, middle or high contribution tier, which is used to determine employee contributions by carrier in each state.

Here are three important points to know:

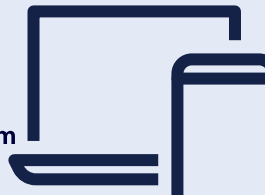
- 1. These plans are designed to cover a schedule of benefits that is as similar as possible across the different carriers.** In addition, the vast majority of doctors participate in all three national carrier networks. Log on to each carrier's website to see if your doctor participates in that carrier's network or contact Health Advocate to have them do the research for you.
- 2. A carrier with lower employee contributions doesn't equate to less medical coverage or a lower benefit.** In fact, that may be the carrier with the largest provider network in your area. A carrier's cost is often lower because of better discounts with the providers in that state, and those discounts are shared with you when you seek care from network providers and through employee contributions.
- 3. Regional carriers are offered in certain states with lower contribution rates than the national carriers.** These plans often provide the highest quality and most cost-effective care because they manage care in an integrated manner within a specific network. If eligible, based on home zip code for Kaiser and your home or work zip code for Baylor, Scott and White (BSW), we encourage you to consider whether these plans will work well for you and your family.

Contact Health Advocate for assistance:

1-888-724-0507

healthadvocate.com/allergan

answers@healthadvocate.com



Check Mercer Marketplace

When you enroll in your benefits via Mercer Marketplace, you can see the carriers available in your state, and the employee contributions for each option. See the next page for a list of the national carriers' employee contribution tier (low, middle, high) by state.



Do you live in California, Colorado, Georgia, Virginia, Maryland, Oregon, Washington D.C. or Southwest Washington?

If "yes," you may have the option to elect **Kaiser**, a regional carrier offered in certain areas of your state and save on employee contributions. Kaiser is an organized delivery system that is known for delivering all your health care services under one "roof," including radiology, lab services and prescription drugs, which allows for better management of the health of its members. Generally, you may only visit Kaiser doctors (there is no out-of-network coverage, except in certain situations if you are traveling outside your service area). If eligible, we encourage you to consider whether Kaiser would work well for you and your family. **Please note that Kaiser participants receive their prescription drugs through Kaiser (vs. CVS Caremark) and, therefore, do not receive Company drugs at \$0 copay.**

View 2021 Medical Contribution Tiers by Carrier and State

	Employee Contribution Tier		
	Low	Middle	High
Alabama	Horizon BCBS	UHC	Aetna
Alaska, Arizona	Horizon BCBS	Aetna	UHC
Arkansas	UHC	Horizon BCBS	Aetna
California²	Horizon BCBS	Aetna	UHC
Colorado²	UHC	Horizon BCBS	Aetna
Connecticut	Horizon BCBS	UHC	Aetna
Delaware, District of Columbia²	Aetna	Horizon BCBS	UHC
Florida	UHC	Aetna	Horizon BCBS
Georgia²	Aetna	Horizon BCBS	UHC
Idaho, Illinois, Indiana	Horizon BCBS	UHC	Aetna
Iowa	UHC	Horizon BCBS	Aetna
Kansas	Aetna	UHC	Horizon BCBS
Kentucky, Louisiana	Horizon BCBS	UHC	Aetna
Maine, Maryland²	Aetna	Horizon BCBS	UHC
Massachusetts	Horizon BCBS	UHC	Aetna
Michigan	Horizon BCBS	Aetna	UHC
Minnesota, Mississippi, Missouri	UHC	Horizon BCBS	Aetna
Montana	Horizon BCBS	UHC	Aetna
Nebraska	UHC	Horizon BCBS	Aetna
Nevada	UHC	Aetna	Horizon BCBS
New Hampshire	UHC	Horizon BCBS	Aetna
New Jersey	Aetna	Horizon BCBS	UHC
New Mexico	Horizon BCBS	UHC	Aetna
New York	Aetna	Horizon BCBS	UHC
North Carolina, North Dakota, Ohio, Oklahoma	Horizon BCBS	UHC	Aetna
Oregon², Pennsylvania	Horizon BCBS	Aetna	UHC
Rhode Island	UHC	Horizon BCBS	Aetna
South Carolina	Horizon BCBS	UHC	Aetna
South Dakota	Horizon BCBS	UHC	Aetna
Tennessee	UHC	Aetna	Horizon BCBS
Texas¹, Utah, Vermont, Virginia²	Horizon BCBS	UHC	Aetna
Washington², West Virginia	Horizon BCBS	Aetna	UHC
Wisconsin	UHC	Horizon BCBS	Aetna
Wyoming	Horizon BCBS	UHC	Aetna

Horizon BCBS - Horizon Blue Cross Blue Shield **UHC** - UnitedHealthcare

¹ Baylor, Scott & White regional carrier also available in certain areas, based on your home or work zip code.

² Kaiser regional carrier also available based on your home zip code.



Do you live in Texas?

If “yes,” you may have the option to elect **BSW**, a regional carrier offered in certain areas of Texas, and save on employee contributions. BSW operates differently than the national carriers. Generally, you have to seek care from a BSW provider who works with other BSW carriers to provide an integrated, high quality, health care experience.

See the Medical Plans in Action

See examples of how Albert and Allison's total costs compare under each national plan option. All services are assumed to be received from in-network providers and are for illustration only.

Actual costs may differ.



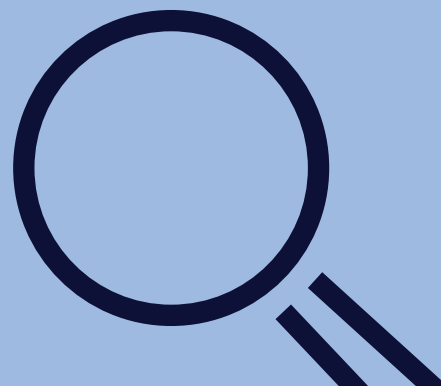
Meet Albert

Age: 32 | Salary: \$60,000

Albert plans to enroll in Employee Only coverage with the lowest cost medical carrier. Albert is in excellent shape. He eats well, exercises and manages a hereditary condition through his ongoing prescription drugs. He sees his primary care physician annually and generally uses telehealth and his retail pharmacy for acute needs.

Observations

Albert's total Estimated Annual Cost is lowest in the \$900 Plan, but very close to the \$1,500 Plan. Albert may want to consider whether he prefers the convenience of payroll deductions in the \$900 Plan and less out-of-pocket costs at point of service or whether he would be willing to have more cost at point of service in the \$1,500 Plan in exchange for the ability to receive a company HSA contribution and to save his money in a tax-advantaged way for future health care expenses with the HSA.



Let's see how Albert's Estimated Annual Costs compare between the plans.



Simple Plan Compare

Multiply each plan's biweekly payroll deduction by 26, then add the out-of-pocket maximum for your coverage level and subtract the Company's HSA annual contribution, if any. This is the most you would pay in total if you suffered a medical crisis in 2021 and an easy way to look at your maximum overall in-network cost.

	\$400 Deductible Plan	\$900 Deductible Plan	\$1,500 Deductible Plan With HSA	\$2,500 Deductible Plan With HSA
Albert's Medical Plan Paycheck Deductions (Annualized)	\$1,381	\$856	\$349	\$322
Out-of-Pocket Costs for Health Care Services (Amounts in this column reflect average negotiated rates before plan cost sharing)	Amounts in these columns reflect amount Albert would pay based on plan cost sharing			
One Adult Physical: \$200	\$0	\$0	\$0	\$0
Two Telehealth Visits: \$100 (\$50 Each)	\$40 (\$20 copay × 2)	\$100 (toward deductible)	\$100 (toward deductible)	\$100 (toward deductible)
Four Generic Retail 30-Day Prescriptions: \$400 (\$100 For Each 30-Day Supply)	\$40 (\$10 copay × 4)	\$80 (\$20 max coinsurance × 4)	\$400 (toward deductible)	\$400 (toward deductible)
Six Preferred Brand Mail Order 90-Day Prescriptions: \$1,500 (\$250 For Each 90-Day Supply)	\$450 (\$75 copay × 6)	\$450 (\$250 × 30% coinsurance × 6)	\$1,100 (\$1,000 toward deductible + \$100 [\$500 × 20%])	\$1,500 (toward deductible)
Total Out-of-Pocket Costs for Health Care Services	\$530	\$630	\$1,600	\$2,000
HSA Company Contribution Used to Offset Out-of-Pocket Costs	N/A	N/A	(\$450)	(\$650)

Total Estimated Annual Cost

(Payroll Deductions + Out-of-Pocket Costs - HSA Contributions)

\$1,911

\$1,486

\$1,499

\$1,672



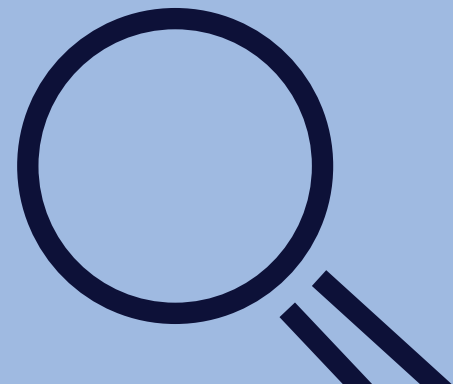
Meet Allison

Age: 50 | Salary: \$90,000

Allison plans to enroll in Employee plus Family coverage with the middle cost medical carrier. Allison has several chronic conditions, visits specialists on a regular basis and takes several brand medications, including Company brands. Allison's spouse is relatively healthy as are her two college-aged children.

Observations

Allison has not selected the lowest cost carrier for her state. Allison can save between \$1,021 and \$1,205 per year (depending on her plan option) by switching medical carriers. Allison is covering dependents; therefore, she must meet a \$3,000 and \$5,000 deductible in the \$1,500 and \$2,500 Plans, respectively, before the plan pays benefits. In Allison's scenario, even with the \$3,000 deductible, the \$1,500 Plan produces the lowest Estimated Annual Cost, in part because of the HSA Company Contribution.



Let's see how Allison's Estimated Annual Costs for her family compare between the plans.

	\$400 Deductible Plan	\$900 Deductible Plan	\$1,500 Deductible Plan With HSA	\$2,500 Deductible Plan With HSA
Allison's Medical Plan Paycheck Deductions (Annualized)	\$6,792	\$4,867	\$2,882	\$2,311
Out-of-pocket Costs for Health Care Services (Amounts in this column reflect average negotiated rates before plan cost sharing)	Amounts in these columns reflect amount Allison would pay based on plan cost sharing			
One Adult Physical: \$200	\$0	\$0	\$0	\$0
12 Specialist Visits (All Allison): \$2,400 (\$200 x 12)	\$480 ((\$40 copay x 12))	\$1,200 ((\$900 toward deductible + \$300 [\$1,500 x 20%]))	\$2,400 (toward family deductible)	\$2,400 (toward family deductible)
Two Lab tests (All Allison): \$240 (\$120 x 2)	\$240 (toward individual deductible)	\$48 ((\$240 x 20%))	\$240 (toward family deductible)	\$240 (toward family deductible)
Eight Generic Retail 30-Day Prescriptions: \$800 (\$100 For Each 30-Day Supply)	\$80 ((\$10 copay x 8))	\$160 ((\$20 max coinsurance x 8))	\$448 ((\$360 toward deductible + \$88 [\$440 x 20%]))	\$800 (toward family deductible)
12 Preferred Brand Mail Order 90-Day Prescriptions: \$3,600 (\$300 For Each 90-Day Supply)	\$900 ((\$75 copay x 12))	\$1,080 ((\$300 x 30% coinsurance x 12))	\$720 ((\$3,600 x 20%))	\$2,172 ((\$1,560 toward family deductible + \$612 [\$2,040 x 30%]))
Two Company Drugs \$500 (\$250 for each 30-Day supply)	\$0	\$0	\$0 (since deductible has been met)	\$0 (since deductible has been met)
Total Out-of-Pocket Costs for Health Care Services	\$1,700	\$2,488	\$3,808	\$5,612
HSA Company Contribution Used to Offset Out-of-Pocket Costs	N/A	N/A	(\$900)	(\$1,300)

Total Estimated Annual Cost

(Payroll Deductions + Out-of-Pocket Costs - HSA Contributions)

\$8,492

\$7,355

\$5,790

\$6,623

01—Educate.

02—Enroll.

03—Engage.

Enroll through the **Mercer Marketplace Benefits app**, mercermarketplace.com/allergan or using single sign-on (once you have created your user name and password) through Quick Links on **1hrSource** online.

Important Reminders and How to Enroll



Need Help?

Refer to page 4 for who to call for Benefits and Enrollment questions.

You **must** take action within your **30-day initial enrollment period** on **Mercer Marketplace** if you want to:

- Enroll in medical, dental or vision coverage
- Enroll in supplemental life or AD&D insurance or Buy-Up optional LTD insurance
- Contribute to an HSA, FSA or Commuter Account

Note: If you enroll in the \$1,500 or \$2,500 Deductible Medical Plan and do not take action to open an HSA, you will not receive the Company's HSA contribution. You do not need to contribute your own money in order to receive the Company's HSA contribution.

- Enroll in identity theft protection or legal benefits



Adding New Dependents to Coverage?

Be sure to provide benefits-eligibility documentation to **Mercer Marketplace within 45 days** of your enrollment date for all dependents added to medical, dental or vision coverage.

If you do not provide the required documentation, your dependent will not be added to coverage.

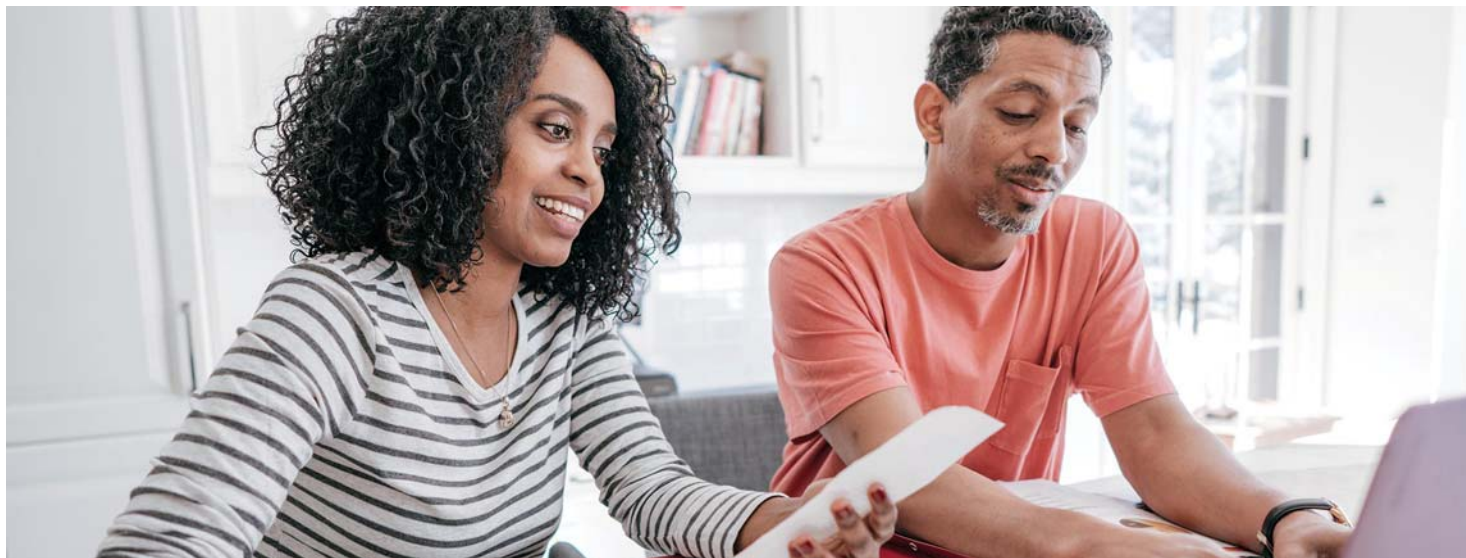
If You Do Not Take Action

You will receive only the legacy Allergan-provided benefits coverage as indicated on page 4 of this Guide. You must take action within your initial 30-day enrollment period to receive coverage in any benefit plan or program as indicated above.

If you do not take action to enroll in the Legacy Allergan 401(k) Plan within 30 days or elect a 0% contribution election, you will automatically be enrolled at 4% base pay contribution rate and your balance will automatically be invested in an age-based target date retirement fund. In order to receive the full Company Match, you must contribute at least 8% of eligible earnings. You can update your 401(k) elections at any time throughout the year. See the Legacy Allergan 401(k) Plan Enrollment Guide you will receive under separate cover from Fidelity for details.



Complete These Tasks After You Enroll



Submit documentation to verify any dependents **within 45 days of enrollment.**



Register for your medical plan's telehealth provider so you are ready to receive care virtually from a health care provider, available 24/7, wherever and whenever you need it.



Incur eligible health care and dependent care expenses by **Dec. 31** to maximize your FSA funds and submit your claims by the deadlines (see page 16).



Respond to requests for Evidence of Insurability if you enrolled in Supplemental Life or LTD coverage that requires it.



If enrolling in a HSA, complete any requested paperwork to verify identity that may be requested by **Mercer Marketplace.**



Update your beneficiaries for your Life and AD&D Insurance benefits and HSA. You can view and edit your beneficiaries on **Mercer Marketplace.** Don't forget to review and update your beneficiaries for your Legacy Allergan 401(k) plan too, on the Fidelity NetBenefits app or **netbenefits.com/allergan.**



Look for your medical ID card, pharmacy ID card and debit card (if you enrolled in any tax-advantaged accounts).

Note: ID cards are not issued for dental and vision plans.

01—Educate.

02—Enroll.

03—Engage.

Benefits don't end with your enrollment decisions. Take advantage of all that is offered and engage in your benefits year round!

Support Your Overall Well-Being With Provided Programs

Resources for Living

Your emotional well-being is important to us and taking care of yourself should be a priority. We want to help you stress less and live more.

Resources for Living, your Employee and Family Support Program, provides the following services, at no cost to you:

- Confidential in-the-moment telephonic support 24 hours a day, 365 days a year — to you and your family members.
- Eight face-to-face sessions per issue per family member.
- Help with a variety of personal and life challenges, such as alcohol and drugs, anxiety and depression, relationships and parenting, stress and more.
- Assistance for everyday needs, like finding child care or care for an aging family member.

Access Resources for Living by calling **1-855-807-0237**, visiting **resourcesforliving.allergan.com** (company code: Allergan) or downloading the “Resources For Living” app for on-the-go support.



Looking to improve your Financial Well-Being?

Call 1-866-602-0636 to speak with a planning and investment representative at Fidelity. Log onto **netbenefits.com/allergan** to access workshops, planning worksheets and more!



myStrength

- Log in to **mystrength.com/signup/resourcesforliving** or download the myStrength app (Access code: Allergan).
- It offers a range of proven self-help resources with tools and inspiration to manage life's challenges and strengthen overall well-being, including sleep, pregnancy, mindfulness and more.
- Mood tracking, wellness assessments, motivational resources, e-Learning and relaxation resources are just some of the features.



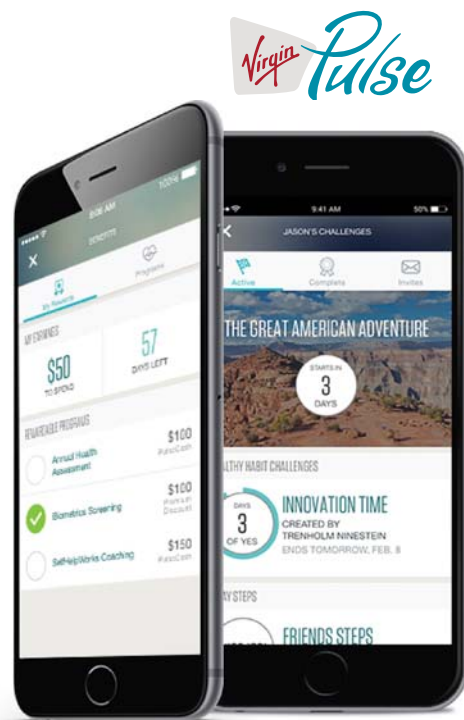
Stressed?

Take 5-20 minutes and try **Whil Yoga 101** and **Mindfulness 101** programs online or through the Virgin Pulse app.

Well-Being Program With Virgin Pulse

Register at join.virginpulse.com/allergan and download the **Virgin Pulse app** to take control of your well-being. Earn points and PulseCash by doing the following:

1. Use your fitness tracking device* to track your steps, calories burned, sleep and more.
2. Build a social network with your colleagues.
3. Take part in personal challenges and global team challenges throughout the year.
4. Track your healthy habits, read your daily cards.
5. Participate in Journeys™ – daily, self-guided courses to help you build healthy habits.
6. Take the well-being assessment and report completing your preventive screenings and exams.



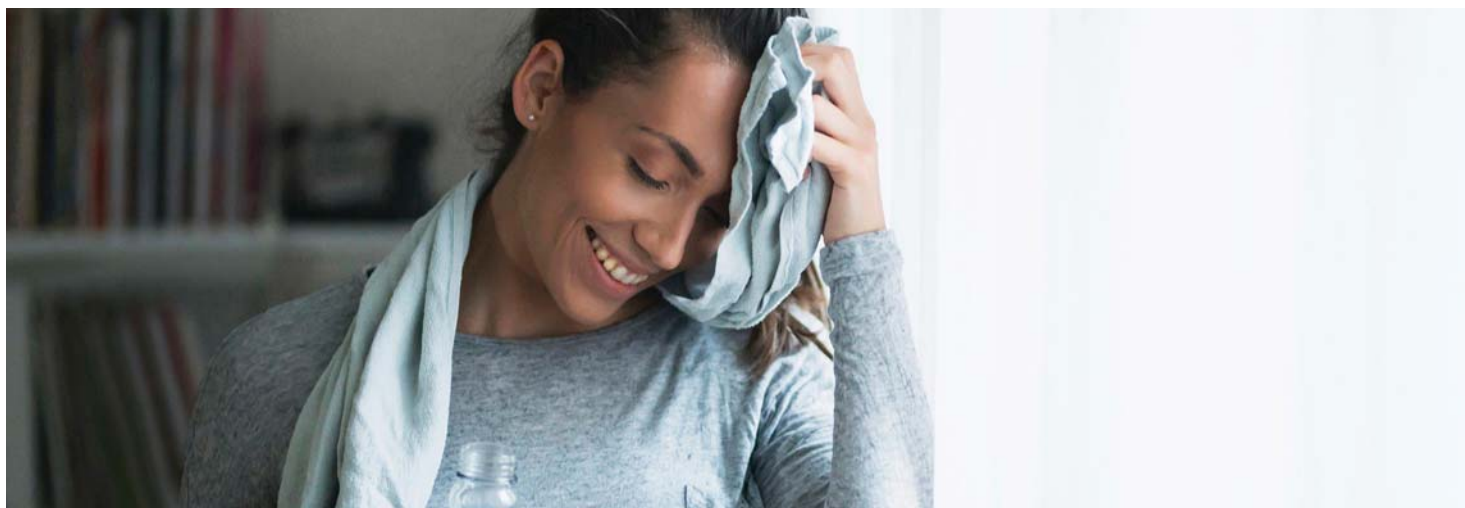
*A free wearable activity tracker is available to all eligible employees. To order your tracker, log on to the Virgin Pulse store for your free Max activity tracking device and band. Note the device will not appear to be \$0 until you add it to your shopping cart and begin the checkout process.

Earn Rewards in 2021!

Earn up to \$300 PulseCash in 2021 (\$75 per quarter) by participating in various activities, including those listed above. Earn a \$25 PulseCash bonus for completing the Well-Being Assessment between **Jan. 1** and **June 30, 2021!**

Per Quarter	Level 1	Level 2	Level 3	Level 4
Cumulative Points Earned	500	5,000	10,000	18,000
Cumulative Rewards Earned	\$5	\$20	\$45	\$75

Please note: In accordance with IRS regulations, you will be taxed on the value of PulseCash in the year earned irrespective of when redeemed.



Legacy Allergan 401(k)

Along with our range of health benefits, we also have your financial well-being in mind. We offer the Legacy Allergan 401(k) through **Fidelity Investments** to help you prepare for your future.

To participate in the 401(k) Plan, log in to **netbenefits.com/allergan** and select your paycheck contribution rates and investment elections.

If you don't actively enroll in the 401(k) Plan or elect a 0% contribution rate within 30 days of your date of hire, or benefits eligibility, if later, you will automatically be enrolled in the 401(k) Plan at a 4% base salary and a 0% bonus contribution rate, and your funds will be invested in an age-based target date retirement fund. You can change your contribution and investment elections at any time by contacting Fidelity.

Note: You will **not receive** the full Company match if you do not take action to contribute at least 8% of eligible pay (base and bonus) as you are automatically enrolled in the 401(k) Plan at the 4% base salary contribution rate only.

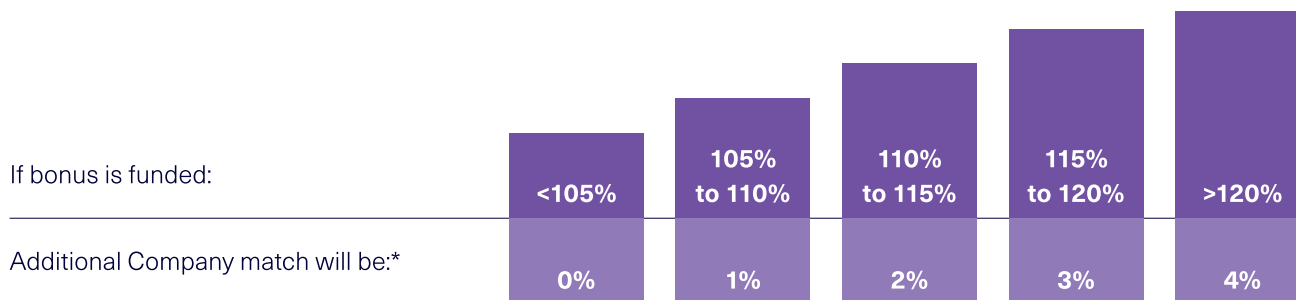
Key Features

Our competitive 401(k) plan features:

- A generous Company match made annually — **100% of the first 8%** of eligible pay you contribute.
- Additional Company match of **up to 4%** of eligible pay depending on Company performance. **When you add it all up, your total potential contributions from the Company can be up to 12% of eligible pay!**
- **Immediate vesting**, which means you own the money in your account right away — including Company contributions!
- Financial education and advice offered through Fidelity to help you pursue your retirement savings goals.

For more information about the Legacy Allergan 401(k), log in to Fidelity's website at **netbenefits.com/allergan**. On your first visit to the site, you'll need to click "Register Now" to create an account. **Note:** If you have a personal Fidelity account or had Fidelity as your retirement plan administrator at a former employer, your login credentials will be the same — you do not need to create a new account. After you've logged in to your existing Fidelity account, you will see the Allergan, Inc. 401(k) listed as a new plan.

Additional Company Match Contributions



*Additional Company match is up to 4% of your contribution of eligible pay.



Manage Your 401(k) Contribution Totals

In 2021 your total pre-tax and Roth 401(k) contributions made to any former employer's plan and the Legacy Allergan 401(k) must not exceed **\$19,500** (or **\$26,000** if you are age 50 or older). Keep this in mind when making your elections for the Legacy Allergan 401(k). We will not be monitoring these limits for you, so please make sure you manage your contributions accordingly to avoid any potential issues at year-end.

Note: If you are expected to hit the contribution limit prior to year-end, in order to maximize the Company match, you may want to consider electing after-tax contributions which are also eligible for the Company match and do not count toward the annual IRS limits listed above.

Paid Time Off (PTO) and Holidays

Our PTO program gives you the flexibility to take time when you need it, whether you're sick, going on vacation or need a personal day.

Salaried colleagues participate in legacy Allergan's Flexible PTO Policy which provides the flexibility to take time off as needed without a set amount. Manager's approval in advance is required¹ to ensure that business needs are being met and that your absence does not affect your performance or that of your team. Additionally, under our Flexible PTO policy, you are not required to formally track your PTO².

Overtime eligible colleagues accrue PTO each pay period based on years of service, as shown in the table below.

Paid Time Off (PTO) for Overtime Eligible (Non-Exempt) Colleagues	
Years of Service	Number of PTO Days
0 – 4	16 days (128 hours)
5 – 9	21 days (168 hours)
10+	26 days (208 hours)
Maximum Accrual	1.75x annual accrual

If you are an overtime eligible colleague, you continue to accrue PTO until you hit the maximum accrual; once you take time off, your accrual will begin again. You can borrow up to 40 hours of PTO prior to accruing that amount of time.

Holidays

In addition to the PTO policy that applies to you, you'll receive time off on Company-observed holidays. Certain employees may need to work on one or more additional holidays based on business needs. You will be notified if impacted. To access the PTO and Holiday policies as well as the holiday calendar, visit **1hrSource > Work/Life > Paid Time Off & Holidays** and look under **Related Documents**.

Paid Volunteer Time

You may take two days, at full pay, to volunteer for a community or charitable organization of your choice. Paid Volunteer Time will be displayed as its own type of time off in Workday, legacy Allergan's time-keeping system for overtime eligible colleagues.



¹ Manager approval not required for Family Medical Leave Act and similar state law (FMLA)-qualifying absences. See the Flexible PTO policy for details.

² Does not alter requirement for field sales representatives to report their daily activity in Veeva or any similar activity, including PTO, in a reporting system.

Support for Starting or Expanding Your Family

Well-Mother Program

We encourage our employees and their families to take proactive steps to have the healthiest pregnancies possible by enrolling in our Well-Mother Program. The Well-Mother Program is currently available through our three national medical plan carriers: Aetna, Horizon BCBS and UHC. Support for pregnant members is also available through programs offered by the regional medical plan carriers.

Adoption Assistance Program

We offer an adoption assistance program, which provides reimbursement of eligible adoption expenses, up to \$10,000 per child.

Mothers@Work

Get guidance and support for all of your breastfeeding challenges and questions through the Mothers@Work program provided by LifeCare, at no cost to you as an AbbVie employee. Board-Certified Lactation Consultants are available 24/7 by calling 1-866-236-5003.



Traveling for Work and Nursing?

Milk Stork is available to support you.

Log on to milkstork.com/allergan or visit **1hrSource online** for details.



Care Kits

Care Kits are available to help you through life stages. **Call Resources for Living to order one at no cost to you:**

- Navigate pregnancy
- Manage child safety
- Care for a new baby
- Care for an elderly relative or friend

Support Your Family With Provided Programs

Whether you have a pre-school age child, an elementary school student or a high schooler, AbbVie has resources to support our working parents and other caregivers to help you be your best at work and at home.

Child and Family Care Program

Through Bright Horizons, we offer a variety of programs and resources to support you and your family. You can learn more about these benefits and sign up by visiting **1hrSource**> Work/Life.

Sittercity

Find babysitters, nannies, pet sitters and more near you with a premium online membership to Sittercity at no cost to you. Basic background checks included.

Nanny Service

Get personalized help from a local nanny agency with recruiting, vetting and selecting a nanny that will match your family's specific needs. Reduced placement fee and discounts on hourly rates.

Day Care Center Discounts

Get preferred enrollment at Bright Horizons centers and 10% tuition discounts at participating network child care centers like KinderCare and Learning Care Group.

Backup Child and Elder Care

When your regular care falls through, receive high-quality, backup care for your child in a home or in a center, or in-home care for adult/elder loved ones at subsidized rates. Beginning Jan. 1, 2021, value of the benefit is generally taxable.

College Coach (Educational Advising Program for K-12 Students)

Expert guidance at no cost from former admissions and finance officers to help your student succeed.

Support for Children Who Need Extra Help Through Torchlight

Access your online virtual assistant to help navigate the complex process of obtaining educational support for children who may have learning, developmental or social obstacles at school or at home.

Tutoring Support

Revolution Prep, Varsity Tutors and MarcoPolo

Access high-quality tutoring and test prep providers offering a variety of online and in-person options for preschool through college, discounted for AbbVie families.

Homework Connection (Offered through LifeCare; not affiliated with Bright Horizons)

Receive up to five hours per month, includes help with homework, online instructional videos and more at no cost to you. Available for grades K through college.



Let others do your research for you! Call Resources for Living (EAP) at 1-855-807-0237 to speak with a Work-Life Specialist who can assist you with locating child and elder care and provide resources for helping your child cope with change.

Additional Benefits



Benefits available outside of Mercer Marketplace

We offer several work/life benefits outside of Mercer Marketplace. We encourage you to learn more and take advantage of these valuable programs.

Benefits Available Outside of Mercer Marketplace		
Benefit	Description	Access the Benefit
Tuition Assistance Program	Receive up to \$5,250 pretax annually for eligible expenses including registration, tuition, labs and books; manager approval required, refer to the Tuition Assistance Program policy for more details	Call Edcor at 1-800-294-0026 or visit allergantuitionassistance.com
Life Time Fitness Discount and Subsidy	Savings and perks including \$0 joining fees, \$40 monthly subsidy on member dues, \$200 in myLT Buck\$ and a free personal training session	Go to ims.mylt.com/ims/promo/allergan , visit your local Life Time gym, or call 1-908-936-0511
AbbVie Product Shop	Exclusive online company store where U.S. and Puerto Rico employees save money on: <ul style="list-style-type: none"> • SkinMedica® • REFRESH® 	Visit 1hrSource for more information.
Allē_{SM} Employee Rewards	With Allē Employee Rewards, U.S. and Puerto Rico employees are eligible to receive biannual Employee Rewards to use on Allergan Aesthetics brands through the Allē consumer loyalty program.	Visit 1hrSource for more information.
Abbott Laboratories Employee Credit Union (ALEC) (beginning Jan. 1, 2021)	A credit union with on-site branches in several AbbVie locations as well as 28,000 surcharge-free ATMs and 5,000 Shared Branch locations throughout the U.S. Membership is open to AbbVie employees, retirees and family members. ALEC offers traditional financial services, including financial planning tools.	Call 1-800-762-9988 or visit alecu.org

View 2021 Benefits-at-a-Glance

Our benefits go beyond the traditional health and insurance plans to support your overall well-being. Be sure to engage in those benefits and programs that are important to you. To learn more, visit **1hrSource online**.

Throughout the year, stay connected by downloading helpful apps to your mobile device. You can review plan information, pay bills, find care, manage prescriptions, view your HSA and FSA balances, and much more. The following chart reflects legacy Allergan benefits, administrators and contact information as of January 2021. Visit **1hrSource online** for most current information.



Enroll during New Hire
Enrollment or if you have a
Qualifying Life Event



Register or access anytime
throughout the year






Company-provided,
no enrollment required



Mobile app
available

Benefit	Administrator	Online	Phone
All	1hrSource	Through 1hrSource online	1-888-401-SRCE (7723) , Options 2-7
Health Section on 1hrSource Online			
Medical: National carriers	Aetna	aetna.com	1-888-378-2277
	Horizon BCBS	horizonblue.com/allergan	1-800-355-2583
	UHC	myuhc.com	1-877-246-4215
Medical: Regional carriers	Aetna International (U.S. Expats)	aetnainternational.com	1-800-231-7729 1-813-775-0190 (collect/direct)
	Baylor, Scott and White (Texas)	swhp.org	1-800-321-7947
	HMSA (Hawaii)	hmsa.com	1-800-776-4672
	Kaiser (Various locations)	my.kp.org/mercermarketplace California Colorado Georgia Mid-Atlantic States Northwest	1-800-464-4000 1-800-632-9700 1-888-865-5813 1-800-777-7902 1-800-813-2000
	Triple S (Puerto Rico)	ssspr.com	1-787-774-6060

 Telehealth	Varies by Carrier	 1hrSource>Health>Medical	Varies by carrier
 Prescription Drugs	CVS Caremark CVS Caremark - Specialty	 caremark.com  cvsspecialty.com	1-844-224-9931 1-800-237-2767
 Personal Health Advocate	Health Advocate	 healthadvocate.com/allergan	1-888-724-0507
 Dental	MetLife	 metlife.com/dental	1-800-942-0854
 Vision	VSP	 vspexchange.com	1-800-877-7195
 Tax-Advantaged Accounts (HSA and FSAs)	Mercer Marketplace	 accounts.mercermarketplace.com	1-877-248-0510
 Supplemental Medical Plans	AFLAC	 aflacgroupinsurance.com	1-800-433-3036
Money Section on 1hrSource Online			
 Legacy Allergan 401(k) Plan	Fidelity	 netbenefits.com/allergan	1-800-835-5095
  Life and AD&D Insurance	Prudential	prudential.com/mybenefits	1-800-778-3827
 Employee Credit Union (Beginning Jan. 1, 2021)	Abbott Laboratories Employee Credit Union (ALEC)	 alecu.org	1-800-762-9988
Short- and Long-Term Disability	Matrix	matrixabsence.com	1-877-202-0055

Work/Life Section on 1hrSource Online			
 Your Employee and Family Support Program (EAP)	Resources for Living	 resourcesforliving.allergan.com (Company code: Allergan)	1-855-807-0237
 Well-Being Program	Virgin Pulse	 join.virginpulse.com/allergan or member.virginpulse.com	1-888-671-9395
 Employee Rewards Program	Allē Employee Rewards	 1hrSource > Work/Life > Employee Discounts	1-888-912-1572
 AbbVie Product Discounts	AbbVie Product Shop	 1hrSource> Work/Life> Employee Discounts	N/A
 Child and Family Care Benefit	Bright Horizons	 clients.brighthorizons.com/allergan (Username: Allergan; Password: Allergancare)	1-877-BH-CARES
 College Coach	College Coach, a Bright Horizons Company	passport.getintocollege.com (Employer code: Allergancare)	N/A
 Support for Children Who Need Extra Help	Torchlight, via Bright Horizons	allergan-brighthorizons.torchlight.care (Employer code: Allergancare)	N/A
 Tutoring Support	Homework Connection	 member.lifecare.com (Registration code: ABBVIE)	1-866-236-5003
	Revolution Prep, Varsity Tutors, MarcoPolo	 clients.brighthorizons.com/allergan	1-877-BH-CARES
 Time Off, including PTO, Holidays, Paid Volunteer Time	1hrSource Service Center	 1hrSource> Work/Life> Time Away From Work	1-888-401-SRCE (7723), Option 5
 Business Travel Accident (BTA)	Zurich	 1hrSource> Work/Life> Business Travel	N/A
 Parental Leave	Matrix	 matrixabsence.com	1-877-202-0055
 Adoption Assistance	1hrSource Service Center	 1hrSource> Work/Life> Adoption Assistance	1-888-401-SRCE (7723), Option 5

Work/Life Section on 1hrSource Online

 Support for Traveling Nursing Mothers	MilkStork	 milkstork.com/allergan	1-888-207-6909
 Lactation Support	Mothers@Work	member.lifecare.com (Registration code: ABBVIE)	1-866-236-5003
 LifeTime Fitness Membership	LifeTime Fitness	 ims.mylt.com/ims/promo/allergan	N/A
 Commuter (Transit and Parking) Accounts	Mercer Marketplace	accounts.mercermarketplace.com	1-877-248-0510
 Identity Protection	Allstate Identity Protection	myaip.com/#allergan	1-800-789-2720
 Group Legal	MetLife Legal Plan	legalplans.com (Access Code: GETLAW)	1-800-821-6400
 Pet Insurance	Nationwide (VPI)	petinsurance.com/allergan	New enrollments: 1-877-738-7874 Existing: 1-800-540-2016
 Auto and Home Insurance	MetLife	metlife.com	1-800-438-6381
 PerkSpot Online Discount Mall	PerkSpot	allergan.perkspot.com	1-866-606-6057
 Matching Gifts and Employee Relief Fund	AbbVie Gives Back	abbvie.yourcause.com/basic	1-866-751-6031
Career and Learning Section on 1hrSource Online			
 Tuition Assistance	Edcor	allergantuitionassistance.com	1-800-294-0026

Download These Apps for Benefits Information

Download these frequently used apps to access your benefits information wherever and whenever you need it.



myAGN

(via AGN Apps)

All Benefits

1hrSource online

- Access all benefits information
- Link to carrier websites and phone numbers
- Access carrier claim forms



Mercer Marketplace Benefits

Benefits Enrollment and Information

Mercer Marketplace

- Enroll or change your benefits
- View your elections
- Add or edit dependent information
- Access plan group numbers
- Review benefits information



Mercer Marketplace Accounts

HSA, FSAs and Commuter Accounts

Mercer Marketplace

- Check balances
- File claims
- View claims requiring receipts
- Click to call or email customer service
- Report a lost or stolen debit card
- Order additional debit cards

Medical (National Carriers)

Aetna, Horizon BCBS and UnitedHealthcare



Aetna Health



Horizon Blue



United Healthcare

- Locate network physicians, urgent care facilities and "Centers of Excellence"
- Check claim status
- Check status of deductible and out-of-pocket spend
- View benefits and coverage
- Access health care cost estimator tools
- Connect to a nurse 24/7 for health info
- Link to carrier's telehealth provider
- View, print and order ID cards



CVS Caremark

Prescription Drugs

CVS Caremark

- Check drug costs
- Locate pharmacies
- Start mail service
- Refill prescriptions
- View recent orders
- Check drug interactions
- View ID card



MetLife US

Dental

MetLife

- Find a provider
- View account
- View claims
- Manage direct deposit
- Estimate dental fees
- View ID card



VSP Vision Care On the Go

Vision

VSP

- Find a provider
- View claims and benefits
- Submit claims
- Access rebates and special offers
- Review eye care information
- View ID card



Health Advocate

Health Advocacy

Health Advocate

- Connect to 24/7 live support for health care and insurance related issues for you and your family, including parents
- Check case status
- Find a doctor or urgent care center
- Sign up for biometric screenings and flu shots (when offered) and view screening results
- View personalized health actions



Virgin Pulse Health and Fitness

Well-Being Program

Virgin Pulse

- Track your steps, activity minutes, calories burned and sleep
- Read daily cards and track healthy habits
- Connect devices for automatic tracking
- Participate in team challenges, Journeys, Whil sessions and more
- Track your program rewards



NetBenefits Fidelity Investments

Allergan 401(k) Plan

Fidelity

- View balances, investments, recent contributions and account performance
- Change contribution rates and investments
- Access fund information
- Stay informed with articles and videos

Educate. Enroll. Engage.

1hrSource online | **Mercer Marketplace Benefits** app or website

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