



paying for coverage

YOUR 2021 BENEFIT CONTRIBUTIONS



YOUR 2021 COVERAGE COSTS



Paying for Coverage

Biogen pays the vast majority of the cost of our benefits program. In fact, Biogen invests \$224 million each year in the benefits portion of our Total Rewards program — an array of resources ranging from health, retirement and long-term savings plans and a mix of work/life and income protection plans. Putting this information on a more individual basis, our investment averages almost \$45,000 per U.S. employee.

You can review how much Biogen contributes to many of these plans by logging on to the Biogen Benefits Enrollment site. There you will see the Company contributions as well as your share of the cost (as summarized in the following tables).

**BIOGEN INVESTS
\$224,000,000 EACH
YEAR IN THE BENEFITS
PORTION OF OUR TOTAL
REWARDS PROGRAM**



Medical

FULL- AND PART-TIME EMPLOYEES WITH ANNUAL SALARY \$85,000 OR ABOVE*			
Coverage Level	Your Cost Per Pay Period		
	HSA Plan	PPO 90	EPO
Self Only	\$38.00	\$52.00	\$81.00
Self + Spouse/Domestic Partner	\$86.00	\$116.00	\$177.00
Self + Child(ren)	\$73.00	\$99.00	\$153.00
Self + Family	\$127.00	\$188.00	\$273.00

FULL- AND PART-TIME EMPLOYEES WITH ANNUAL SALARY UNDER \$85,000*			
Coverage Level	Your Cost Per Pay Period		
	HSA Plan	PPO 90	EPO
Self Only	\$34.00	\$47.00	\$73.00
Self + Spouse/Domestic Partner	\$78.00	\$104.00	\$159.00
Self + Child(ren)	\$65.00	\$89.00	\$138.00
Self + Family	\$115.00	\$169.00	\$245.00

* The bi-weekly premiums shown do not reflect earned wellness credits or increases from premium adjustments.

Dental

FULL- AND PART-TIME EMPLOYEES		
Coverage Level	Your Cost Per Pay Period	
	Dental Plus Plan	Delta Standard Plan
Self Only	\$7.92	\$2.90
Self + Spouse/Domestic Partner	\$19.24	\$8.05
Self + Child(ren)	\$15.06	\$5.52
Self + Family	\$31.20	\$14.38

Vision

FULL-TIME EMPLOYEES (40 HOURS PER WEEK)	
Coverage Level	Your Cost Per Pay Period
Self Only	\$4.17
Self + Spouse/Domestic Partner	\$6.05
Self + Child(ren)	\$5.48
Self + Family	\$10.84



Long-Term Disability (LTD)

The Company automatically provides basic LTD coverage equal to 60% of your base pay. You can elect to purchase additional coverage which will increase your benefit to 70% of your base pay. Your cost is determined at the monthly rate of \$0.306 per each \$100 of your covered earnings*, then converted to a per pay period cost.

Regardless of your LTD option, you may choose to have the premium paid on a pre-tax or post-tax basis. If you elect pre-tax premium payments, any LTD benefit you receive will be taxable; if you elect post-tax premium payments, any LTD benefit you receive will not be taxable.

** If you are eligible for a Sales Incentive Compensation plan, your premiums will be calculated using your base pay only. Should you become disabled, however, your LTD benefit will be based on your base pay plus incentive compensation, determined based on the incentive compensation you earned during the previous 12 months.*

Coverage Level	Your Monthly Rate
60% of base pay	No charge, Company pays 100%
70% of base pay	\$0.306 per \$100 of covered earnings

Supplemental Life and AD&D Insurance

Coverage for Yourself

The Company automatically provides basic life, AD&D and business travel accident insurance equal to two times your pay — at no cost to you.** For additional protection, you can elect supplemental life insurance in increments of one to seven times your annual pay. This additional coverage is optional and you pay the full cost. The cost per month for each \$1,000 of supplemental life and AD&D insurance is based on the following rates and your current pay. The cost for your coverage is deducted from your pay on a post-tax basis.

AGE	MONTHLY RATE PER \$1,000 COVERAGE*	
Coverage Level	Non-Tobacco User	Tobacco User***
0-24	\$0.0330	\$0.0441
25-29	\$0.0368	\$0.0522
30-34	\$0.0466	\$0.0666
35-39	\$0.0565	\$0.0864
40-44	\$0.0708	\$0.1075
45-49	\$0.1290	\$0.1525
50-54	\$0.2008	\$0.2245
55-59	\$0.3702	\$0.4045
60-64	\$0.4761	\$0.6115
65-69	\$0.9969	\$1.1605
70-74	\$1.5170	\$1.8715
75 and older	\$1.8715	\$1.8715

* If you are eligible for a Sales Incentive Compensation plan, the definition of “pay” for purposes of the life insurance program includes the value of your Sales Incentive Compensation earned during the prior 12 months.

** Federal tax regulations require you to pay income taxes on the value of employer-provided life insurance that exceeds \$50,000. This is called “imputed income.” The annual value of your imputed income (which is subject to FICA and Medicare withholding) is shown on your W-2 form each year.

*** Tobacco includes the use of any tobacco/nicotine products within the past 12 months. This includes the use of smoked or smokeless products such as cigarettes, cigars, pipes, chew, e-cigarettes, etc. Vaping is the use of e-cigarettes and is also considered to be tobacco use. Gum, lozenges and patches (nicotine replacement therapy that contain nicotine) are considered tobacco use.

Supplemental Life and AD&D Insurance

Coverage for Your Spouse/Domestic Partner

The cost per month for each \$1,000 of supplemental life insurance for your spouse/domestic partner is based on the following rates and the amount of coverage elected. The cost of supplemental life insurance for your spouse/domestic partner is deducted from your pay on an after-tax basis.

AGE	MONTHLY RATE PER \$1,000 COVERAGE	
Coverage Level	Non-Tobacco User	Tobacco User*
0-24	\$0.0220	\$0.0430
25-29	\$0.0260	\$0.0530
30-34	\$0.0360	\$0.0690
35-39	\$0.0450	\$0.0900
40-44	\$0.0570	\$0.1000
45-49	\$0.1110	\$0.1500
50-54	\$0.1780	\$0.2300
55-59	\$0.3320	\$0.4300
60-64	\$0.4300	\$0.6600
65-69	\$0.9080	\$1.2700
70-74	\$1.3860	\$2.0600
75 and older	\$2.0600	\$2.0600

* Tobacco includes the use of any tobacco/nicotine products within the past 12 months. This includes the use of smoked or smokeless products such as cigarettes, cigars, pipes, chew, e-cigarettes, etc. Vaping is the use of e-cigarettes and is also considered to be tobacco use. Gum, lozenges and patches (nicotine replacement therapy that contain nicotine) are considered tobacco use.

Coverage for Your Child(ren)

You can elect to purchase life insurance for your children at the rates below (total cost is the same regardless of the number of children you have). The cost for supplemental life insurance for your children is deducted from your pay on an after-tax basis.

Coverage Amount	Rate Per Month
\$5,000	\$0.38
\$10,000	\$0.75
\$15,000	\$1.13
\$20,000	\$1.50

