

Annual Enrollment runs October 16 – November 3.

Review your elections now to prepare for the upcoming open enrollment period.

October 6, 2023

What Annual Enrollment Means For You

At Johnson & Johnson, we empower you to care for your physical health and well-being in ways that work for you. Now is the time to see what you have right now, and think about whether it'll work for you and your dependents for another year.

Explore the 2024 benefit program to learn what is available to you and your family. The Annual Enrollment period, between Monday, October 16, and Friday, November 3, 2023, is your opportunity to review your current benefit coverage and make changes, if necessary, for 2024.

This letter describes what you can do for 2024; it is the only communication you will receive during this Annual Enrollment. **Changes will take effect on January 1, 2024.** Please read this letter carefully.

What's New For 2024

Some costs and contribution limits will change in 2024. Here's what to keep in mind when making your elections:

Medical, Dental and Vision Plans

While health care costs continue to rise, employee contributions to Medical, Dental and Vision plans will have minimal increases. For details on your coverage and contributions, visit the For Your Benefit website at <http://digital.alight.com/jnjbcs>, and from the home page click *Enroll Now*, then choose the *Compare Medical Plans* button.

Maximum HSA Contribution

The IRS is increasing the Health Savings Account (HSA) maximum contribution amount for 2024. For employees ages 55 and older, the catch-up contribution limit continues to be an additional \$1,000. Total contribution (yours plus the Company's) maximums for 2024 are:

Age	Individual Maximum	Family Maximum
Under age 55	\$4,150	\$8,300
Age 55 or older	\$5,150	\$9,300

*Please note that 2023 contribution amounts will not carry over automatically into 2024; be sure to specify your contribution amount during Annual Enrollment. In addition, HSA is available only if you are enrolled in an HSA medical plan.

HSA Deductible Amounts

The IRS is increasing the Health Savings Account (HSA) deductible amounts for 2024.

Family Status Category	HSA Annual Deductible
You only	\$1,600
You + Spouse/Partner	\$3,200
You + Child(ren)	\$3,200
You + Family	\$3,200

What Happens If You Don't Enroll

If you do not make an active Medical Plan, Dental Plan, or Vision Plan election during Annual Enrollment, you will automatically be enrolled in the option you were enrolled in this year, at the same coverage level you have now. Because this is such an important decision, if you are disenrolling from Company-sponsored coverage, please contact the Benefit Service Center to make sure you understand the process and consequences.

For Your Benefit Website Login

You will need your user ID and password to enroll on the [For Your Benefit](#) website at <http://digital.alight.com/injbsc>. If you have forgotten this information, select the *Forgot User ID or Password* link on the login screen, or call the Benefit Service Center and follow the prompts for Password Management.

Be sure to make your request in time to receive the information and enroll by November 3, 2023.

Benefit Coverage for Anyone Not Medicare-eligible

This section applies to any participant or covered dependent who is not eligible for Medicare, or who is eligible for Medicare but is not enrolled in both Medicare Part A and Medicare Part B.

For anyone who is enrolled in Medicare Part A and Part B, please turn to the section in this guide titled Medical for anyone enrolled in Medicare.

Your Options

If you were covered under a J&J Medical Plan in 2023, you can choose to enroll for medical coverage under the Health Reimbursement Arrangement (HRA) Plan or the Premier Health Savings Account (HSA) Medical Plan (if applicable; check the [For Your Benefit](#) website for your options).

Both options provide valuable medical and prescription drug coverage, including 100% coverage for eligible preventive medical care when you use an in-network provider. There are differences between the plans in the amount you pay when you receive care. Before you enroll, be sure you understand how each option works.

Did you know?

If you are a Split Family (your coverage includes both non-Medicare-eligible and Medicare-eligible family members), you must choose the same plan for everyone who is not Medicare-eligible. Each covered family member will receive their own Medical Plan ID card.

HRA Plan

When you choose coverage under the Health Reimbursement Arrangement (HRA) Plan, you have access to the same services and network of doctors and other providers as the Premier HSA Medical

Plan. If you elect the HRA Plan, the Company contributes to a health reimbursement fund that automatically pays a portion of your annual deductible for eligible medical expenses.

Coverage Category	Company Contribution
You Only	\$500
You + Spouse / Partner	\$750
You + Children	\$750
You + Family	\$1,000

Once enrolled in the HRA Plan, you pay out-of-pocket for eligible non-preventive medical care until you reach the annual deductible. When you reach the annual deductible, the plan begins to pay 80% of eligible in-network expenses and you pay 20%.

If you have high health care costs, you're protected by the out-of-pocket maximums. However, out-of-pocket maximums will be higher for out-of-network services. This can be avoided by selecting in-network providers. Once you reach the maximums, the plan pays 100% of eligible in-network expenses for the rest of the year. If there is money in the HRA at the end of the year:

- If you remain in the HRA Plan, unused funds up to your in-network out-of-pocket maximum remain in your HRA. Amounts that exceed that maximum go into a Retiree Reimbursement Account (RRA).
- If you move to the Premier HSA Medical Plan, the entire unused HRA amount goes into an RRA.
- If you drop coverage, you forfeit any remaining money in the account.

Premier HSA Medical Plan

The Premier Health Savings Account (HSA) Medical Plan gives you more control over how you spend your money. With this plan:

- All eligible preventive medical care is covered at 100% before you meet your deductible.
- Your out-of-pocket maximums are the lowest in comparison to other medical plan options.
- Find coverage details on the For Your Benefit website at <http://digital.alight.com/jnjbosc> and reference the Compare Medical Plans tool — available when you click *Enroll Now* from the home page.
 - Once you reach the out-of-pocket maximum, the plan pays 100% of eligible in-network expenses for the rest of the year.
- You have access to the same services and network of doctors and other providers as the HRA Plan.
- Once enrolled, you pay out-of-pocket for eligible non-preventive medical care and most prescriptions until you reach the annual deductible. When you reach the annual deductible, the plan begins to pay 80% of eligible in-network expenses and you pay 20%.

This plan can be paired with a Health Savings Account in which you can enroll and make tax-deductible contributions directly with the financial institution of your choice.

This will save you money on taxes in three ways. You don't have to pay taxes on the money:

1. You contribute
2. Your investments earn
3. You withdraw for eligible health care expenses

Once your HSA balance reaches \$1,000, you're eligible to invest any portion of your balance above \$1,000 in select mutual funds. You control how you spend the balance. Use it to pay for health care expenses now or save it for the future.

Prescription Drug Coverage

The Johnson & Johnson Medical Plan pays 80% of the discounted cost of most prescription drugs (after any applicable deductible). For drugs with lower-cost alternatives, this coverage is reduced to 60% of the discounted cost.

All Medical Plan options include coverage for prescription drugs. Because of IRS rules for high deductible plans, there are differences in how the plans pay for prescription drugs.

Under the Premier HSA Medical Plan, the annual deductible will apply unless the prescription drug is on the Express Scripts deductible bypass list. For drugs not on the list— including drugs marketed/manufactured by Johnson & Johnson — you pay the full cost until you meet the annual deductible.

Under the HRA Plan, the annual deductible does not apply to prescription drugs.

For more information on how prescription drugs are covered, including when J&J drugs are covered at 100%, please visit the [For Your Benefit](#) website at <http://digital.alight.com/injbsc> and reference the Compare Medical Plans tool — available when you click *Enroll Now* from the home page.

Save On Medical Costs

J&J provides resources that you can use to help control your health care costs:

- Be sure you use in-network providers.
- With Teladoc Medical Experts, covered family members not eligible for Medicare can get confidential, free second opinions, critical care support, medical records management, and more—over the phone or online.
- If you are enrolled in an Aetna Medical Plan option, you can use Teladoc to speak with a doctor on the phone or via online video at any time—24/7.
- Need immediate care? Visit an urgent care center for cost-effective medical care when your primary doctor is not available.
- Compare prices before you schedule medical care and learn what your costs would be at different providers. Your Medical Plan may have tools to help you get started.

Turning Age 65? Don't miss out on Medicare enrollment!

You or your covered dependent will need to enroll in Medicare Parts A and B if either of you are approaching age 65 or are already age 65 and are eligible for Medicare. The process can be started as early as three months prior to the individual's 65th birthday.

At age 65 or after 24 months of disability, Medicare becomes the primary medical plan for eligible individuals even if you and/or your covered dependent has not enrolled for both Medicare Parts A and B. (The same rules apply if you or your dependent is eligible for Medicare due to a qualified disability at any age.)

If either of you don't enroll in Medicare when eligible, it will have a significant impact on your health care coverage and will result in higher out-of-pocket costs.

Reminder

Your claims will be paid secondary to Medicare if you are Medicare-eligible but not enrolled in either Medicare Parts A or B.

Transitioning to Medicare Advantage PPO

If you are not currently enrolled in Medicare Advantage PPO, but will be transitioning into the plan for 2024 and you are receiving ongoing care that will extend into next year, contact UnitedHealthcare to ensure a smooth transition.

UnitedHealthcare must have your Medicare ID number or Medicare Beneficiary Identifier (MBI). This number appears on your red, white, and blue Medicare card. You will be contacted in writing if this information is not on file.

It is also important that UnitedHealthcare has your home address (not a P.O. box) and phone number. You can keep this information updated on the [For Your Benefit](#) website or contact the Benefit Service Center at 1-800-565-0122. Representatives are available M-F, from 9:00 AM – 5:00 PM ET.

Reminder

If you and any dependents you cover will be eligible for Medicare on January 1, but are not yet enrolled in Medicare Part A and Part B, contact your Social Security office immediately.

Medical For Anyone Enrolled In Medicare

For anyone who is not enrolled in Medicare Part A and Part B, please turn to the section in this guide titled Medical for anyone not enrolled in Medicare.

If you were covered under a J&J medical plan for 2023, and you or any of your covered dependents are enrolled in Medicare Part A and Part B, you will automatically be enrolled in the UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization (PPO) Plan for medical coverage effective January 1, 2024.

With this plan:

You have the freedom to see any provider in the U.S. that accepts Medicare—plus, in an emergency, you can see any provider in the world and receive benefit coverages for covered services. You pay the same percentage whether you see in-network or out-of-network providers.

You'll be enrolled in the Express Scripts Medicare® Prescription Drug Plan (PDP). You can choose to opt out of this coverage, but you may not be able later to return to a plan offered by the Company.

Did you know?

You or your dependent's claims will be paid secondary to Medicare even if you or your dependent is not enrolled in Medicare, which will have a significant impact on your health care coverage and will result in higher out-of-pocket costs.

For details on your Medical Plan covered services and what the plan pays, please visit the [For Your Benefit](#) website at <http://digital.alight.com/jnjbsc> and reference the Compare Medical Plans tool — available when you click *Enroll Now* from the home page banner.

Did you know?

The UnitedHealthcare® Group Medicare Advantage PPO is a Medicare Advantage plan. It provides all the coverage of Medicare Part A and Part B—and more. The Express Scripts Medicare PDP is a Medicare Part D prescription drug plan. It provides more generous coverage than Part D plans that are available to the general public.

Providers Who Participate In Medicare

If you see an in-network provider or any out-of-network provider who is willing to submit your claim to UnitedHealthcare for covered services:

- Present your UnitedHealthcare ID card
- Do not submit a claim form

If you see an out-of-network provider who is not willing to submit your claim to UnitedHealthcare for covered services, have the provider call UnitedHealthcare to discuss payment. If the provider chooses not to submit your claim to UnitedHealthcare:

- Pay the provider in full.
- Submit a claim form and receipt to UnitedHealthcare for reimbursement.

Most providers (over 99%) accept Medicare. However, check with your provider before you receive care.

Providers Who Do Not Participate In Medicare

If you use a provider who does not accept Medicare patients, you are responsible for the full cost of those services.

Dental

If you were covered under the Dental Plan in 2023, you can continue dental coverage through Aetna. For details on your Dental Plan covered services, please visit the [For Your Benefit](http://digital.alight.com/jnjbsc) website at <http://digital.alight.com/jnjbsc>.

Vision

If you were covered under the Vision Plan in 2023, you can continue vision coverage through EyeMed. The plan provides annual coverage for an exam as well as eyeglass frames and lenses or contact lenses (but not both).

Benefit coverages are highest when you use in-network providers, but there are out-of-network benefits as well. To find in-network providers, visit www.eyemedvisioncare.com/jnj.

An annual supply of contact lenses manufactured/ marketed by Johnson & Johnson is covered at 100% up to the manufacturer's suggested retail price (MSRP). Order an annual supply from any eye care provider or via www.contactsdirect.com/jnj.

For details on your Vision Plan covered services, please visit the [For Your Benefit](http://digital.alight.com/jnjbsc) website at <http://digital.alight.com/jnjbsc> and reference the Compare Medical Plans tool — available when you click the *Enroll Now* from the home page.

Did you know?

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

What You Need To Do By November 3

1. **Review your options.** Be sure you understand how each plan works and the coverage cost before enrolling. Also, you can see your current coverage, including covered dependents, on the [For Your Benefit](http://digital.alight.com/jnjbsc) website at <http://digital.alight.com/jnjbsc>.

If you are asked to verify the dependent's eligibility, be sure to provide the documentation requested, or that dependent will not have coverage for 2024.

2. **Enroll** online on the [For Your Benefit](http://digital.alight.com/jnjbsc) website at <http://digital.alight.com/jnjbsc>. As part of the enrollment process remember to:
 - Update your beneficiaries. It's a good idea to check your beneficiary

designations from time to time to make sure they're up to date. While you're logged on to For Your Benefit during Annual Enrollment, take a moment and update your beneficiaries.

Please note that if you do not make any elections, your current medical, dental and vision elections will continue for 2024.

Special Annual Enrollment Notices

Visit <http://digital.alight.com/jnjbcs> or call the Benefit Service Center for important information about:

- Women's Health and Cancer Rights Act
- Coverage for Cancer Clinical Trials
- Joint Notice of Privacy Practices
- Summary of Benefits Coverage

Upon request, you are entitled to receive printed copies of these notices, free of charge.

Questions?

- **Web:** Visit the For Your Benefit website at <http://digital.alight.com/jnjbcs>.
- **Online Chat:** Web chat with a Benefit Service Representative via the For Your Benefit website. During Annual Enrollment, they will be available weekdays from 9:00 AM – 5:00 PM EST.
- **Phone:** Call the Benefit Service Center at 1-800-565-0122. Representatives are available Monday through Friday from 9:00 AM – 5:00 PM EST.
- **Text:** Access from your mobile device. Simply text "**Benefits**" to **67426** to receive a link to download the Alight app straight to your mobile device.

This document summarizes information about your benefits and changes for 2024. 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. This document supports the terms and provisions of the collective bargaining agreement. Where applicable, Johnson & Johnson reserves the right to amend the Summary Plan Description (SPD) to maintain compliance with ERISA and the collective bargaining agreement. 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.

When benefit changes occur under one or more of these plans, the Company will provide you with a revised version of the SPD or a Summary of Material Modifications (SMM). A communication, including annual enrollment materials, that describes material changes to benefits under one or more of these plans will be considered an SMM for the plan(s).