

2017 Annual Enrollment

October 17 through November 4, 2016

October 2016

What Annual Enrollment Means to You

Johnson & Johnson continues to invest in the health of our retirees—by offering comprehensive, quality health care options at an affordable cost. Annual Enrollment is your opportunity to choose the coverage that is best for you and your family.

Be sure to take time this Annual Enrollment—**October 17 to November 4**—to review your coverage and make changes, if needed, for next year.

Annual Enrollment: October 17 – November 4

If you have questions about Annual Enrollment:

- Visit *Your Benefits Resources (YBR)*: www.resources.hewitt.com/jnjbosc (accessible via Google Chrome or Internet Explorer 11)
- Or call the *Benefit Service Center (BSC)*: 1-800-565-0122
During Annual Enrollment, representatives are available from 9:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday.

YBR Login Information

You will need your user ID and password for *YBR* to enroll. If you have forgotten this information, select the *Forgot User ID or Password* link on the *YBR* login screen, or call the BSC and follow the prompt for Password Management.

A temporary password will be sent to your email or home address on file. Be sure to make your request in time to receive the information and enroll by November 4.

5 Easy Steps to Take Before November 4

Be sure to take action for Annual Enrollment 2017.

1. **Learn what's new** for 2017; see page 4.
2. **Review the UnitedHealthcare Group Medicare Advantage PPO 2017 Annual Notice of Change and Evidence of Coverage** that you received from UnitedHealthcare in October.
3. Visit *YBR* to **review your current Dental Plan and Vision Plan coverage**. Even if you haven't had a life status change since the last enrollment period, take a close look at your current coverage to be sure it's still the best fit for your situation.
4. **Confirm your covered dependents** to be sure appropriate family members will have coverage.
5. **Visit *YBR* > Action Needed!** to enroll online. Click *Complete Enrollment* to process your elections.

Important

You will receive an Enrollment Worksheet from the Benefit Service Center that shows your current Medical, Dental, and Vision coverage, as well as dependent coverage, if any.

Check your elections for accuracy. You have until November 4 to finalize your elections. The coverage you elect will be effective on January 1, 2017.

During the enrollment process, if you are asked to verify a dependent's eligibility, be sure to provide the documentation requested, or that dependent will not have coverage for 2017.

New: Adding a Partner to Medical, Dental, or Vision Coverage

During this Annual Enrollment, you may add your partner and your partner's eligible children to your medical, dental, or vision coverage even if they were not covered while you were an active employee. Keep in mind that the value of coverage for your partner is usually considered taxable income and you will need to provide dependent verification by the deadline for your partner and any applicable dependents to have coverage for 2017.

What If You Don't Enroll?

*If you are currently covered under the UnitedHealthcare Group Medicare Advantage PPO and the Express Scripts Medicare Prescription Drug Plan (PDP), your coverage will **automatically** continue for 2017.*

Reminder

Check your Enrollment Worksheet or visit *YBR* to see your current coverage and annual contributions, if any.

If you do not make an active *Dental Plan* or *Vision Plan* election during Annual Enrollment, you will automatically be enrolled into the option you were enrolled in for 2016 at the same coverage level you have now.

What If You Want to Disenroll from Company-Sponsored Medical Coverage?

You have the option of disenrolling from Company-sponsored coverage under the UnitedHealthcare Group Medicare Advantage PPO. However:

- You will lose your prescription drug coverage, as well as any medical and prescription drug coverage for your dependents, and
- You may not be able to re-enroll in Company-sponsored coverage for yourself or your dependents.

You also have the option to disenroll yourself and/or your dependent(s) from Company-sponsored coverage under the Express Scripts Medicare PDP. As long as you keep coverage under the UnitedHealthcare Group Medicare Advantage PPO, you can re-enroll in the Express Scripts Medicare PDP in the future. However, if you enroll in a different Part D plan, you may lose your medical coverage.

Because this is such an important decision, if you are thinking of disenrolling from Company-sponsored medical or prescription drug coverage, please contact the Benefit Service Center at 1-800-565-0122 to make sure you understand the process and consequences.

Coverage for 2017

Medical Plan

There are *no changes* to the UnitedHealthcare® Group Medicare Advantage PPO coverage or to the Express Scripts Medicare Prescription Drug Plan. Plus, there are *no changes* to your annual contributions—if any—for this coverage.

Health Advocate™ No Longer Offered

Effective January 1, 2017, Health Advocate™ will no longer be offered.

New Vendor for Tobacco Cessation Program

For 2017, Aetna Healthy Lifestyle Coaching will administer the Tobacco Cessation Program. You continue to have access to counseling services and over-the-counter tobacco cessation medications through this program—even if you are not covered under a Johnson & Johnson Medical Plan option. Note that effective January 1, 2017, prescriptions for tobacco cessation drugs must be filled through your prescription drug coverage.

Dental Plan

There are *no changes* to the Aetna Dental Preferred Provider Organization (PPO) Plan or the Vital Savings by Aetna Discount Plan. However, annual contributions for the Aetna Dental PPO Plan will increase for 2017. Check your Enrollment Worksheet or visit *YBR* to see your contribution amounts.

Vision Plan

You can enroll for valuable vision coverage through EyeMed. The plan provides annual coverage for:

- **An exam:** you pay a \$15 copay. *New this year*, you can have retinal imaging done for an additional \$39 copay.
- **Eyeglass frames and lenses or contact lenses** (but not both): coverage will be enhanced and streamlined for 2017. Highlights are shown on page 5; see your Health Plan Comparison Chart on *YBR* or call EyeMed at 1-866-414-2064 for details.

Benefits are highest when you use in-network providers, but there are out-of-network benefits as well.

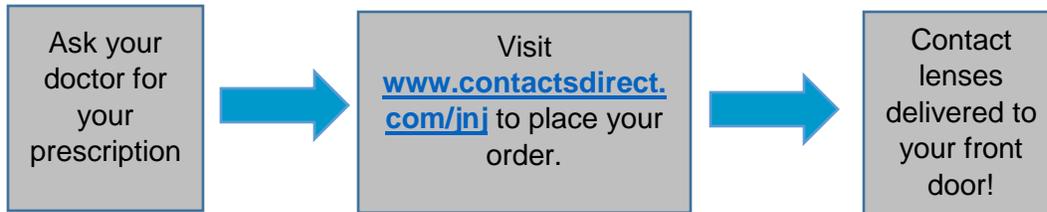
Want the Details?

- Visit *YBR* for Health Plan Comparison Charts and cost information.
- To find in-network providers, visit www.eyemedvisioncare.com/jnjretiree.

Enhanced Coverage for 2017

Johnson & Johnson Contact Lenses

If you are enrolled in the Vision Plan, effective January 1, 2017, an annual supply (as defined by the manufacturer's guidelines) of contact lenses manufactured/marketed by the Johnson & Johnson Family of Companies (Johnson & Johnson) will be covered at 100% when you order them through ContactsDirect.



You *must* order your Johnson & Johnson contact lenses through ContactsDirect to receive your annual supply at 100%. If you prefer to purchase your Johnson & Johnson contact lenses from your provider or another source, the plan will pay up to \$150.

You are eligible to get Johnson & Johnson contact lenses through ContactsDirect (covered at 100%) *or* through another source (covered up to \$150), but not through both.

Non-Johnson & Johnson contact lenses will be covered up to \$130 in-network (up to \$115 out-of-network).

Eyeglass Frames and Lenses

Coverage for eyeglass frames and lenses purchased *in-network* will be streamlined and enhanced for 2017.

Highlights include:

- **Frames:** 100% coverage up to \$150 (\$20 increase), 20% discount on balance
- **Any premium progressive lenses:** you pay \$35 copay
- **Any premium anti-reflective coating:** you pay \$25 copay

Did You Know?

For 2017, coverage under the Vision Plan includes a hearing benefit too: 40% discount off hearing exams and a low-price guarantee on discounted hearing aids when using Amplifon Hearing Health Care network providers.

ID Cards

If you make no changes in coverage for 2017, you can continue to use your current ID card(s).

You will receive welcome materials and new identification cards in December if you newly enroll in dental coverage under the Vital Savings by Aetna Discount Plan or in the Vision Plan.

Contact Information

PLAN	SERVICE ADMINISTRATOR	PHONE NUMBER	WEB
Benefit Service Center		1-800-565-0122	www.resources.hewitt.com/jnjbsc
Dental: Aetna Dental PPO Plan	Aetna	1-877-512-0363	www.aetna.com
Dental: Vital Savings by Aetna Discount Plan	Aetna	1-888-238-4825	www.vitalsavingsbyaetna.com
Enrollment or Eligibility	Benefit Service Center	1-800-565-0122	www.resources.hewitt.com/jnjbsc
Medicare		1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048	www.medicare.gov
Prescription Drug Coverage	Express Scripts	1-877-891-1143 TTY: 1-800-716-3231	www.Express-Scripts.com/jnj
Social Security		1-800-772-1213 TTY: 1-800-325-0778	www.socialsecurity.gov
UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare	1-866-868-0511, TTY 711	www.UHCretiree.com/jnj
Vision Plan	EyeMed	1-866-414-2064	www.eyemedvisioncare.com/jnjretiree www.contactsdirect.com/jnj (for 100% coverage of J&J contact lenses)
YBR			www.resources.hewitt.com/jnjbsc

Special Annual Enrollment Notices

Women's Health and Cancer Rights Act

Under the Women's Health and Cancer Rights Act, a woman who receives benefits for a medically necessary mastectomy will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Appropriate prostheses
- Treatment of physical complications for all stages of the mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the plan provisions (e.g., annual deductibles, copays, and coinsurance) that would otherwise apply under the patient's Medical Plan option.

Coverage for Cancer Clinical Trials

Cancer clinical trials test new treatments in people with cancer. The goal is to find better ways to treat cancer and help cancer patients. Clinical trials test many types of treatments, such as new drugs, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods, such as gene therapy. To find more details and information, log on to *YBR*.

Joint Notice of Privacy Practices

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we previously furnished you with a copy of the *Joint Notice of Privacy Practices*. This document describes certain rules that we follow to safeguard the privacy of your personal information under our health plans. To access the notice, log on to *YBR*.

This document summarizes information about your benefits and coverage changes for 2017. A more complete description of these plans is contained in the official Plan Documents. If there is a discrepancy in wording between the Plan Documents and this document, the wording in the Plan Documents will govern. The Company reserves the right to amend, modify, revoke, or terminate these plans, in whole or in part, at any time, with or without notice. These plans may be amended by or pursuant to a resolution adopted by the Pension & Benefits Committee or by such other means as the Pension & Benefits Committee deems appropriate.

This document is merely a summary of the benefits provided. It does not constitute a summary plan description (SPD), summary of material modifications (SMM), or formal plan document. In the event of a conflict between this guide and a formal plan document, the plan document shall govern.