

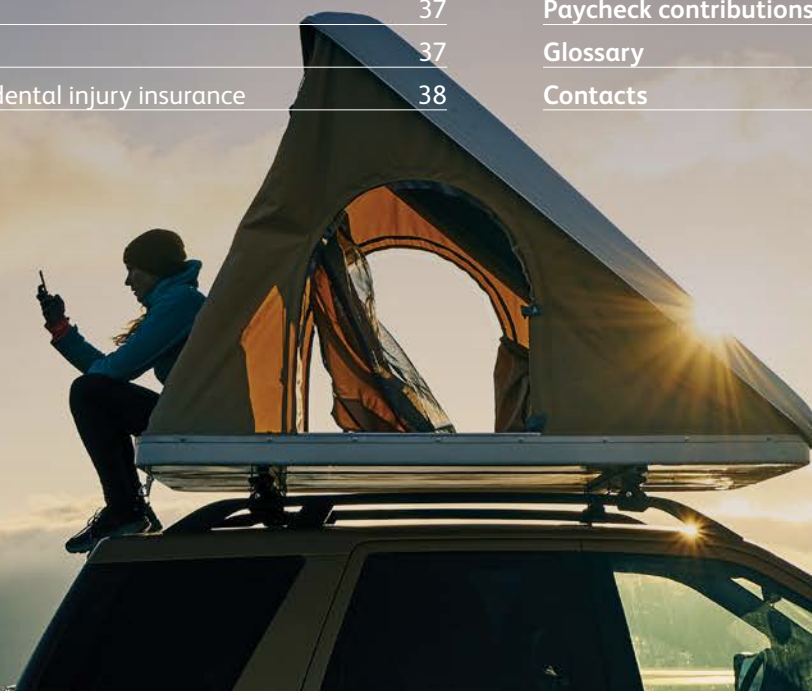


2023 Benefits Catalog

U.S. benefits-eligible associates

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Total Rewards and you

At BD, we strive to make health a priority for our customers, and we do the same for our associates and their families. One way we demonstrate this commitment is by offering a valuable, competitive compensation and benefits package, collectively known as our Total Rewards program. Our Total Rewards program is designed to be fair and inclusive; to support the diverse needs of our global workforce; and to make a difference for you at work, at home and in your future. It also helps drive BD's business success. We encourage you to make the most of your Total Rewards at BD.

BD's commitment to inclusion and diversity and to your well-being is reflected in these awards.



This catalog can help you understand your benefit options and make informed decisions. Take full advantage of all of your BD benefits—including preventive care at no cost for you and covered family members, access to a personal Benefit Pro, virtual medical and mental health visits, well-being resources, health coaching, backup dependent care and more. Your BD benefits provide year-round support for physical, emotional, social and financial well-being.

Getting started

BD benefits at a glance

Eligibility

Enrollment

When coverage begins

When coverage ends

Qualified life events

Cost of coverage



BD benefits at a glance

| Benefit | Plan or coverage option |
|--|--|
| Medical coverage | <ul style="list-style-type: none"> • Cigna HSA Basic and HSA Plus options; Kaiser HSA Qualified Plan (California only) • Cigna PPO option • Kaiser HMO (Hawaii only) |
| Health Savings Account (HSA) | <ul style="list-style-type: none"> • If enrolled in a BD medical plan option with an HSA, you may be eligible to contribute to an HSA. The HSA Plus and Kaiser HSA Qualified Plan include a contribution from BD. |
| Dental coverage | <ul style="list-style-type: none"> • Comprehensive coverage, including orthodontia |
| Vision coverage | <ul style="list-style-type: none"> • Comprehensive coverage, including diabetic eye care services |
| BD Healthy Lives | <ul style="list-style-type: none"> • A robust well-being program to support the diverse needs of our population—physical, emotional, financial and social • Through the BD Health Lives Incentive Program, you can earn \$250 by completing well-being activities |
| Emotional health resources | <ul style="list-style-type: none"> • Various digital resources including self-guided support and access to licensed professionals, plus traditional clinical care through the medical plan |
| Diabetes care management | <ul style="list-style-type: none"> • Blood glucose meter, test strips, lancets and coaching at no cost to you and your enrolled dependents |
| Musculoskeletal care | <ul style="list-style-type: none"> • Free, virtual exercise therapy with licensed physical therapists and personal health coaches • Personalized guidance from top-rated providers to help you determine the best course of treatment for surgeries and procedures |
| Flexible Spending Accounts (FSAs) | <ul style="list-style-type: none"> • Healthcare FSA for eligible medical, dental and vision expenses • Limited Purpose Healthcare FSA for eligible dental and vision expenses (only if also enrolled in an HSA) • Dependent Care FSA for eligible day care expenses for children under age 13 and adult dependents |
| Basic life and AD&D insurance | <ul style="list-style-type: none"> • Provided by BD at no cost to you |
| Supplemental life and AD&D insurance | <ul style="list-style-type: none"> • You can buy supplemental life insurance for yourself and life insurance for your spouse/domestic partner and/or child(ren). You can buy supplemental AD&D coverage for yourself and/or your family. |
| Hospital care, critical illness and accidental injury insurance | <ul style="list-style-type: none"> • You can buy these optional supplemental insurance plans to complement your BD medical coverage |

| Benefit | Plan or coverage option |
|---|---|
| Short-term disability (STD) coverage | <ul style="list-style-type: none"> • Up to 26 weeks of income protection at no cost to you if you are unable to work due to an approved disability |
| Long-term disability (LTD) insurance | <ul style="list-style-type: none"> • Choose from core coverage paid for by BD or you, as well as buy-up coverage paid for by you |
| BD 401(k) Plan | <ul style="list-style-type: none"> • Save with pre-tax, Roth and post-tax dollars • A variety of investment choices, including a BD Stock Fund • Automatic enrollment feature • Matching contributions from BD based on the first 6% of pay that you contribute • An additional annual non-elective contribution from BD equal to 3% of your eligible compensation |
| BD Deferred Compensation Plan | <ul style="list-style-type: none"> • Eligible associates can make additional salary deferrals through this plan (special rules apply) |
| 529 College Savings Plan | <ul style="list-style-type: none"> • Save with tax-free contributions for eligible expenses for grades K–12 and/or college, trade or technical schools |
| Financial counseling | <ul style="list-style-type: none"> • Financial counseling and free online resources from Ayco at no cost to you |
| Credit union | <ul style="list-style-type: none"> • A full-service financial institution for all your banking needs |
| Life balance programs | <ul style="list-style-type: none"> • BD Cares About Families programs <ul style="list-style-type: none"> – Employee Assistance Program (EAP) – Adoption assistance plan – Bright Horizons backup day care and special needs program – Homethrive resources to support caregivers of aging or special needs family members – Paid parental leave – Healthy pregnancy programs – Childbirth classes • Paid time off • Leave of absence programs • Educational Assistance Program • MetLife Group Legal Plan, including identity theft defense • Group home, auto and pet insurance • Commuter benefits program • Benefit Pro healthcare and advocacy services • Academic achievement scholarship • BenefitHub online discount marketplace |

Eligibility

Eligible associates

Associates who are classified as Regular on U.S. payroll and are scheduled to work at least 20 hours per week are eligible to participate in BD healthcare plans.

Eligible dependents

The following dependents are eligible to participate in BD healthcare plans:

- Legal spouse, including a common-law spouse in states that recognize common-law marriages
- Registered or non-registered domestic partner
- Dependent children, up to age 26, including:
 - Your natural children
 - Children of your registered or non-registered domestic partner
 - Your legally adopted children
 - Children placed with you for adoption
 - Your stepchildren
 - Any other children for whom you are the legal guardian, or for whom your spouse/domestic partner is the legal guardian

About the Individual Mandate

As of 2019, the federal government will not charge a fee if you do not have healthcare coverage. This means that the Individual Mandate has effectively been repealed at the federal level.

However, some states are implementing their own mandates and fees. Generally, BD medical plans meet state minimum coverage requirements. If you and your dependents enroll in a BD medical plan, reporting coverage may be as simple as checking a box on your state tax return. Make sure to check your state's rules before enrolling in a medical plan for 2023.



Special considerations

If your spouse, domestic partner or adult child is also employed by BD and eligible for the benefit plans, special rules may apply. You cannot cover each other as a dependent under the benefit plans. For example, you may each choose medical, dental or vision coverage for yourself only. Or one of you can elect coverage for yourself and your spouse/domestic partner, or for yourself and your family, and the other may elect no coverage. The same is true for life and accidental death and dismemberment (AD&D) insurance plans as well as Hospital Care, Critical Illness and Accidental Injury insurance plans. You cannot be covered under the associate insurance plan and as your spouse/domestic partner's dependent for spouse/domestic partner life insurance coverage. Children may be covered as the dependent of only one parent.

Imputed income for non-tax dependents

If you elect to cover a domestic partner, the child of your domestic partner and/or a person who is a non-tax dependent on your medical, dental or vision plan, you are required to pay income tax each pay period on the fair value of this coverage. This imputed income amount will be included in the taxable income reported on your W-2 wage and tax statement for the applicable tax year.

Assign your beneficiaries

Your beneficiary is the person or persons who will receive payment for your life insurance, accident insurance, Health Savings Account (HSA) and 401(k) Plan account benefits if you die. You may designate any person or persons, your estate or a trust as your primary beneficiary. You may also designate a contingent beneficiary who will receive benefits in the event your primary beneficiary does not survive you. Note that your health and welfare beneficiaries are named through **Benefits Direct**. If you enroll in a medical plan with an HSA, you will complete a beneficiary form through **HealthEquity**. Your 401(k) beneficiaries are designated through **Fidelity**.

Dependent certification

You will be required to provide documents verifying the eligibility of new dependents that you enroll in BD benefit plans. You will be sent a request for certification with a list of acceptable documents that must be returned to **Benefits Direct** to keep your dependents from being removed from coverage. You may also be asked periodically to verify the eligibility of existing dependents.

Contact **Benefits Direct** for a list of acceptable documents. If you are unable to provide the required documents, your dependent(s) will not be covered. In addition, you may be required to reimburse BD, the plan or the insurer for any costs associated with covering an individual who is not an eligible dependent.

Enrollment

When to enroll

Newly eligible associates

If you are a newly eligible associate, you must enroll within 31 days of your eligibility date. If enrollment is not completed within 31 days, you will be enrolled in company-paid life, AD&D and disability plans as shown below. **You will not have medical, dental or vision coverage.**

If you do not enroll when you are first eligible or during open enrollment, you will be automatically enrolled in the following default coverages:

- Basic associate life insurance (1x benefit pay¹ to a maximum of \$1 million)
- Basic AD&D insurance (1x benefit pay¹ to a maximum of \$1 million)
- Business travel accident insurance
- Short-term disability (STD) coverage
- Core Plan 1 long-term disability (LTD) insurance (60% of benefit pay¹; taxable benefit)

Current eligible associates

During open enrollment, you can:

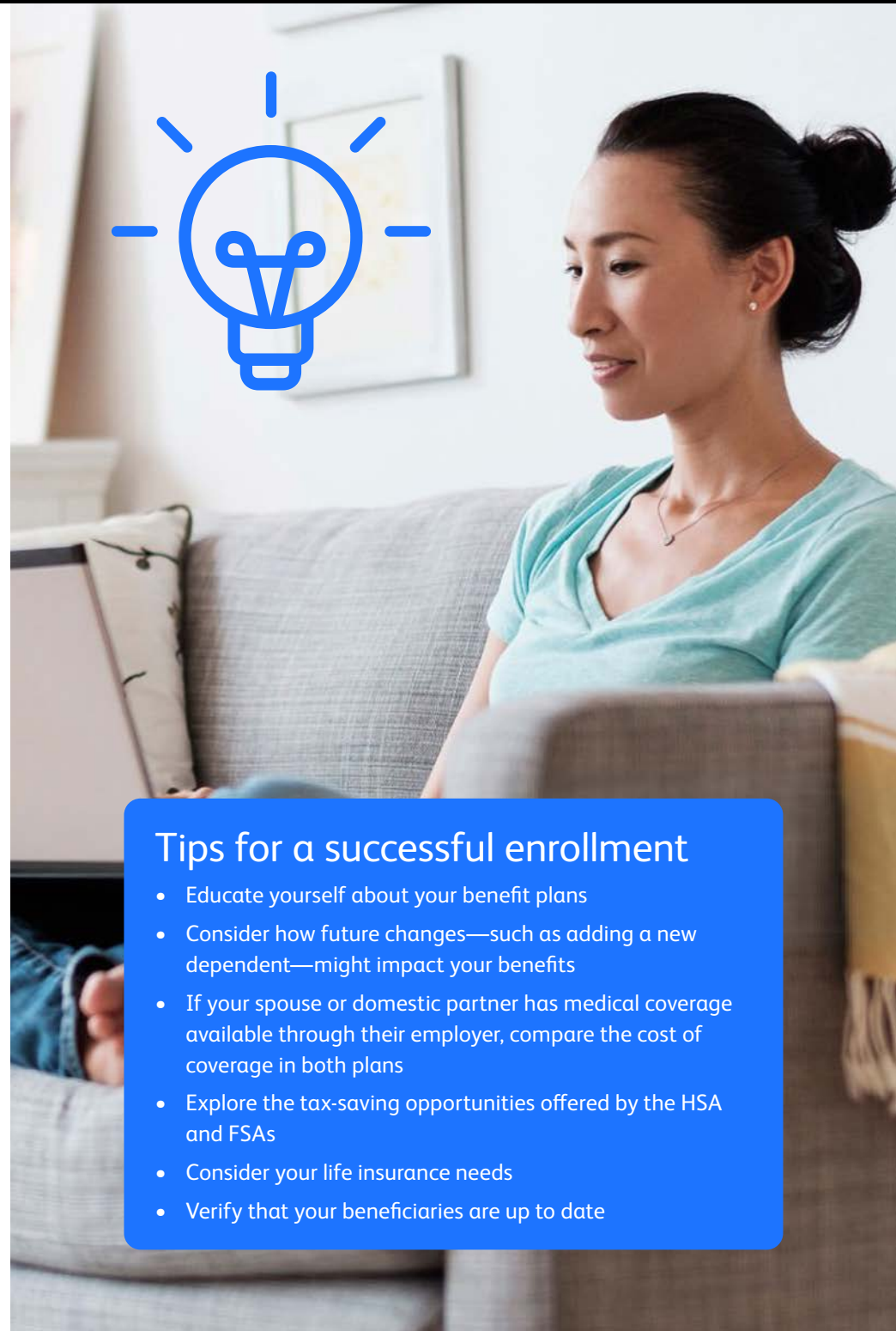
- Change your medical, dental, vision, supplemental life, supplemental AD&D and long-term disability coverage; your participation in voluntary hospital care, critical illness and accidental injury insurance; and your participation in the MetLife Legal Plan.
- Elect and contribute to healthcare or dependent daycare Flexible Spending Accounts (FSAs), and/or a Health Savings Account (HSA).

¹ Benefit pay: For **salaried associates**, your pay is your annual salary. For **hourly associates**, your pay is your hourly rate x your regularly scheduled hours x 52 weeks. For **commissioned associates**, your pay is a combination of your annual salary plus average two-year commissions and draws. See the glossary in the Summary Plan Description (SPD) for a full definition of benefit pay.



Tips for a successful enrollment

- Educate yourself about your benefit plans
- Consider how future changes—such as adding a new dependent—might impact your benefits
- If your spouse or domestic partner has medical coverage available through their employer, compare the cost of coverage in both plans
- Explore the tax-saving opportunities offered by the HSA and FSAs
- Consider your life insurance needs
- Verify that your beneficiaries are up to date



How to enroll

1 Collect information you'll need to enroll

- A list of dependents you want to enroll in the BD plans
- Dates of birth and Social Security Numbers for each dependent you want to enroll
- Documentation of your dependents' relationship to you (see [page 6](#) for eligibility and [Benefits Direct](#) for dependent certification details)
- A list of beneficiaries and their Social Security Numbers for the life and accident insurance plans

2 Get guidance if you need it

• For help understanding your options

If you have questions about how BD benefits work or want help determining what coverage best meets your needs, contact your Benefit Pro. Benefit Pro services and communications are provided by Alight.

• For help enrolling in benefits

If you need help enrolling, call or chat with Benefits Direct. Representatives are available at 800.234.9855 or bd.com/benefits Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time. Appointments are available but not required.

3 Use the online tools to help you make informed decisions

- **Medical Plan Comparison Tool** on [Benefits Direct](#). The cost estimator tool shows you a side-by-side comparison of your medical plan options, including paycheck contributions and your estimated out-of-pocket costs under each option.
- **Medical plans at a glance** on [pages 16–17](#) and on [Benefits Direct](#). This chart compares the key medical and dental plan features side by side.
- **HSA Plan Comparison Tool** on comparemyhsa.com/BD. This tool compares your health plans so you can see the benefits and savings from an HSA-qualified plan.
- **Flexible Spending Account Estimator** on healthequity.com/bd. The FSA estimator recommends an amount to contribute to the Healthcare FSA and shows how much you could save in taxes by contributing.
- **Find a doctor or hospital** on [Benefits Direct](#) and the medical carrier websites. The provider search tool allows you to find in-network doctors and facilities in your area. Your Benefit Pro can also help you find providers and estimate your out of pocket costs.
- **Life Insurance Calculator** on [Benefits Direct](#). If you're not sure how much life insurance

you need, use the life insurance calculator to help you with your decision. You may also contact Ayco for assistance at 800.334.0823 or visit ayco.com/login/bd to schedule an appointment.

[Benefits Direct](#) also has tools to help you decide if supplemental long-term disability insurance is right for you.

4 Enroll in or change your benefits

You can enroll one of three ways:

- Online at bd.com/benefits
- Use the free Alight Mobile app (download it from the App Store or Google Play, then choose "Becton Dickinson" as your company)
- By phone at 800.234.9855 (8 a.m.–8 p.m. Eastern Time, Monday–Friday; appointments available)

[The Benefits Direct](#) enrollment process will take you through each step of building your benefits package and will show how much your choices will cost. When you are finished enrolling, click "Complete Enrollment" and watch for an email indicating your enrollment is confirmed. Save this email as a confirmation of your enrollment.

You can come back to [Benefits Direct](#) anytime during your enrollment period and make as many changes as you want. The elections on file at the end of your enrollment period will be the benefits you receive. Keep a copy of your final enrollment confirmation.

Once you've enrolled, be rewarded for being well

Complete activities in the BD Healthy Lives Incentive Program and earn \$250.

If you enroll in a BD medical plan with an HSA, rewards will be deposited into your account. If you enroll in the PPO or HMO, rewards will be paid as a gift card or charitable donation in your name. If you don't enroll in BD medical coverage, you can still participate in the well-being activities, but you will not earn the incentive. Activities must be completed by December 31, 2023.

For details, see [page 29](#) or visit mycigna.com.

When coverage begins

If you meet the eligibility and enrollment requirements, your coverage begins on your date of hire or the date you become a benefits-eligible associate, or at the beginning of a plan year after you go through open enrollment. You must be actively at work for some benefits to begin.

Dependent coverage begins on the same day your coverage begins, or the day your dependents first become eligible (whichever is later).

Remember, you must enroll before medical, dental, vision, supplemental life, supplemental AD&D and buy-up long-term disability coverage begins. You also must elect to participate in the HSA and/or FSAs before you can start contributing.

When coverage ends

If your employment or eligibility for coverage ends, coverage for medical, dental, vision and FSAs ends at the end of the month in which you terminate employment. Coverage for all other plans ends on your last day of employment. If you are eligible to continue coverage under COBRA, information will be sent to you by [Benefits Direct](#). The balance of your HSA and/or vested 401(k) account remains yours.

Qualified life events

The benefits you choose are effective through December 31, 2023. If you have a qualified life event during the year, you may be eligible to change your coverage or add or remove dependents if the change is made within 31 days of the life event. Qualified life event changes can include, but are not limited to, the following:

- Marriage, legal separation or divorce
- Entering into or terminating a domestic partnership
- Birth, legal adoption of a child or placement of a child with you for legal adoption
- Death of your spouse, domestic partner or child
- Change in residence (only if your current coverage isn't available in the new location or if you are offered a plan that you were not previously offered)
- Change in employment status (for example, a change that affects your eligibility to participate in the plan, or commencement or return from an unpaid leave of absence)

To report a qualified life event change, contact [Benefits Direct](#) at 800.234.9855.



Important

You have 31 days from the date of the event (*for example, from the birth date or marriage date*) to make changes to your benefits. If you do not contact Benefits Direct within 31 days, you'll lose the opportunity to make a change until the next open enrollment or until you experience another qualified life event. The change to your benefit coverage must be consistent with the event (*as defined by applicable IRS rules*).



Cost of coverage

Your benefit options and costs of coverage are displayed when you log on to enroll or make changes to your benefits. Associate contribution information may also be found on [pages 50–55](#) of this guide.

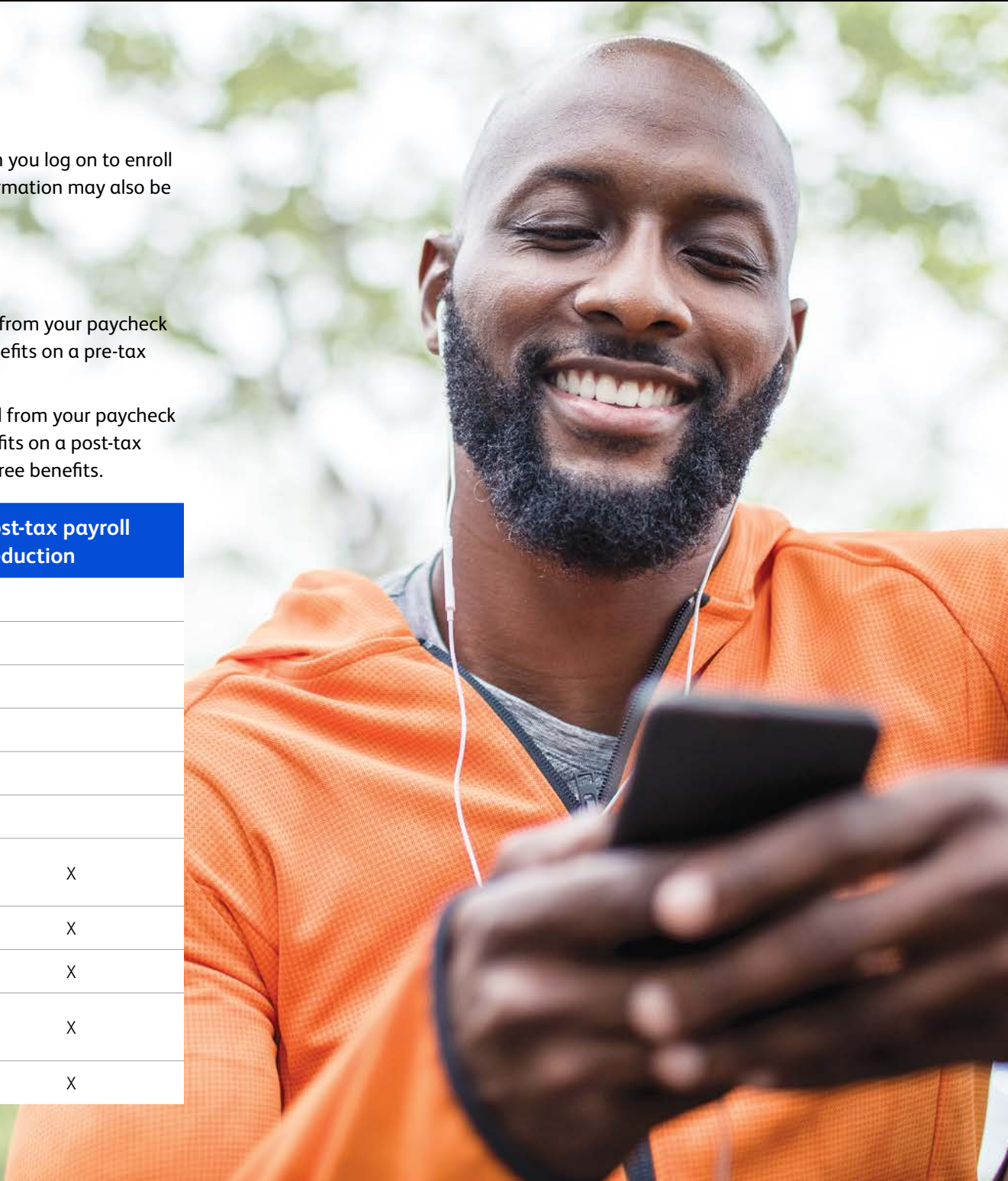
Pre-tax or post-tax contributions

Pre-tax means that your share of the benefit cost is deducted from your paycheck before taxes are applied and deducted. When you pay for benefits on a pre-tax basis, you pay less federal income and Social Security taxes.

Post-tax means that your share of the benefit cost is deducted from your paycheck after taxes are applied and deducted. When you pay for benefits on a post-tax basis, certain plans (such as long-term disability) provide tax-free benefits.

| Plan | Pre-tax payroll deduction ¹ | Post-tax payroll deduction |
|---|--|----------------------------|
| Medical | X | |
| Dental | X | |
| Vision | X | |
| HSA | X | |
| Healthcare FSA | X | |
| Dependent Care FSA | X | |
| Supplemental life and AD&D | | X |
| Core Plan 2 LTD | | X |
| Buy-Up LTD | | X |
| Hospital care, critical illness and accidental injury | | X |
| MetLife Group Legal | | X |

¹ Pre-tax salary deduction elections may change to comply with nondiscrimination rules.



BD offers benefits and resources to keep you healthy and well every day of the year.



Health and well-being benefits

Medical coverage

Health Savings Accounts

Flexible Spending Accounts

Dental coverage

Vision coverage

BD Healthy Lives

Other well-being resources

Life and AD&D insurance

Short-term disability coverage

Long-term disability insurance

Hospital care, critical illness and accidental injury insurance

Medical coverage

BD offers a number of medical plan options. Consider what you value—lower premiums, a lower deductible, fixed costs when you receive care, access to an HSA—and select the plan that best meets your needs.

See Benefits Direct (bd.com/benefits) for paycheck contributions.

Cigna options

Eligible associates may enroll in the Cigna HSA Basic, Cigna HSA Plus or the Cigna PPO option. These medical plan options are similar in a number of ways:

- **Provider network:** Use any provider (in-network or out-of-network) whenever you need care. When you go to an out-of-network provider, you may pay higher out-of-pocket costs.
- **Preventive care benefits:** Preventive exams, screenings and immunizations are covered 100%.
- **Comprehensive medical coverage:** You are covered for doctor visits, hospitalization, maternity care, specialist care, surgery, physical therapy, acupuncture and more.
- **Prescription drug coverage:** All Cigna options include prescription drug coverage administered by CVS Caremark. You can fill prescriptions at CVS retail pharmacies or by mail order. Mail order saves time and money. You'll also save money when you use generic drugs.

The Cigna options differ in their deductibles, your paycheck contributions and how you and the plan share the cost of care. Before choosing an option, make sure you understand all costs—paycheck contributions as well as deductibles and coinsurance. See [page 16](#) for more information.

Kaiser options

Associates who live in California can enroll in the Kaiser HSA Qualified Plan or one of the Cigna medical plan options.

Associates who live in Hawaii can elect medical coverage under the Kaiser HMO Plan.

See [page 20](#) for more information.

Which medical plan option is right for you?

These questions can help you decide:

- What are your expected yearly healthcare and prescription drug needs?
- Do you want more control of your healthcare spending?
- Do you prefer to save money on your paycheck contributions in exchange for paying a higher deductible, or would you rather pay higher paycheck contributions in exchange for a lower deductible?
- Could you afford the higher deductible if your medical expenses are higher than expected?
- Are you interested in a tax-favorable way to save for current and future healthcare expenses?

If you want more control of your healthcare spending, and/or are interested in a tax-advantaged Health Savings Account, the Cigna HSA Basic, Cigna HSA Plus or Kaiser HSA Qualified Plan (California only) may be a good fit for you. Additionally, in the Cigna HSA Plus option and Kaiser plan, you will benefit from BD contributions. (Note: There is no annual BD contribution to your HSA in the Cigna HSA Basic option. However, paycheck contributions for this option are much lower, so consider putting the money you'll save into your HSA.)

One ID card

You'll receive one ID card for medical, prescription drug, dental and vision coverage by mail approximately 14 days after you enroll. Remember to present your ID card each time you receive care from a healthcare provider and at your pharmacy when you fill your prescriptions.

Tips for becoming a better healthcare consumer

- **Take advantage of preventive care, which is covered 100%.** By receiving preventive care, you can detect a health condition early on and begin treating it. Turn the page for more information on preventive care.
- **Use generic prescription drugs when available.** Generic prescription drugs cost less and by law must have the same active ingredients, work in the same way and be as effective as brand-name drugs.
- **In a non-emergency situation, consider going to an urgent care facility rather than the emergency room.** When you go to an urgent care facility, you generally pay less than when you go to an emergency room.
- **Consider optional supplemental insurance to complement your medical coverage.** You can choose hospital care, critical illness and/or accidental injury insurance through Cigna. This coverage is in addition to your medical coverage and pays a lump sum directly to you to use for medical expenses or everyday expenses—the choice is yours. See [page 38](#) for details.

Your Benefit Pro can help

Log on to Benefits Direct (bd.com/benefits) to compare healthcare providers and procedure costs or connect with your Benefit Pro for expert guidance. Your Benefit Pro can even help with scheduling appointments.

If you enroll in a Cigna medical plan option:

- **Get care from in-network doctors and facilities.** You'll pay lower rates and receive a higher level of benefits. To confirm that your provider is in the Cigna network, go to cigna.com > Find a Doctor > How Are You Covered? and then select this plan/network: "Open Access Plus, Open Access Plus Tiered with CareLink." If you live in Utah, go to cigna.com and search for your providers in the "PPO, Choice Fund PPO" plan/network.
- **Ask your doctor where he or she plans to perform a procedure** and whether there may be a less expensive alternative (for example, an outpatient facility or surgical center instead of a hospital, if appropriate).
- **Explore stand-alone high-technology radiology providers** because they may be less expensive than hospital-based providers. This type of radiology provider is used for X-rays, MRIs, etc.
- **Use nationally affiliated network labs** (such as Quest Diagnostics or LabCorp) instead of independent labs when you need lab work. They will generally cost you less—especially when you go to an in-network lab.

- **Contact Carrum Health if your provider recommends knee, hip, shoulder, or back surgery.** A dedicated care team of top-rated providers can help you determine the best course of treatment. Surgery performed through the Carrum Health benefit is 100% covered after applicable deductibles. Visit carrum.me/bd or call 888.855.7806.
- **Visit mycigna.com and caremark.com** (or download the apps) to find providers and facilities and to view and compare medical and prescription drug costs.
- **Use the intuitive Provider Search Tool on Benefits Direct** to see integrated cost and quality information, helping you compare doctors and control healthcare spending. You will find everything at your fingertips, ready to help you make the most confident, cost effective decisions about your care.

If you enroll in a Kaiser medical plan option:

- **While in a Kaiser service area, you must receive all healthcare from Kaiser doctors and facilities.** When traveling outside of Kaiser's coverage area, you can receive care from Cigna's network of providers. Worldwide coverage is provided for emergency services.
- **Visit my.kp.org/bd** (or download the app) to find providers and facilities and to view and compare medical and prescription drug costs.

Managing healthcare costs is a team effort

The Cigna medical options are self-insured, which means that BD and you pay the cost of all medical claims and administrative expenses, not the insurance company. Because associates share in the cost through deductibles and coinsurance, it's important that we all work to manage our health to lower medical plan expenses. Get to know your medical plan and make the most of the wellness tools and resources it offers. By living a healthy lifestyle and shopping for healthcare as an informed consumer, you'll save money and help sustain the quality and affordability of the BD medical plans today and in the future.

The value of preventive care

Staying current on preventive care is critically important to your health. Catching issues early—especially chronic conditions (for example, diabetes, cancer and musculoskeletal concerns)—means you can get them under control sooner and be healthier. And it can save you money down the road. That's why preventive care is free for anyone enrolled in our medical plan, even before you meet your deductible. Make sure to take advantage of these benefits each year.

| | Coverage | Preventive care services |
|----------------|---|--|
| Medical | 100% in-network, even before you meet your deductible | <ul style="list-style-type: none"> • Wellness exams (in person or virtually) • Lab tests for cholesterol, diabetes, etc. • Pap test and mammogram • Prostate, colorectal cancer and osteoporosis screenings • Routine immunizations |
| Dental | 100% in-network, even before you meet your deductible, and not subject to the annual plan maximum | <ul style="list-style-type: none"> • Routine oral exams and cleanings • Bite-wing X-rays • Fluoride, sealants, space maintainers • Periodontal maintenance cleanings |
| Vision | \$10 copay in-network | <ul style="list-style-type: none"> • Vision exam |

Like all preventive care, flu and COVID-19 vaccines and boosters are 100% covered by the medical plan for you and all covered dependents.

Your Benefit Pro can help you find a healthcare provider and can even schedule your appointment for you.

Eligible associates can earn a \$250 reward in the BD Healthy Lives incentive program by completing an annual preventive exam and one other well-being activity.

Cigna medical plan options at a glance

The following table outlines benefits for the Cigna plan options and shows the amounts **YOU PAY** for in-network covered services after you meet the annual deductible (unless otherwise noted). For out-of-network coverage details, visit Benefits Direct or mycigna.com.

| | HSA Basic | HSA Plus | PPO Option |
|---|--|--|--|
| | In-network you pay ¹ | In-network you pay ¹ | In-network you pay ¹ |
| BD contribution to your Health Savings Account (HSA)² | \$0 contribution from BD | \$1,000 lump sum for you only deposited in January \$2,000 lump sum for you + dependent(s) deposited in January | No HSA with this plan |
| Annual deductible^{3,4} | \$2,500 you only \$5,000 you + dependent(s) | \$1,500 you only \$3,000 you + dependent(s) | \$800 you only \$1,600 you + dependent(s) |
| Annual out-of-pocket maximum⁵ | \$3,500 you only \$7,000 you + dependent(s) | \$3,500 you only \$7,000 you + dependent(s) | \$3,500 you only \$7,000 you + dependent(s) |
| Office visit: primary care⁶ | 20% after deductible | 20% after deductible | \$25 copay |
| Office visit: specialist⁶ | 20% after deductible | 20% after deductible | \$40 copay |
| Preventive care, screenings and immunizations | No charge | No charge | No charge |
| Inpatient hospital⁶ Facility fee, physician fee | 20% after deductible | 20% after deductible | 15% after deductible |
| Outpatient surgery⁶ Facility fee, physician fee | 20% after deductible | 20% after deductible | 15% after deductible |
| Urgent care and emergency room⁶ | 20% after deductible | 20% after deductible | Urgent care: \$75 copay; ER: \$150 copay |
| X-ray and lab⁶ | 20% after deductible | 20% after deductible | 15% after deductible |
| Chiropractic⁶ | 20% after deductible: 20 visits maximum | 20% after deductible: 20 visits maximum | 15% after deductible: 20 visits maximum |
| Outpatient behavioral health/substance abuse⁶ | 20% after deductible | 20% after deductible | \$25 copay |
| Inpatient behavioral health/substance abuse⁶ | 20% after deductible | 20% after deductible | 15% after deductible |

¹ This table shows in-network benefits only. Out-of-network benefits are lower and may cost you more.

² Prorated for new hires after January 1, 2023.

³ Out-of-network deductible expenses also count toward the in-network deductible.

⁴ Family deductible for the HSA Basic and HSA Plus options must be met in full before coinsurance applies.

⁵ Deductibles, medical and prescription drug copayments and coinsurance apply toward the out-of-pocket maximum.

⁶ Deductible must be met before coinsurance applies, except for certain preventive drugs, which are covered 100%. Services with a copay in the PPO option are not required to meet the deductible. PPO coinsurance applies to care that does not have a copay and begins after an individual meets the \$800 you-only deductible. Once the \$1,600 family deductible is met in any combination, coinsurance begins for the entire family. You pay 0% coinsurance (after deductible for HSA Basic and HSA Plus) for care related to musculoskeletal conditions coordinated through Carrum Health.

Please note: Federal legal requirements impact the cost-sharing provisions and out-of-pocket maximums under BD's medical plan options. The cost-sharing provisions and out-of-pocket maximums for these medical plan options will be administered in compliance with applicable law. In the absence of applicable governmental guidance regarding the new legal requirements, compliance will be determined in accordance with the plan administrator's good-faith interpretation of those requirements.

Cigna medical plans at a glance (continued)

| | Cigna HSA Basic | Cigna HSA Plus | Cigna PPO |
|---|--|--|---|
| | In-network | In-network | In-network |
| Prescription drugs¹ | Coverage provided by CVS Caremark under your medical plan options ² | | |
| Retail generic (up to a 30-day supply) | 10% coinsurance after deductible (\$0 min / \$10 max) | 10% coinsurance after deductible (\$0 min / \$10 max) | \$10 copay only (no coinsurance) |
| Retail brand formulary (up to a 30-day supply) | 20% coinsurance after deductible (\$30 min / \$60 max) | 20% coinsurance after deductible (\$30 min / \$60 max) | 20% coinsurance ³ (\$30 min / \$60 max) |
| Retail brand non-formulary (up to a 30-day supply) | 40% coinsurance after deductible (\$50 min / \$100 max) | 40% coinsurance after deductible (\$50 min / \$100 max) | 40% coinsurance ³ (\$50 min / \$100 max) |
| Mail-order or pickup at CVS (up to a 90-day supply) | Same coinsurance as retail (min / max 2.5 × retail) | Same coinsurance as retail (min / max 2.5 × retail) | Same coinsurance as retail ³ (min / max 2.5 × retail) |

¹ If a BD product is considered preventive under the Cigna HSA Basic and HSA Plus options, the deductible will be waived and the product will be covered 100%. Otherwise, it will be covered 100% after you satisfy the annual deductible.

² Cigna PPO plan participants who enroll in the PrudentRx solution will have a \$0 out-of-pocket cost for covered specialty drugs. Otherwise, specialty drugs included on the PrudentRx drug list will be subject to a 30% coinsurance.

³ Deductible does not apply to the Cigna PPO option.

Cigna prescription drug coverage

All Cigna medical plan options include prescription drug coverage administered by CVS Caremark. Simply by showing your ID card, you can fill a prescription at CVS and most major pharmacy locations nationwide, including Walmart, Costco, Target, Walgreens, Rite Aid, Kroger, Safeway, Albertsons, Publix and more. Benefits include generic and brand-preferred and brand non-preferred medications purchased through CVS Caremark network pharmacies. There's also a mail-order service for maintenance medications. For more information, visit [caremark.com](https://www.caremark.com) or call 800.656.1766.

Under the HSA medical plan options, prescription drugs are like any medical expense, covered only after the annual deductible is met. Under the PPO, prescription drugs are not subject to the deductible. Certain preventive care drugs are covered 100% under all of our plans.

Preferred generic drugs: You generally save money if you choose a generic drug when you fill a prescription. A generic drug contains the same active ingredients and comes in the same strengths as the original brand-name drug. Any generic drug that our plan uses will meet strict requirements for quality and purity from the U.S. Food and Drug Administration (FDA).

Brand preferred: CVS Caremark maintains a list of drugs that are available at preferred pricing based on the efficacy, safety and cost-effectiveness of the drug. You pay a lower portion of the cost, or coinsurance, for brand-preferred drugs on CVS Caremark's drug list compared to non-preferred drugs that are not on the drug list.

Brand and generic non-preferred: You pay the highest portion of the cost, or coinsurance, for brand and generic non-preferred drugs that are not on CVS Caremark's drug list.

See [page 17](#) for what you will pay for prescription drugs.

Preventive medications and supplies

With the Cigna options, certain preventive medications (e.g., aspirin products, fluoride products, iron supplements, folic acid products, tobacco cessation products, contraceptive methods, Vitamin D supplements, bowel preps and immunizations) will be covered through CVS Caremark at no cost to you and are not subject to the deductible. Some medications may require a prescription and are subject to certain eligibility requirements.



Register on [Caremark.com](https://www.caremark.com) to review plan-specific benefits, check medication costs and coverage, find a pharmacy and compare generic vs. brand drug costs.

Prescription home delivery

CVS Maintenance Choice® offers the convenience of having medications you take on a regular basis delivered right to your door at a savings. Use this service for maintenance medications you take regularly for conditions such as asthma, high blood pressure and high cholesterol. You can get medications through mail service or at a CVS Caremark pharmacy store. Either way, you pay mail-service prices. You will be prompted to switch to Maintenance Choice after two fills of 30-day supplies of maintenance medications. (You can opt out by calling CVS Caremark Customer Care.)

Copay cards

Manufacturer copay card programs can help lower the amount you pay for a specialty medication. While assistance is not available for all specialty prescriptions, many of the drugs used to treat multiple sclerosis, rheumatoid arthritis, anemia and other chronic conditions qualify.

If you use a copay card to help pay the cost of a specialty medication, only the amount you actually pay for the medication will be applied to your deductible and out-of-pocket maximum. The amount you save by using the copay card will not be applied.

\$0 copay for specialty medication with PrudentRx Solution for the Cigna PPO medical plan option

If you or a covered dependent are enrolled in the Cigna PPO medical plan option and are currently taking a specialty medication, you may be eligible to receive your medication at no cost through the PrudentRx Solution benefit.

By enrolling in the PrudentRx Solution benefit, you will have a \$0 copay for prescriptions covered under the PrudentRx drug list. If you do not enroll, specialty medications on the PrudentRx program drug list will be subject to a 30% coinsurance.

PrudentRx will contact you directly to help you register for this benefit if you are eligible.

Other CVS Caremark services

- **FastStart®** offers easy ways to get started with mail service. Register online, by mail, by phone or have your doctor call.
- **CVS Caremark Specialty Pharmacy** is for specialty medications and is designed for individuals with rare, complex or genetic conditions that require specialty care with a high level of support. If you use a specialty medication, it must be filled at the specialty pharmacy, which offers convenient delivery of your medications, personalized service and educational support for your specific treatment.
- **MinuteClinic®** walk-in medical clinics are staffed by nurse practitioners and physician assistants who specialize in family healthcare. They care for children and adults, with no appointment needed. Services include: diagnosis and treatment of minor illnesses, injuries and skin conditions; vaccinations, injections, health screenings and physicals; and monitoring chronic conditions.



Kaiser HSA Qualified Plan and Kaiser HMO Plan

Kaiser HSA Qualified Plan (California only)

The Kaiser HSA Qualified Plan is open to associates who live in California. The plan features a deductible and allows you to open a Health Savings Account (HSA) for tax-free savings on eligible expenses. BD funds your HSA in January by contributing \$1,000 for individual coverage or \$2,000 for family coverage (prorated for new hires after January 1, 2023). **In general, you must receive all healthcare from Kaiser doctors and facilities.** Prescription drugs are provided through the Kaiser HSA Qualified Plan and count toward the annual out-of-pocket maximum.

Kaiser HMO Plan (Hawaii only)

You may be eligible for the Kaiser HMO Plan option if you live in Hawaii.

In general, you must receive all healthcare from Kaiser doctors and facilities. Prescription drug coverage is provided through Kaiser.

Out-of-network coverage

While in a Kaiser service area, members must receive all healthcare from Kaiser doctors and facilities in order for services to be covered.

When traveling outside of Kaiser's coverage area, members can receive care from Cigna's network of providers. Visit my.kp.org/bd for more information.

Worldwide coverage is provided for emergency services due to unforeseen illness. This coverage is limited to emergency services required before the member's condition permits transfer or travel to the nearest Kaiser facility. Member must notify health plan of hospitalization as soon as is reasonably possible (when clinically stable).



Kaiser medical plans at a glance

The following outlines Kaiser medical plan benefits for associates in California and Hawaii and shows the amount **YOU PAY** for covered services. For more details, see the health plan comparison charts on [Benefits Direct](#).

| | Kaiser HSA Qualified Plan (California only) | Kaiser HMO (Hawaii only) |
|--|--|--|
| | In-network only | In-network only |
| BD contribution to your HSA (prorated for new hires after January 1, 2023) | \$1,000 lump sum for you only deposited in January \$2,000 lump sum for you + family deposited in January | No HSA with this plan |
| Preventive care (annual wellness exam, immunizations) | No charge | No charge |
| Annual deductible | \$1,500 you only \$3,000 you + family | None |
| Cost-sharing | After you meet the deductible, you pay 20% | You pay a \$15 copay for most office visits/procedures and 10% for lab, testing and imaging services |
| Prescription drugs | Covered under the medical plan; you pay coinsurance per prescription | Covered under the medical plan; you pay a copay per prescription |
| Annual out-of-pocket maximum (the most you will pay in 2023) | \$3,500 you only \$3,500 family, each member \$7,000 family maximum | \$2,500 you only \$7,500 family |

Health Savings Accounts

If you enroll in a BD medical plan option with a Health Savings Account (HSA), you may be eligible to contribute to an HSA. HSAs have several advantages.

- **You own your HSA.** Your HSA is yours to keep, even if you later decide to enroll in a medical plan without an HSA or if you leave BD or retire. You can continue to use it to pay healthcare expenses now or in the future. You always own 100% of your HSA, including any contributions from BD.
- **You decide when to use your HSA money.** It's up to you how much to contribute and when you want to use the money in your HSA. You can use it to pay for eligible healthcare expenses now or in the future—including in retirement. Money you don't spend by year-end stays in your HSA, just like a regular savings account, and continues to build with interest. There's no "use it or lose it" rule.
- **HSAs provide tax savings and investment opportunities.** Money you contribute to your HSA goes in tax-free. It comes out tax-free too, as long as you use it to pay for eligible healthcare expenses. If you have at least \$1,000 in your account, you can invest it in mutual funds, just like you do in a 401(k), and any earnings are also tax-free.
- **BD may contribute to your account.** If you enroll in the HSA Plus or Kaiser HSA Qualified Plan, BD will make a contribution to your HSA—\$1,000 for You Only coverage or \$2,000 if you also cover dependents, deposited into your account in January. If you enroll in the HSA Basic medical plan option, there's no annual BD contribution to your HSA.
- **Your BD Health Lives incentives go into your account.** If you're enrolled in a medical plan with an HSA, BD Healthy Lives incentives you earn are automatically deposited into your HSA, helping you save even more.

Contributions are exempt from federal and state income tax and Social Security tax in all states except California and New Jersey, where state income tax applies. Earnings on investments are generally tax-free. Use of HSA funds is tax-free as long as you use the account for qualified healthcare expenses—see IRS Publication 969.

| | |
|---|---|
| BD contributions (applies to the Cigna HSA Plus option and the Kaiser HSA Qualified Plan; there is no BD contribution in the Cigna HSA Basic option) | BD will contribute to your HSA, whether or not you contribute. BD will make its 2023 contribution in one lump sum, deposited in January, in the amount of \$1,000 for individual coverage or \$2,000 for family coverage. The contribution will be prorated for new enrollments after January 1, 2023. You can also contribute to your HSA with pre-tax dollars. See page 23 for contribution limits. |
| Triple tax savings (up to annual IRS limits) | You pay no federal taxes on contributions (yours or BD's), interest earned, investment growth or withdrawals for eligible healthcare expenses. (Some states may apply taxes.) |
| Control | You decide when to use your HSA funds to pay for qualified expenses during the year and when to save funds for the future. |
| Growth | HSA contributions can accumulate year after year and earn interest. Plus, an investment option is available on balances over \$1,000. |
| Savings for healthcare in retirement | An HSA is an individually owned bank account. Once you open an HSA, it's yours to keep, even if you leave BD. |
| Flexibility | You can increase, decrease or stop your contributions anytime during the year by contacting Benefits Direct . You have multiple ways to pay expenses, including use of a HealthEquity® Visa® Health Account Card. You can manage your account online by signing on to the member portal at healthequity.com/bd . |

With an HSA you can pay for hundreds of eligible expenses tax-free

- Medical, dental and vision deductibles, copays and coinsurance
- Prescription drugs
- Vision care, glasses and LASIK eye surgery
- Physical therapy, mental health counseling and therapy
- Chiropractic care, acupuncture and some other alternative treatments
- Some insurance premiums, such as COBRA and healthcare coverage premiums while receiving unemployment compensation

For a detailed list of eligible expenses, visit healthequity.com/bd.

HSA eligibility

Due to the tax advantages of an HSA, contributions to the account are regulated by the IRS. This includes who is eligible to contribute, how much you can contribute and what expenses qualify for tax-free withdrawal. It is important that you understand these rules if you enroll.

- You must be enrolled in the Cigna HSA Basic option, Cigna HSA Plus option or Kaiser HSA Qualified Plan (California only) to contribute to an HSA.
- You cannot be enrolled in Medicare, Tricare or in any other non-CDHP medical plan (such as through your spouse's or domestic partner's health plan).
- You cannot be participating in a general purpose FSA, including one through your spouse's employer.
- You cannot be claimed as a dependent on another person's tax return.
- If HSA contributions are used to pay dependent expenses, the dependents must be tax-qualified.

Note: If your HSA eligibility changes during the year, you are responsible for contacting [Benefits Direct](#) to stop your HSA contributions for the remainder of the year.

Turning age 65 and enrolling in Medicare

Once you enroll in Medicare, you are no longer eligible to make HSA contributions or receive company contributions to your HSA. Enrolling in SSI (the income portion of Social Security) also automatically enrolls you in Medicare Part A. Once you reach age 65, you can use HSA funds to pay premiums for Medicare, COBRA, retiree medical, long-term care insurance or non-COBRA insurance for coverage you purchase on your own (if you are receiving unemployment compensation). You can also use your HSA balance to directly pay qualified medical, dental and vision expenses.

Catch-up contributions

If you are age 55 or older and are not enrolled in Medicare, Tricare or a non-HSA qualified plan, you can make catch-up contributions to your HSA that are in addition to the standard annual contribution.

Prior HSA accounts

If you have an HSA from a prior plan or bank, you may transfer your account balance to HealthEquity. Contact [HealthEquity](#) for details.

IRS maximum annual contribution from all sources for 2023

- \$3,850 for you-only coverage
- \$7,750 for you + family coverage
- Plus \$1,000 catch-up for those age 55 and over

BD contributions count toward the IRS limit, and if you contribute additional funds to your HSA outside of BD payroll deductions and/or your spouse contributes to an HSA, your combined contributions cannot exceed the limit.



Using your HSA

HealthEquity, the HSA plan administrator, offers multiple ways for you to pay your eligible HSA expenses, including use of a health account card. You can use the card like a debit card instead of paying cash for healthcare services and expenses.

You can use your HSA money to pay eligible expenses for you, your spouse and your tax dependents (including your children up to age 19, or age 24 if a full-time student), even if they're not enrolled in a BD medical plan. (While the BD medical plan covers domestic partners and eligible children up to age 26, the IRS has different rules for HSAs. If you cover a child or domestic partner under the BD medical plan but they aren't considered your tax dependent, you can't use HSA funds to cover their expenses.)

Be sure to save all receipts or digital copies, as you may need them for tax purposes. For more information, tools to help maximize your account and a list of eligible expenses, visit healthequity.com/bd.

Account management made easy

To keep tabs on your HSA, view your account at healthequity.com/bd or through **Benefits Direct**. You can check your account balance, see your transaction history and request payments from your HSA. You can also download the HealthEquity app on your mobile device to access your account. You can make changes to your contribution anytime through Benefits Direct at bd.com/benefits. Changes made will be effective on the first of the month following the date of the change.

Invest for the future

One of the benefits of the HSA is tax-free earnings. Your funds will be automatically deposited in an interest-bearing bank account, which is FDIC insured. Once your account balance reaches \$1,000, it can be invested in one of several funds (invested funds are not FDIC insured). Contact HealthEquity for additional investment information, review the **HSA Investment Guide** or visit healthequity.com/bd.

Combining an HSA and Healthcare FSA

If you participate in the HSA, you can still participate in a limited-purpose Healthcare Flexible Spending Account (FSA) that reimburses only eligible dental and vision expenses. Participating in a limited-purpose Healthcare FSA is a great way to conserve your HSA funds and still benefit from tax savings. Additionally, you can convert the limited-purpose Healthcare FSA to a general-purpose Healthcare FSA once you have met the medical plan annual deductible. Contact **HealthEquity** for details.

HealthEquity administers both the HSA and FSA and has tools to help you manage them. You will receive a separate card for each plan.

Customer Identification Program (CIP)

Section 326 of the USA Patriot Act requires verification of the personal information you provided upon enrollment, including your correct name, address, date of birth and Social Security Number, before an HSA is opened. You will be contacted if more information and/or additional verification is needed to establish your account. Employer and employee contributions may not be deposited into the account until this verification has been completed. If verification cannot be completed within 90 days, employer contributions will be returned to BD and employee contributions will be returned to you through payroll.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) offer you a way to save money on your healthcare and/or dependent care expenses using tax-free dollars. The money is not taxed when it is deducted from your paycheck or when you get it back as a reimbursement, so when it comes to eligible expenses, you can buy more and spend less. There are two separate accounts—one for healthcare expenses and one for dependent care expenses. To participate in either or both accounts, you must enroll each year. Key features of each FSA are highlighted below.

| Account feature | General Purpose Healthcare FSA ¹ | Limited Purpose Healthcare FSA ¹ | Dependent Care FSA ^{1,2} |
|--|--|---|---|
| Eligibility | Associates enrolled in the Cigna PPO, Kaiser HMO or not enrolled in BD medical coverage | Associates enrolled in the Cigna HSA Basic, Cigna HSA Plus or Kaiser HSA Qualified Plan | All BD associates |
| Purpose | Pay for eligible healthcare expenses for yourself and eligible family members. | | Pay for eligible dependent day care expenses so you and your spouse or domestic partner can work, look for work or attend school. |
| Your annual pre-tax election | Minimum amount: \$70 Maximum amount: \$2,850 | | Minimum amount: \$70 Maximum amount: \$5,000 (<i>\$2,500 if married and filing separate tax returns</i>) |
| Eligible expenses Go to healthequity.com/qme to find a list of IRS-eligible expenses for both accounts. | <ul style="list-style-type: none"> Medical, dental and vision deductibles, copays and coinsurance Prescription and certain over-the-counter drugs Healthcare products, such as bandages, diagnostic tests and monitors Glasses, contacts and LASIK surgery | <ul style="list-style-type: none"> Dental and vision deductibles, copays and coinsurance Glasses, contacts and LASIK surgery <p>Note: Once you meet your medical plan deductible, you can convert your account to a General Purpose Healthcare FSA and use it to pay for qualified medical and prescription drug expenses.</p> | <ul style="list-style-type: none"> Child and elder care provided in your home Child and elder care provided in an approved day care center Qualified before- and after-school programs Day camp, but not overnight camp <p>Note: Children must be under age 13 to qualify.</p> |
| Use it and claim it | Expenses must be incurred by December 31, 2023, and claimed by March 31, 2024. Unused amounts up to \$570 will roll over to the following year. Unused amounts over \$570 will be forfeited. | | Expenses must be incurred by December 31, 2023, and claimed by March 31, 2024. Unused amounts will be forfeited. |
| Reimbursement | Use the HealthEquity debit card where it is accepted or complete a claim form and submit it with your receipts to HealthEquity at healthequity.com/bd . ³ | | Complete a claim form and submit it with your receipts to HealthEquity at healthequity.com/bd . |

¹ FSAs are subject to non-discrimination testing rules regarding highly compensated employees. For details, visit irs.gov.

² All dependent care providers must have a Social Security or tax identification number.

³ Documentation of debit card purchases may be required.

How the accounts work

Each year during open enrollment or when you become eligible, you decide how much to set aside for eligible healthcare and/or dependent care expenses. You make a separate annual election for each account. Your contributions are deducted from each paycheck. When you have an eligible expense, you can use your HealthEquity debit card (for healthcare expenses) or submit a claim form with your receipts to HealthEquity for reimbursement.

Don't forget: Save your receipts. You may need to submit proof of eligible expenses to HealthEquity to satisfy IRS rules.



For HSA plan participants

If you enroll in the Cigna HSA Basic or HSA Plus option or Kaiser HSA Qualified Plan, you can pair your HSA with a limited-purpose Healthcare FSA that covers dental and vision expenses only. After you meet your medical plan deductible, you can convert the limited-purpose FSA to a general purpose FSA and use it for medical expenses. You cannot otherwise have both an HSA and Healthcare FSA.

Go to healthequity.com/bd to learn more.

“Use it or lose it” rule for FSAs

Healthcare FSA: You can roll over up to \$570 of unused funds to the following year; unused amounts over \$570 will be forfeited.

Dependent Care FSA: If you do not use the entire balance by the end of the plan year, the remaining funds will be forfeited.

You should contribute only as much to the FSA(s) as you think you can use during the 2023 calendar year.

The Internal Revenue Code allows pre-tax contributions to FSAs as long as the benefit does not favor highly compensated employees. You are considered “highly compensated” if your prior-year gross earnings are above the annual amount set by the IRS (see [irs.gov](https://www.irs.gov) for details). If this is the case, you may be required to reduce your contributions during the year if the plan is determined to favor highly compensated associates. You will be notified by BD if this occurs.

Visit HealthEquity at healthequity.com/bd for:

- A list of eligible healthcare and dependent care expenses
- A list of eligible over-the-counter drugs and medications
- Claim forms and reimbursement requests
- Tools to help you estimate your annual expenses

Dental coverage

You may select from two dental PPO options offered through Delta Dental: **PPO Basic** and **PPO Plus Premier**. The PPO Plus Premier option offers higher coverage and includes orthodontic services with a \$2,000 lifetime maximum for both children and adults. Each option lets you decide where you want to receive care each time you need it—either from an in-network dentist or an out-of-network dentist. However, you will generally pay less when you see in-network dentists. The following table shows the amount **YOU PAY** for covered services. For rate information, see [page 50](#).

Note: If you are enrolled in the PPO Basic option, you must use a Delta Dental PPO network dentist to get full in-network coverage. If you use a dentist in the Delta Dental Premier network or a non-participating dentist, you will be responsible for the difference between the amount the provider bills and the PPO approved fee.

| | PPO Basic You pay (PPO network only ¹) | PPO Plus Premier You pay (PPO and Premier network ¹) |
|--|---|---|
| Annual deductible (applies to basic and major services) | \$50 you only \$100 you + family | \$0 |
| Preventive care² (Not subject to annual benefit maximum) Routine oral exams, routine cleanings and bite wing X-rays, fluoride, sealants, space maintainers and periodontal maintenance cleanings | No charge | No charge |
| Restorative care² Fillings, oral surgery (extractions), root canals, periodontics (gum disease) and dentures | 30% | 20% |
| Major care² Crowns, bridgework, dentures, implants, TMJ therapy | 50% | 50% |
| Orthodontia (children and adults) | Not covered | 50% up to \$2,000 lifetime maximum per person |
| Annual maximum benefit | \$1,000 per person | \$2,000 per person |

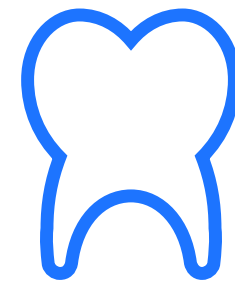
¹ Balance billing may apply for services outside of your plan's network.

² Frequency limits apply to certain services including X-rays and crown replacement. Visit [DeltaDentalNJ.com](#) to confirm coverage and applicable frequency limits before receiving care.

Things to consider

- If you don't think you'll need more than regular cleanings and X-rays, the PPO Basic plan may be a good choice for you.
- If you think you'll need restorative or major work, such as crowns and bridges, the PPO Plus Premier plan may be the better choice for you. You'll pay more in paycheck contributions, but the plan benefit has a higher annual maximum.
- PPO Plus Premier covers orthodontia; PPO Basic doesn't.

You can find out what your out-of-pocket expenses will be before receiving a service by obtaining a pre-treatment estimate. Have your dentist submit a request for a pre-treatment estimate online at [DeltaDentalNJ.com](#) or by calling 888.696.2820.



Vision coverage

Vision coverage is offered through Aetna Vision Preferred. You can see any provider, and there is no deductible for either in- or out-of-network services. However, if you see an out-of-network provider, the plan will reimburse you up to a certain amount. Routine vision exams are covered under the vision plan and not the Cigna medical plan options. Exams, lenses, frames and contact lenses are available once per calendar year. The plan covers the cost of in-network exams and certain types of lenses for a \$10 copay. The plan includes benefits for contact lenses and diabetic eye care services, and covers a portion of the cost of eyeglass frames. It offers discounts on other services, such as LASIK vision correction, hearing exams and hearing aids. Visit aetnavision.com to explore all savings opportunities. For rate information, see [page 50](#).

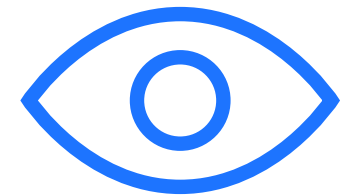
| | In-network You pay | Out-of-network Amount plan reimburses |
|---|--|---|
| Vision exam | \$10 copay | Up to \$50 |
| Single vision, bifocal, trifocal and lenticular lenses | \$10 copay | From \$40 to \$80, depending on lens type |
| Frames | \$150 allowance, plus 20% off the balance over the allowance | Up to \$100 |
| Contact lenses | | |
| • Conventional | \$150 allowance; additional 15% off balance over the allowance | Up to \$150 |
| • Disposable | \$150 allowance | Up to \$150 |
| • Medically necessary | No charge | Up to \$210 |
| • Standard contact lens fit/follow up | \$55 | Not covered |
| • Premium contact lens fit/follow up | 90% of retail price | Not covered |
| Retinal imaging | Up to \$39 | No discount |
| Laser vision correction | 15% off retail price or 5% off promotional price through U.S. Laser Network ⁴ | No discount |
| Eye care benefits for Type 1 and Type 2 diabetes¹ | | |
| • Office visit with medical follow-up exam | Covered at 100% | \$77 |
| • Fundus photography² | Covered at 100% | \$50 |
| • Extended ophthalmoscopy³ | Covered at 100% | \$15 |
| • Gonioscopy | Covered at 100% | \$15 |
| • Scanning Laser | Covered at 100% | \$33 |

¹ Up to 2 visits/services per year.

² Not covered if extended ophthalmoscopy is provided within 6 months.

³ Not covered if fundus photography is provided within 6 months.

⁴ To find a provider call 800.422.6600 or visit www.lasikdiscounts.com.



Pay less with Aetna Vision Preferred providers

Choose an in-network provider to pay less out of pocket for covered vision services.

The Aetna Vision Preferred network gives you access to thousands of private practitioners and retail providers nationwide, including LensCrafters, Target Optical, CVS Optical, EyeMart Express and most Pearle Vision locations. Go to aetnavision.com to find a full list of providers in your area.

BD Healthy Lives: take action and earn \$250 in rewards!

BD promotes your good health and rewards you for healthy behaviors through our BD Healthy Lives incentive program. Earn \$250 when you complete a preventive exam and one other qualifying well-being activity from the table by December 31, 2023.

If you are enrolled in a BD medical plan option with an HSA, your incentive will be deposited tax-free into your HSA. If you are enrolled in any other BD medical plan option, your incentive will be paid to you as a gift card or as a donation to a charity in your name.

You must be enrolled in a medical plan offered by BD to earn wellness incentives. However, you can still participate in the activities with no incentive if you elect no medical coverage for 2023.

Funds will be deposited into HSAs as soon as administratively possible. The value of any earned gift cards or charitable donations will be processed through payroll and taxed as ordinary income. If you are enrolled in a BD medical plan with HSA and are not eligible to contribute to an HSA, your rewards will be processed through payroll and taxed as ordinary income.

To receive your **\$250** well-being reward, complete just two activities in any order by December 31, 2023 as follows:

| | |
|------------|---|
| 1 | ONE of the following preventive exams |
| | Annual physical, well-woman exam or prenatal visit |
| AND | |
| 2 | ONE of the following activities |
| | Receive an age-appropriate preventive cancer screening |
| | Complete a BD Healthy Lives well-being challenge |
| | Work with a Cigna lifestyle coach (online or by phone) |
| | Work with an onsite health coach (at select BD locations) |
| | Complete a consultation and determine your treatment plan with Carrum Health <i>(for Cigna medical plan participants only)</i> |
| | Complete virtual exercise therapy sessions with Hinge Health <i>(must be enrolled in a BD medical plan)</i> |
| | Utilize the Daylight app |
| | Enroll in and check your glucose levels with Livongo |
| | Enroll in and attend sessions with Weight Watchers |

As we continue our focus on associate well-being, we're taking a simplified approach to how associates earn the \$250 well-being reward. If you're enrolled in a BD medical plan, simply complete a preventive exam and just one other qualifying well-being activity in 2023, as shown above.

Spouses or domestic partners, or associates not enrolled in a BD medical plan are not eligible for the incentive in 2023.

Get started with BD Healthy Lives

Your path to well-being begins with four simple steps:

1 Register

Register on mycigna.com to set up your profile, then visit the BD Healthy Lives section of the site to complete incentive activities and access well-being tools and resources year-round.

Note: All BD associates can register and take advantage of the many available resources. To earn incentives, however, you must be enrolled in a BD medical plan, with Cigna or with Kaiser.

Get to know the BD Healthy Lives well-being program

BD Healthy Lives provides you with tools, resources and rewards to help you and your spouse or domestic partner on your path to better health.

To learn more, visit the BD Healthy Lives website. You can access it through **Benefits Direct** or mycigna.com.

2 Start earning well-being incentives

If you enrolled in a medical plan option offered by BD, you can earn \$250 by completing BD Healthy Lives activities. Go to mycigna.com > BD Healthy Lives Incentives.

Who is eligible to earn the incentive?

You must be enrolled in a BD medical plan to earn well-being incentives.

- **Cigna participants:** If you are enrolled in a Cigna medical plan option, there are no forms to fill out.
- **Kaiser participants:** If you are enrolled in a Kaiser medical plan option, you are eligible for the incentive. Kaiser members can submit the preventive care screening form on mycigna.com (under BD Healthy Lives Incentives):

Fax: 877.916.5406

Mail: Cigna Customer Service, P. O. Box 5201–5201, Scranton, PA 18505

Online: mycigna.com

3 Receive your incentives

If you are enrolled in a medical plan option offered by BD, you can earn your incentive by completing a preventive exam and one other qualifying well-being activity in 2023 as shown on the previous page. If you are enrolled in a BD medical plan option with an HSA, your incentive will be deposited tax-free into your HSA. If you are enrolled in another BD medical plan option, your incentive will be paid as a gift card or charitable donation in your name. The value of gift cards or charitable donations will be processed through payroll and taxed as ordinary income.

You can still participate in the activities with no incentive if you elect no medical coverage for 2023.

4 Ask questions

Not clear on something? Cigna is there to help. Call 800.997.1463 or chat online at mycigna.com. Or contact Benefits Direct at 800.234.9855 or bd.com/benefits (appointments available).

Additional resources for Cigna and Kaiser plan participants

If you enroll in a BD medical plan with Cigna or Kaiser, you have access to a variety of well-being programs and resources through your medical plan carrier, in addition to the resources available through BD Healthy Lives. Log in to your carrier website at mycigna.com or my.kp.org/bd.

Other well-being resources

Cigna medical plan participants have access to a variety of well-being resources through Cigna.

Stress management

A Cigna coach will work with you one-on-one to develop a plan tailored to your goals, challenges and readiness to change. Plans incorporate best practices from the nation's leading medical and behavioral health authorities. You can consult with your coach over the phone or online at 800.997.1463 or mycigna.com.

Health coaching and treatment decision support

You may receive a call from Cigna to verify personal information about a specific condition. Then you'll be connected with a health coach who will help you get started.

Your health coach will help you understand your condition, discuss treatment options, remind you to refill your prescription, visit your doctor or follow up on other forms of care, or help you learn how to develop healthier habits for a healthier you.

Chronic condition support

If you have a chronic condition, Cigna may be notified if you miss care you should have received based on evidence-based guidelines. If this happens, Cigna might call you to talk about ways to help you manage your care and your condition.

Your health coach will help you create a personal care support plan, understand medications or your doctor's orders, identify triggers that affect your condition, learn

your treatment options and know what to expect if you need to spend time in the hospital.

24-Hour Health Information Line

In the most urgent circumstances, you can be connected to one-on-one nurse support through the Cigna 24-Hour Health Information Line. Health Information Line nurses have access to up-to-date, evidence-based medical information and resources to respond to your inquiries on health-related adult and pediatric issues, such as preventive care, diseases, drugs, and diagnostic and surgical procedures. Nurses can also assist you with preparing questions and issues to discuss with your physician in order to enhance understanding and improve compliance with a recommended treatment plan. Call 800.997.1463 to connect with a nurse.

Tobacco cessation

As part of your BD benefits package, Cigna Quit Tobacco® offers online and telephonic coaching to help you quit tobacco for good. Up to eight weeks of nicotine replacement therapy (NRT) is included in the program at no cost to you. Get started with a coach today for free. Call 800.997.1463 or visit mycigna.com for more information.

Nutrition and weight management

Educational materials and tools to support healthy eating and weight management are available at mycigna.com. You can contact Cigna at 800.997.1463 and ask to be connected to a health coach who will work with you to identify your healthcare priorities and set smart goals to maintain a healthy weight. There may also be discounted weight-loss programs available in your area.

Kaiser offers comparable programs to plan participants including health coaching, decision support, chronic condition management, 24-hour nurse advice and support for tobacco cessation, nutrition and weight loss, emotional well-being and more. Log in to my.kp.org/bd.

Cigna's Centers of Excellence (COE)

Cigna gives you the information you need to feel confident you are making the right choice of hospitals for you and your family. This includes Cigna's Centers of Excellence (COE) designation program.

What is a Center of Excellence?

A COE is a hospital that's earned a top rating for cost and health outcomes for at least one of 18 common inpatient conditions and procedures, such as heart conditions, hip replacements and surgeries. To find COE hospitals, go to mycigna.com and select "Find a Doctor or Facility." Once you are on the online directory, look for the Center of Excellence symbol.

Conditions and procedures treated at a COE

- Spinal fusion
- Disc surgery
- Mastectomy
- Radical prostatectomy
- Cardiac catheterization
- Angioplasty
- C-section
- Vaginal delivery
- Coronary artery bypass graft
- Heart valve replacement
- Knee replacement
- Hip replacement
- Chronic obstructive pulmonary disorder
- Pneumonia
- Bariatric surgery
- Colon surgery
- Hysterectomy
- Laparoscopic gall bladder removal



Musculoskeletal surgical care through Carrum Health

If you are enrolled in a BD medical plan option through Cigna and need treatment for conditions related to knees, hips, shoulders, back and more, you have a choice between using the Carrum Health network or the Cigna network.

The Carrum Health network provides access to more affordable care with top-rated doctors and hospitals that specialize in these conditions. A dedicated care guide will aid you in evaluating the best course of treatment, help you select a high-quality surgeon and will coordinate your pre- and post-surgical care, including recommended physical therapy.

Surgery performed through the Carrum Health benefit is 100% covered after applicable deductibles. If you choose to receive surgical services from a Cigna network provider, the Cigna plan deductibles and coinsurance amounts will apply.

What you'll pay

\$0

If you receive virtual physical therapy through Hinge Health

or

Applicable coinsurance and deductibles

If you receive in-person physical therapy through a BD medical plan

Care must be coordinated with Carrum Health directly. In some cases Cigna network providers may also participate in the Carrum Health network. Please visit carrum.me/bd or call 888.855.7806 for more information.

Please note: Kaiser HSA Qualified Plan participants or those who have Medicare as their primary medical coverage are not eligible for the Carrum Health network.

Physical therapy through Hinge Health

Through Hinge Health, you have access to free, high-quality exercise therapy in the privacy of your home. You'll partner with a dedicated licensed physical therapist and personal health coach who will create a personalized therapy plan which may include wearable sensors for use in conjunction with your therapy and the Hinge Health app to show you how to move and adjust your body in real time.

Your therapy plan is made up of short exercises that are tailored to your abilities and pain, and they adapt as you continue to improve. Your coach will be available via email, text or over the phone to answer your questions.

Virtual therapy through Hinge Health is provided at **no cost**. This alternative to traditional, in-person therapy is available to all BD associates and dependents who are enrolled in a BD medical plan. If you choose to receive physical therapy from a Cigna or Kaiser network provider, the plan deductibles and coinsurance or copay amounts will apply.

To find out if your condition qualifies for physical therapy through Hinge Health, call 855.902.2777, or apply at hingehealth.com/bd, after January 1, 2023.

Telehealth

Through MDLIVE (for Cigna members) or KP Now (for Kaiser members), you and your covered family members have access to speak to board-certified doctors, pediatricians, nurses, licensed therapists and psychiatrists, by phone or video, 24/7. Providers will go through your symptoms and recommend a treatment, and can even send a prescription to your nearest pharmacy if you need one. Virtual visits are safe, convenient, and often cost less than urgent care visits or a visit to your primary care physician's office.

If you can't make it in to see your primary care physician, telehealth is an option for your annual wellness exam too. Simply go to a lab for your blood work and biometric screening and have the results sent to MDLIVE or KP Now. The rest is done during a virtual wellness visit, online via video or by phone.

Cigna members, go to mycigna.com or call MDLIVE directly at 888.726.3171. Kaiser members, visit my.kp.org/bd or call 833.574.2273.

Diabetes management support

You and your family members diagnosed with diabetes can join the Livongo for Diabetes Program at no cost to you if you're enrolled in a medical plan option offered by BD. Free benefits include:

- The Livongo Connected Meter—Automatically uploads your blood glucose readings to your secure online account and provides real-time personalized tips.
- Unlimited blood glucose test strips—When you're about to run out, Livongo ships more strips and lancets, right to your door.
- Coaching when you need it—Talk or chat with a Livongo coach anytime about nutrition, lifestyle changes and more.

Learn more at today.livongo.com (registration code: BDHealthyLives).

WW (formerly Weight Watchers)

BD has teamed up with WW to provide you with tools and strategies to help you lose weight and keep it off. Go to weightwatchers.com/us/bd and enter your global ID (without leading zeros).



Resources to help you care for your emotional health

Access support resources or speak with a licensed professional to help manage anxiety, depression, loneliness, stress or other emotional well-being concerns. In addition to traditional clinical care through the medical plan, various digital resources are available.

| | |
|--|---|
| <p>For all associates</p> <p>iPrevail Daylight Sleepio</p> | <p>Participate in on-demand coaching and support groups and access various tools through the iPrevail online mental health and wellness platform. Your family members have access too.</p> <p>If you have a Cigna account, go to bridge.iprevail.com/cigna-bd. If you don't have a Cigna account, go to bridge.iprevail.com/group-bd.</p> <p>Daylight is a digital program that helps you understand what's causing your anxiety, apply personalized techniques to help manage your anxiety, and track your progress with weekly check-ins.</p> <p>Visit trydaylight.com/bd to learn more.</p> <p>Sleepio is a digital program that provides techniques and strategies to help reset sleeping patterns naturally.</p> <p>Visit sleepio.com/bd to learn more.</p> |
| <p>If you're enrolled in a Cigna medical plan option</p> <p>Talkspace Ginger</p> | <p>Speak with a live therapist by phone, video or text through Talkspace.</p> <p>Visit talkspace.com/cigna.</p> <p>Learn on your own with virtual behavioral health coaching and self-guided learning activities through Ginger. Chat and video-based therapy is also available.</p> <p>Visit ginger.com.</p> |
| <p>If you're enrolled in a Kaiser medical plan option</p> <p>myStrength Calm Ginger</p> | <p>Access personalized support resources or connect virtually with a therapist through myStrength.</p> <p>Visit kp.org/selfcareapps.</p> <p>Use the Calm app to practice guided meditation, mindfulness and exercises to help you get better sleep.</p> <p>Visit kp.org/selfcareapps.</p> <p>Ginger's skilled emotional support coaches are accessible 24/7, so you can get the guidance you need when you need it most. Kaiser Permanente members can use Ginger at no cost, no referral need.</p> <p>Visit ginger.com.</p> |

Visit the Mental Well-being Resources page at **Maxwell > HR > Total Rewards & Benefits > Well-being at BD** for even more resources.





Life and AD&D insurance

Basic life and AD&D insurance

BD automatically provides basic life and accidental death and dismemberment (AD&D) coverage equal to one times your benefit pay¹ up to \$1 million each at no cost to you. Life insurance pays benefits upon your death. AD&D insurance pays a benefit if your death is the result of a covered accident. If you die from a covered accident, your beneficiary would receive both the basic life and basic AD&D benefit. AD&D also pays benefits if you are severely injured and suffer a significant impairment such as the loss of a limb or eyesight.

Supplemental life insurance for you and your dependents

In addition to basic life coverage, you can purchase supplemental life insurance to increase your own coverage or you can purchase coverage for your spouse/domestic partner and/or children. See [page 53](#) for supplemental life insurance rates.

| | Coverage amount | Maximum | Guaranteed issue ² |
|--------------------------------|--------------------------------------|-------------|--|
| You | 1x–8x your benefit pay ¹ | \$3 million | 3x your benefit pay ¹ or \$1 million, whichever is less |
| Spouse/domestic partner | \$10,000 increments, up to \$250,000 | \$250,000 | \$50,000 |
| Children³ | \$5,000 or \$10,000 | \$10,000 | \$10,000 |

¹ Benefit pay: For **salaried associates**, your pay is your annual salary. For **hourly associates**, your pay is your hourly rate x your regularly scheduled hours x 52 weeks. For **commissioned associates**, your pay is a combination of your annual salary plus average two-year commissions and draws. See the glossary in the Summary Plan Description (SPD) for a full definition of benefit pay.

² Maximum coverage amount without having to provide evidence of insurability (non-medical issue amount).

³ Children are eligible up to age 26. Coverage may be available for children age 26 or older if your child is disabled or coverage is required by law.

Supplemental AD&D insurance

You may purchase supplemental AD&D for yourself and your family. If your death is the result of a covered accident, your beneficiaries receive the full amount of your supplemental AD&D benefit. If you are seriously injured in a covered accident, all or part of your AD&D benefit is paid to you. The amount payable depends on the nature of your injury. If you select coverage for your family, their coverage is a percentage of your coverage. See [page 54](#) for rates.

| | Coverage amount |
|---|---|
| You | 1x–8x your benefit pay ¹ , up to \$3 million |
| Spouse/domestic partner and child(ren) | Spouse/domestic partner: 60% of your coverage; child(ren): 15% of your coverage |

¹ Benefit pay: For **salaried associates**, your pay is your annual salary. For **hourly associates**, your pay is your hourly rate x your regularly scheduled hours x 52 weeks. For **commissioned associates**, your pay is a combination of your annual salary plus average two-year commissions and draws. See the glossary in the Summary Plan Description (SPD) for a full definition of benefit pay.

Other things to know

Evidence of insurability (proof of good health) **is required for supplemental life insurance for you and your covered spouse if:**

- You elect coverage above the guaranteed issue (GI) amount during enrollment when first eligible.
- You enroll in coverage for your spouse/domestic partner greater than \$50,000.
- You and/or your spouse/domestic partner currently have no coverage and elect coverage during open enrollment or a qualifying event.

If evidence of insurability is required, the statement of health may be completed at [Benefits Direct](#) within seven days of election. After seven days, a paper form will be mailed. Your statement of health must be approved before coverage takes effect. See the Glossary on [page 56](#) for more information on when evidence of insurability is required.

Imputed income: The IRS requires that BD tax you on the value of company-paid basic life insurance coverage amount over \$50,000, as well as on the value of supplemental associate and spouse/domestic partner coverage when the premium rate you pay is lower (more favorable) than rates defined by the IRS.

Business travel accident insurance: BD automatically provides you with additional life insurance coverage if you travel for business.

During enrollment, take the time to update your beneficiaries on Benefits Direct. Your beneficiaries are the people you designate to receive your life and AD&D insurance benefits if you die. You'll need to provide the name, birth date and Social Security or tax identification number for each beneficiary.

Short-term disability (STD) coverage

In the event that you cannot work because of a medical condition, STD coverage provides continuing income at a portion of your pay. After you satisfy a waiting period of seven calendar days, BD provides up to a maximum of 26 weeks of income protection if you are unable to work due to an approved disability. If you need to take a leave of absence or apply for STD, contact the BD Leave and Disability Service Center at 844.324.5065 or visit claimlookup.com.

Long-term disability (LTD) insurance

If you have an eligible disability that continues beyond 26 weeks, you can receive a portion of your pay through LTD insurance. You have choices for LTD coverage. **Core Plan 1**, which is provided at no cost to you by BD, pays a monthly benefit of 60% of your benefit pay up to a maximum monthly benefit of \$10,000. If you choose Core Plan 1, any benefits you receive are taxable. **Core Plan 2** provides the same monthly benefit as Core Plan 1, but you pay the premium, so any benefits you receive are non-taxable.

You may elect the **Buy-Up Plan**, which pays 60% of your benefit pay, including your annual bonus, up to a maximum monthly benefit of \$25,000. Any benefits you receive are non-taxable.

If you do not enroll in the Buy-Up Plan during your initial eligibility period, you will have to provide evidence of insurability if you choose to enroll at a later date.

See [page 55](#) for rates.

| | Who pays premiums | Benefit | Tax treatment |
|--------------------|-------------------|--|---------------------|
| Core Plan 1 | BD | 60% of benefit pay ¹ , up to \$10,000 monthly max | Taxable benefit |
| Core Plan 2 | You | 60% of benefit pay ¹ , up to \$10,000 monthly max | Non-taxable benefit |
| Buy-Up Plan | You | 60% of benefit pay ¹ and annual bonus, up to \$25,000 monthly max | Non-taxable benefit |

¹ Benefit pay: For **salaried associates**, your pay is your annual salary. For **hourly associates**, your pay is your hourly rate x your regularly scheduled hours x 52 weeks. For **commissioned associates**, your pay is a combination of your annual salary plus average two-year commissions and draws. See the glossary in the Summary Plan Description (SPD) for a full definition of benefit pay.

Being well-protected means planning for the unexpected. If you have no other sources of income (sick pay, company and/or state short-term disability or Social Security) and you may become unable to work for an extended period of time because of an accident or illness, you should consider buying additional LTD coverage during the enrollment period.

Hospital care, critical illness and accidental injury insurance

These optional supplemental insurance plans complement your medical coverage. See [pages 51–52](#) for rates.

How they work

Hospital care, critical illness and accidental injury insurance all offer:

- Benefits paid in a lump sum directly to you, in addition to the benefits you receive from the medical plan
- The flexibility to spend the money on anything you want—medical bills, household expenses...whatever you choose
- Coverage for spouses and children
- Coverage at affordable group rates
- Portable coverage—you can keep it if you leave BD

What they cover

Hospital care insurance

Provides a lump-sum payment for hospital stays related to sickness, accident and maternity, including newborn nursery care.

Sample benefit amounts (per day; daily maximums apply)

Hospital admission: **\$500**
 Hospital chronic condition admission: **\$50**
 Hospital stay: **\$100**
 Hospital intensive care unit (ICU) stay: **\$200**
 Hospital observation stay: **\$100**
 Newborn nursery care stay: **\$100**

Critical illness insurance

Provides a lump-sum payment for care related to cancer, heart attack, bypass surgery, stroke, kidney failure, Alzheimer's disease and other serious illnesses.

Benefit per illness (no maximum lifetime limit)

Associate: **\$10,000**
 Spouse: **\$10,000**
 Child(ren): **\$5,000**

Sample benefit amounts

Invasive cancer, heart attack, stroke, coronary artery disease: **100%** of benefit above
 Advanced stage Alzheimer's disease, multiple sclerosis: **25%** of benefit above
 Wellness benefit: **\$50** each year when a covered person receives an annual physical, mammogram, other preventive screening or immunizations including COVID-19 tests and vaccinations

Accidental injury insurance

Provides a lump-sum payment for care related to fractures, lacerations and other injuries plus ambulance services, doctor and emergency room visits. Accidental injury insurance is available at no cost to you if your salary is under \$50,000 and you enroll in a BD medical plan option with a Health Savings Account (HSA). If you're not eligible for the free coverage, you can still buy accidental injury insurance at group rates.

Sample benefit amounts

Ambulance: **\$400**
 Emergency care: **\$150**
 Diagnostic exam (X-ray or lab): **\$50**
 Physician office visit: **\$100**
 Fracture, dislocation: **\$50 to \$4,000**
 (depending on type of care)
 Follow-up doctor visits: **\$75**
 Follow-up physical therapy visits: **\$50**

Filing claims

Claim forms are available at [SuppHealthClaims.com](https://www.cigna.com/SuppHealthClaims.com). For assistance with filing a claim, call Cigna at 800.754.3207.

The most important steps in preparing for education and retirement are saving early and contributing regularly. BD's retirement and financial wellness benefits can help you do that.



Retirement and financial well-being benefits

BD 401(k) Plan

BD Deferred Compensation Plan

529 College Savings Plan

Financial counseling

BCU (Baxter Credit Union)

BD 401(k) Plan

The BD 401(k) Plan allows you to save for your retirement with pre-tax, Roth and post-tax dollars. Both you and BD make contributions, and your account can grow over time with investment earnings. The plan offers up to a 4.5% company match on your contributions (75 cents on the dollar, up to the first 6% of pay you contribute). You have a variety of investment choices—including a BD Stock Fund—to help your savings grow. You are always fully vested in your contributions—in other words, you own 100% of the contributions you have made to your account. You gradually vest in the company match and are 100% vested after four years of service.

Pre-tax contributions

If you elect pre-tax contributions, your contributions are deducted from your pay before income taxes are taken out. You pay no taxes on your pre-tax contributions or their earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.

Post-tax contributions

If you elect post-tax contributions, your contributions are deducted from your pay on a post-tax basis. Post-tax contributions are not subject to further income taxes at distribution. However, any earnings on post-tax contributions are subject to tax at distribution.

Roth contributions

If you elect Roth contributions, your contributions are deducted from your pay on a post-tax basis and are included in your current taxable income. Earnings are tax-free if they are part of a “qualified distribution.” A qualified distribution means waiting at least five years (from the year of your first Roth 401(k) contribution) to cash in your account, or until you have reached age 59½, become disabled or deceased. Take-home pay generally will be less if you are making Roth contributions than it would be if you were making pre-tax contributions.

Catch-up contributions

Catch-up contributions can be made to the plan if you are 50 years of age or older during the calendar year. A separate catch-up election is required. Catch-up contributions can be all pre-tax, all Roth post-tax or a combination of the two.

Company matching contribution

If you contribute to the plan, BD will make matching contributions of 75%, up to the first 6% of eligible compensation that you contribute. You gradually vest in the company match and are 100% vested after four years of service.

True-up contributions

BD compares your total eligible contributions with your total eligible compensation to ensure that you receive the full company matching contribution for the plan year. With the true-up feature, you will receive an additional matching contribution *if* you reach the IRS limit before year-end *and* you did not receive the full match. The true-up contribution will be made to your account by March of the following year.

IRS contribution limits

- For 2023, the maximum combined total of pre-tax and Roth contributions is \$22,500 per IRS rules.
- If you are 50 years of age or older during the calendar year, you also may make up to \$7,500 in catch-up contributions.

Auto enrollment

If you have not enrolled in the plan within 60 days from your date of hire, you will be automatically enrolled in the plan at a contribution rate of 6% of your pre-tax eligible pay. Your contributions will be invested in a target date LifePath® Index Fund.

We encourage you to take an active role in the plan and to choose a contribution rate and investment options that are appropriate for you. If you do not wish to contribute to the plan, you must change your contribution rate to 0% within the first 60 days of eligibility.

You may change your contribution rate anytime by logging on to Fidelity NetBenefits at netbenefits.com or by calling the BD Service Center at 866.715.2068.

Investment choices

You direct how your dollars are invested and any gains or losses on your investments are applied to your account. Log on to Fidelity NetBenefits at netbenefits.com or call the BD Service Center at 866.715.2068 for a list of investment options. There is no guarantee of investment returns.

Non-elective company contribution

For associates hired or rehired on or after January 1, 2018, BD will make a non-elective annual contribution to your 401(k) account equal to 3% of your eligible compensation, in addition to any company 401(k) match you receive. You must be actively employed by BD on December 31 to receive the annual contribution, which will be made to your account by March of the following year. You will be 100% vested in the non-elective contribution after four years of service.

Accessing your account

You can access your account online through Fidelity NetBenefits at netbenefits.com or by calling the BD Service Center at 866.715.2068. You can speak with a representative during business hours or use the automated voice response system anytime.





BD Deferred Compensation and Restoration Plan

Eligible associates may defer up to 75% of eligible compensation, 100% of Performance Incentive Plan (PIP) award and 100% of restricted stock units (RSUs). BD will match 75% of the first 6% of eligible compensation (salary and PIP) you defer. You can choose from a variety of investment options. There is no guarantee of investment returns. You will receive a specific email notification for enrollment if you are eligible.

529 College Savings Plan

Under this plan, you can set up a tax-advantaged account to save for tuition, books and other qualified education expenses incurred by you or your dependent family members. And despite the plan name, your savings can be used for grades K–12 as well as college-level education.

Your contributions to the plan can be invested in a wide range of mutual funds. Withdrawals are tax-free, as long as you use them for eligible expenses.

For details or to sign up call 800.544.1914 or visit [fidelity.com/529-plans/overview](https://www.fidelity.com/529-plans/overview).

Financial counseling

Ayco provides one-on-one financial counseling and a digital platform at no cost to you. Ayco can help with everyday financial decisions and planning for big life events, including cash flow, retirement planning, investments, company benefits, estate planning and taxes.

Ayco Survivor Support® is an additional service provided to help associates with the difficult time following the death of a loved one.

For additional information or to arrange financial counseling, contact Ayco at [ayco.com/login/bd](https://www.ayco.com/login/bd) or 800.334.0823.

BCU (Baxter Credit Union)

Join BCU and take advantage of higher interest rates on savings accounts and lower interest rates on credit cards as well as home, auto, student and personal loans. BCU also offers services to build or rebuild your credit score, a wide network of ATMs and an array of financial tools and calculators.

For additional information, contact BCU at [BCU.org](https://www.bcu.org) or 800.388.7000.

Our life balance programs give you the flexibility to help balance your time at work and your personal life. Our programs can also help you save time and money.



Life balance programs

BD Cares About Families programs

Paid time off

Leave programs

Educational assistance/tuition reimbursement program

MetLife Legal Plan

Group auto and home insurance

Pet insurance

Commuter benefits

Discounts on products and services

Personal Benefit Pro consultant

Provider search tool

BD Cares About Families programs

Paid parental leave

This benefit provides up to six weeks fully paid leave so you can spend time with your new addition following the birth, surrogate birth, adoption or foster placement of a child under age 18. Paid parental leave is available any point within 12 months of the birth, adoption or placement of your child. It must be taken all at once. For eligibility and participation information, contact the BD Leave and Disability Service Center at 844.324.5065.

Adoption Assistance Plan

This reimburses you for eligible adoption expenses up to \$10,000 if you are an eligible associate who legally adopts a child. Eligible expenses include:

- Adoption agency fees
- Legal and court fees
- Adoption-related travel
- Necessary medical care for the child not otherwise covered by insurance

For more information, contact the BD Associate Service Center at 855.234.3577 or ASC.Americas@BD.com.

Maternity support

If you are expecting and are enrolled in a BD medical option administered by Cigna, take care of yourself and your baby with help from the Healthy Pregnancies, Healthy Babies® maternity program. For more information, contact Cigna at 800.997.1463 or visit mycigna.com (select My Health > Programs and Services).

To learn about your support options if you are enrolled in Kaiser, visit <https://thrive.kaiserpermanente.org/easier-health-care/maternity>.

All of the BD medical plan options include coverage for childbirth classes.

Backup day care

BD offers you backup day care assistance through Bright Horizons, a national provider of day care services, for the times when the regular care you have arranged for your child or an elder adult is unavailable due to an emergency, mild illness or short-term planned needs. The program provides up to 10 days of care per dependent per calendar year. BD pays for the majority of the cost of the day care; however, you will be responsible for a copay. The amount subsidized by BD is considered imputed income (see the Glossary for definition). For more information, contact Bright Horizons at 877.242.2737 or visit clients.brighthouse.com/bd (user name: BD / password: care4you).

Caregiving assistance for elderly and special needs individuals

Homethrive provides you with free access to:

- Caregiving experts via chat or phone
- Assistance with locating available community and government benefits and services
- Peer-to-peer support groups

You can also upgrade to one-on-one personalized support with a Custom Care Guide for an additional fee. Start or stop this service at any time by contacting Homethrive directly.

For more information about Homethrive, visit dari.homethrive.com/join and use registration code: BD

Special needs support

Tap into free expert guidance and resources from Bright Horizons to help you research, advocate for and support your child with special needs in school and beyond:

- Online resources and webinars on a range of social, learning, attention and developmental challenges
- Custom roadmaps to navigate all phases of education
- Personalized recommendations

For information, contact the Bright Horizons Special Needs® program at clients.brighthouse.com/bd.

Employee Assistance Program (EAP)

BD provides an EAP through Cigna that is available 24 hours a day, seven days a week. It offers telephonic, web-based and face-to-face support for a variety of everyday challenges and problems that you and your family may deal with. This confidential, no-cost assistance for personal and work-related concerns includes support for:

- Family issues
- Stress
- Community-based referrals for child care and elder care support
- Legal concerns (including the drafting of wills)
- Help with identity theft (also see MetLife identity theft defense services on [page 47](#))
- Face-to-face counseling for emotional support

Coverage includes up to eight counseling visits per issue per household member each year. You do not need to be enrolled in a BD medical plan option to participate. All associates, regardless of benefits eligibility or participation, are eligible to access the EAP.

Aside from counseling services and support, Cigna offers a variety of online resources, including an extensive well-being library, to help you feel better and live better. Don't let everyday problems get you down. For more information, contact Cigna at 800.997.1463 or visit mycigna.com.

Ayco survivor support

Ayco provides survivor support benefits for a surviving spouse or when an associate is diagnosed with a life-threatening illness. Call Ayco at 800.334.0823 for assistance.



Paid time off (PTO)

Paid time off gives you the flexibility to manage your time off according to your individual needs. For eligible associates, PTO is accrued each pay period in which you are actively working. Accrual is in hourly increments and increases with your years of service with the company. BD also offers time off with pay for holidays and jury duty. PTO policies vary by site. Consult your local policy for details.

Leave programs

BD provides leave of absence, personal leave and administrative leave policies to afford you additional time away from work if you need it. BD also provides paid leave for bereavement and military duty, and for paid parental leave as described on [page 44](#).

Educational assistance/ tuition reimbursement program

This program is designed to support the professional development of eligible associates interested in pursuing business-appropriate education to advance their careers at BD. Visit HROne for annual reimbursement limits and further eligibility requirements.



MetLife Legal Plan

This program provides access to a nationwide network of attorneys for personal legal matters such as elder law, traffic court defense, estate planning and financial matters, including identity theft defense. You must elect this coverage during enrollment if you wish to participate. Identity theft defense keeps you up to date with your credit scores and continually scours the internet and major credit bureaus to help detect the first signs of fraud. If identity theft occurs, plan specialists will help you deal with the consequences and work to restore your identity. After you enroll, you'll receive an email from CyberScout with a request to provide your Social Security Number for identity theft protection services. For more information, visit [legalplans.com](https://www.legalplans.com).

Group auto and home insurance

BD associates can buy quality home and auto insurance through Farmers Group SelectSM at affordable group rates and with a variety of payment options. You have access to value-added features and benefits on auto and home insurance, as well as a variety of other types of personal insurance policies. Additional savings could be available to you, such as multi-policy, tenure and superior driver discounts. Auto insurance quotes are available online.

You can call for a no-obligation quote at any time at 800.438.6381 or at myautohome.farmers.com.

See [Benefits Direct](#) for more information on these programs.

Pet insurance

Pet insurance provides benefits for veterinary treatments from wellness to accidents and illnesses, including cancer. A veterinary pet insurance policy allows you to go to any vet and covers a range of services including diagnostic tests, X-rays, prescriptions and hospitalization. You are eligible for group discount rates. Call MetLife at 800.438.6388 to get a quote or enroll.

Commuter benefits program

This program allows you to set aside pre-tax money to pay for eligible commuting expenses, including parking, vanpools and public transportation such as bus, ferry, streetcars, subways and trains used for your commute.

You may enroll in the program and make changes anytime during the year. Most elections become effective within one to two months of your election date. HealthEquity is the plan administrator. For more information, go to healthequity.com/bd or call 844.354.0118.

Local and national discounts on a variety of products and services

BD provides all associates free access to a variety of discounts through BenefitHub—an online marketplace where you can find savings on travel, restaurants, event tickets, gym discounts and products such as electronics, apparel and more.

BenefitHub also offers discounted coverage for auto, home and pet insurance through a variety of insurers. These benefits are offered through direct pay with the insurer. While these benefits may meet your needs, be sure to also review the home, auto and pet insurance that BD provides at group rates and with convenient payroll deductions through MetLife and Farmers. Careful review of both resources will help to ensure you're taking advantage of the benefits that best meet your needs and provide the most value for your situation.

Visit BenefitHub at BD.benefithub.com. Use referral code: TX4VPS

Personal Benefit Pro consultant

Through Benefit Pro® services, you have a personal benefit consultant to simplify your healthcare and benefit experience so you can spend more time on what matters most.

Your personal Benefit Pro consultant can help you:

- Understand your coverage
- Find quality providers
- Compare procedure costs
- Coordinate a second opinion
- Find lower-cost prescription drug solutions
- Get answers to your questions about medical bills and claims

Contact your personal Benefit Pro consultant at:

BDBenefitPro@alight.com

800.234.9855

bd.com/benefits

Benefit Pro services and communications are provided by Alight.

Provider search tool

The more you know about the cost and quality of doctors and hospitals, the easier it is to make the best choices for you and your family. The intuitive Provider Search Tool on [Benefits Direct](#) lets you see integrated cost and quality information, helping you compare doctors and control healthcare spending. You will find everything at your fingertips, ready to help you make the most confident, cost-effective decisions about your care. Your Benefit Pro is available to assist you as well.



BD provides you with the tools you need to get the most from your benefits. Do your research, ask questions and take advantage of the many resources available to help you stay well and live better.

Paycheck
contributions

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Contacts



Paycheck contributions

Medical plan rates for 2023 (biweekly)

For medical rates, visit Benefits Direct (bd.com/benefits).

Dental plan rates for 2023 (biweekly)

| | You only | You + spouse/DP | You + child(ren) | You + family |
|--------------------------------------|----------|-----------------|------------------|--------------|
| Delta Dental PPO Basic | \$6.04 | \$12.09 | \$10.88 | \$18.12 |
| Delta Dental PPO Plus Premier | \$9.32 | \$18.64 | \$16.78 | \$27.97 |

Vision plan rates for 2023 (biweekly)

| | You only | You + spouse/DP | You + child(ren) | You + family |
|-------------------------------|----------|-----------------|------------------|--------------|
| Aetna Vision Preferred | \$3.59 | \$6.82 | \$7.19 | \$10.56 |

Accidental injury insurance rates for 2023 (biweekly)

| | You only | You + spouse/DP | You + child(ren) | You + family |
|---|----------------|-----------------|------------------|----------------|
| Salary below \$50,000 and enrolled in a BD medical plan option with an HSA | No cost to you | No cost to you | No cost to you | No cost to you |
| Salary \$50,000 or above | \$1.73 | \$2.66 | \$3.07 | \$4.08 |

Hospital care insurance for 2023 (biweekly)

| You only | You + spouse/DP | You + child(ren) | You + family |
|----------|-----------------|------------------|--------------|
| \$3.50 | \$7.92 | \$6.21 | \$10.64 |

Critical illness insurance for 2023 (biweekly)

| Age | You only | You + spouse/DP | You + child(ren) | You + family |
|-------|----------|-----------------|------------------|--------------|
| 0–24 | \$1.62 | \$3.37 | \$2.58 | \$4.34 |
| 25–29 | \$1.81 | \$3.84 | \$2.78 | \$4.80 |
| 30–34 | \$2.30 | \$4.96 | \$3.26 | \$5.93 |
| 35–39 | \$3.00 | \$6.54 | \$3.90 | \$7.44 |
| 40–44 | \$3.86 | \$8.41 | \$4.77 | \$9.33 |
| 45–49 | \$5.57 | \$12.07 | \$6.48 | \$12.98 |
| 50–54 | \$7.87 | \$16.81 | \$8.78 | \$17.73 |
| 55–59 | \$10.84 | \$23.05 | \$11.76 | \$23.97 |
| 60–64 | \$14.37 | \$30.82 | \$15.34 | \$31.78 |
| 65–69 | \$17.82 | \$38.00 | \$18.79 | \$38.96 |
| 70–74 | \$24.38 | \$52.61 | \$25.35 | \$53.57 |
| 75–79 | \$34.36 | \$74.99 | \$35.38 | \$76.01 |
| 80–84 | \$40.49 | \$92.25 | \$41.51 | \$93.27 |
| 85+ | \$58.68 | \$121.50 | \$59.70 | \$122.52 |

Supplemental life insurance rates

You may purchase supplemental life insurance for yourself of 1x–8x your benefit pay up to a maximum of \$3 million. Evidence of insurability (EOI) may be required. See the [Glossary](#) for EOI details.

The 2023 **monthly rates** below are per \$1,000 of coverage based on your age or the age of your spouse/domestic partner.

| Monthly rate per \$1,000 or coverage | | |
|--------------------------------------|---------|-------------------------|
| Age | You | Spouse/domestic partner |
| Under 25 | \$0.035 | \$0.031 |
| 25–29 | \$0.036 | \$0.033 |
| 30–34 | \$0.039 | \$0.035 |
| 35–39 | \$0.050 | \$0.044 |
| 40–44 | \$0.076 | \$0.069 |
| 45–49 | \$0.111 | \$0.100 |
| 50–54 | \$0.176 | \$0.159 |
| 55–59 | \$0.293 | \$0.264 |
| 60–64 | \$0.444 | \$0.401 |
| 65–69 | \$0.948 | \$0.869 |
| 70+ | \$1.333 | \$1.200 |

To calculate the biweekly supplemental life insurance cost for you:

1. Multiply your annual benefit pay¹ times the multiple of coverage you want
2. Divide the coverage amount by 1,000
3. Multiply the result by the monthly rate for your age
4. Multiply the monthly cost times 12, then divide by 26 for the biweekly cost

¹ See [Glossary](#) for the definition of benefit pay.

Supplemental life insurance rate example

Assume you are 40 years old, your annual benefit pay is \$42,000 and you wish to purchase supplemental life insurance of 2x your annual benefit pay.

$$\begin{array}{rcl}
 1. & \$42,000 \times 2 & = \$84,000 \\
 \hline
 2. & \$84,000 / 1,000 & = \$84 \\
 \hline
 3. & \$84 \times \$0.076 & = \mathbf{\$6.38} \\
 & & \text{monthly cost} \\
 \hline
 4. & \$6.38 \times 12 / 26 & = \mathbf{\$2.95} \\
 & & \text{biweekly cost}
 \end{array}$$

Life insurance rates for your spouse/domestic partner

You may purchase life insurance for your spouse/domestic partner from \$10,000 to \$250,000 in \$10,000 increments. Monthly rates per \$1,000 of coverage are shown in the table to the left. The biweekly cost is calculated the same way the cost for supplemental associate life insurance is calculated, except you would use the age of your spouse or domestic partner in the calculation.

Life insurance rates for your child(ren)

You may also purchase \$5,000 or \$10,000 of coverage for your child(ren) under age 26. Coverage may be available for children age 26 or older if your child is disabled or coverage is required by law.

| | Biweekly cost |
|----------|---------------|
| \$5,000 | \$0.29 |
| \$10,000 | \$0.58 |

Supplemental AD&D insurance rates

The **monthly rates** below are per \$1,000 of coverage for you only or you and your family.

| | Monthly rate per \$1,000 of coverage |
|--------------|--------------------------------------|
| You only | \$0.01 |
| You + family | \$0.02 |

To calculate the biweekly supplemental AD&D insurance cost:

1. Multiply your annual benefit pay¹ times the multiple of coverage you want
2. Divide the coverage amount by 1,000
3. Multiply the result by the appropriate monthly rate: (\$0.01 for coverage for you only or \$0.02 for coverage for you + family)
4. Multiply the monthly cost times 12, then divide by 26 for the biweekly cost

Supplemental AD&D insurance example

Assume your annual benefit pay is \$42,000 and you wish to purchase supplemental AD&D insurance of 2 x your annual benefit pay for you and your family.

1. $\$42,000 \times 2 = \$84,000$
2. $\$84,000 / 1,000 = \84
3. $\$84 \times \$0.02 = \mathbf{\$1.68}$
monthly cost
4. $\$1.68 \times 12 / 26 = \mathbf{\$0.78}$
biweekly cost

¹ See [Glossary](#) for the definition of benefit pay..



Long-term disability rates

| | Monthly cost per \$100 of covered payroll | Tax treatment |
|---|---|---------------------|
| Core Plan 1 60%, up to \$10,000 monthly maximum | BD pays 100% | Taxable benefit |
| Core Plan 2 60%, up to \$10,000 monthly maximum | \$0.368 | Non-taxable benefit |
| Buy-Up Plan 60%, up to \$25,000 monthly maximum | \$0.444 | Non-taxable benefit |

To calculate the biweekly LTD Core Plan 2 cost:

1. Divide your annual benefit pay¹ by 12 to determine your monthly benefit pay
2. Divide your monthly benefit pay by 100
3. Multiply the result by \$0.368 to calculate your monthly LTD cost for Core Plan 2
4. Multiply the monthly LTD Buy-Up Plan cost times 12, then divide by 26 for the biweekly cost

To calculate the biweekly LTD Buy-Up Plan cost:

1. Divide your annual benefit pay by 12 to determine your monthly benefit pay¹
2. Subtract the maximum LTD Core Plan monthly benefit (\$16,667) from your monthly benefit pay
3. Divide amount from step 2 by 100
4. Multiply the result by \$0.444 to calculate your monthly LTD Buy-Up Plan cost
5. Multiply the monthly LTD Buy-Up Plan cost times 12, then divide by 26 for the biweekly cost

MetLife Legal Plan

Biweekly cost

\$9.23

¹ See [Glossary](#) for the definition of benefit pay.

LTD Core Plan 2 example

Assume your annual benefit pay is \$42,000 and you wish to purchase Core Plan 2 coverage.

1. $\$42,000 / 12 = \$3,500$
monthly benefit pay
2. $\$3,500 / 100 = \35
3. $\$35 \times \$0.368 = \$12.88$
monthly cost
4. $\$12.88 \times 12 / 26 = \5.94
biweekly cost

LTD Buy-Up Plan example

Assume your annual benefit pay is \$252,000 and you wish to purchase LTD Buy-Up Plan coverage.

1. $\$252,000 / 12 = \$21,000$
monthly benefit pay
2. $\$21,000 - \$16,667 = \$4,333$
maximum core benefit
3. $\$4,333 / 100 = \43.33
4. $\$43.33 \times \$0.444 = \$19.24$
monthly cost
5. $\$19.24 \times 12 / 26 = \8.88
biweekly cost

Glossary

Annual deductible: The amount you must pay for covered services (other than preventive care) before your plan coinsurance kicks in.

Benefit pay: Used for determining option prices and coverage amounts for pay-based programs. The calculation of your benefit pay differs depending on your associate group. Calculations to determine benefit pay are based on your date of hire and are updated annually on October 1 for the next plan year.

- For salaried associates, your benefit pay is your annual salary (e.g., if annual salary = \$45,000, then benefit pay = \$45,000).
- For hourly associates, your benefit pay is your hourly rate multiplied by your regularly scheduled hours multiplied by 52 weeks (e.g., \$20/hour x 40 hours per week x 52 weeks = \$41,600).
- For commissioned associates, your benefit pay is a combination of base salary plus average commissions and draws paid during the prior two years.

When you have a life or disability claim, your benefits are based on the higher of your current plan-year benefit pay or your recalculated benefit pay at the time of loss (death or disability).

Coinsurance: The percentage of eligible expenses that you pay versus what the medical plan pays. For example, if you choose a plan with a 20% in-network coinsurance level, the plan pays 80% and you pay 20% (your coinsurance for covered in-network services).

Copay: The flat dollar amount you pay for services or supplies. The PPO features copays instead of coinsurance for primary care and specialist office visits, urgent care, and emergency room visits—even before you meet your deductible.

Evidence of insurability (EOI): When you elect certain amounts of supplemental life insurance, you and/or your covered spouse/domestic partner must provide proof of good health, or EOI. EOI is required if:

- You currently have no coverage and elect any level of coverage during open enrollment or following a qualified life event.
- At your initial enrollment as a new hire, you elect supplemental life coverage that is above the guaranteed issue amount.
- You are considered a “late entrant,” which means you are electing supplemental life or buy-up LTD coverage for the first time after your initial eligibility period (new hire or new insurance provider offering).
- You increase your coverage more than one level after the initial eligibility period (new hire or new insurance provider offering).
- At the open enrollment period, your increased supplemental life coverage exceeds the guaranteed issue.
- At a qualified life event, you elect supplemental life coverage (for you) that exceeds the guaranteed issue.

Generic drugs: Drugs that are clinically equivalent to brand-name drugs whose patents have run out. A generic drug contains the same active ingredients and comes in the same strengths as the original brand-name drug and is required by law to be as effective. Any generic drug that our plan uses will meet strict requirements for quality and purity from the U.S. Food and Drug Administration (FDA). Generics can cost significantly less than brand-name drugs to produce because the companies that make generics do not spend large sums on research and advertising. Savings are passed on to you in the form of a lower copay or coinsurance cost share.

Imputed income: BD is required to add (impute) to your taxable wages the value of benefits coverage for anyone you enroll in the medical, dental or vision plans or supplemental life insurance who is not your IRS tax dependent. This amount is added to your taxable wages for purposes of calculating your federal and/or state withholding and employment taxes. BD is also required to impute income on the value of company-paid basic life insurance in excess of \$50,000. Any BD subsidy for day care you receive through Bright Horizons is considered imputed income. The value of gift cards or charitable donations from the BD Healthy Lives incentive program will be processed through payroll and taxed as ordinary income.

In-network provider: Doctors, hospitals and other healthcare providers who have agreed to be part of a plan’s network and charge a discounted rate for their services.

Glossary *(continued)*

Out-of-pocket maximum: The most you will pay in a year out of your pocket for covered medical services. If you reach the plan maximum, the medical plan pays 100% of remaining eligible medical expenses for the remainder of the calendar year. Prescription costs in the HSA medical plan options are also included in the out-of-pocket limit.

Preventive care: Age-appropriate examinations and screenings such as:

- Physical exams (including blood pressure, glucose and cholesterol tests)
- Lab tests for cholesterol, diabetes, etc.
- Pap test
- Mammogram
- Prostate screening
- Colorectal cancer screening
- Tetanus booster
- Age-appropriate immunizations
- Osteoporosis screening

Check with your medical plan to confirm the specific services that are covered as preventive care.

Qualified life event: In general, once you enroll in (or decline) coverage, your elections stay in effect for the entire plan year. However, you may change your benefit elections if you have a qualified life event, including:

- You, your spouse/domestic partner or your dependent lose or gain eligibility for coverage under the plan (or under your spouse's/domestic partner's or dependent's plan)
- You get divorced, legally separated, dissolve your domestic partnership or have your marriage legally annulled
- Your spouse/domestic partner or dependent dies
- Your dependent becomes ineligible or eligible for coverage (e.g., he or she reaches the program's eligibility age limit)
- You get married or you enter into a domestic partnership
- You have a baby, adopt or have a child placed with you for a legal adoption
- You, your spouse's/domestic partner's or your dependent's work schedule changes (a strike or lockout, the start or termination of an unpaid leave of absence, a change of work site or a change in

employment) that leads to a loss or gain of eligibility for coverage

- You, your spouse's/domestic partner's or your dependent's work location or home address changes (outside the network service area)
- You qualify for a special enrollment during the year under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- A Qualified Medical Child Support Order (QMCSO) or other court order, judgment or decree requires you to enroll a dependent in the plan
- You, your spouse/domestic partner or your dependent qualifies for or loses Medicare or Medicaid coverage



Contacts

BD benefits

Benefit Pro consultant

BDBenefitPro@alight.com
800.234.9855
8 a.m.–8 p.m. CT, Monday through Friday
bd.com/benefits

Benefits Direct

For details on coverage, eligibility, enrollment, qualified life events and more
800.234.9855
bd.com/benefits

Associate Service Center

For questions on adoption assistance, educational assistance and general questions about other BD programs and policies
855.234.3577
Request on HROne

Healthcare benefits

Medical

Cigna HSA Basic, HSA Plus and PPO options (Group #3332071)
800.997.1463
mycigna.com

Kaiser HSA Qualified Plan California (Northern California Group #000429 Southern California Group #230472)
800.464.4000
my.kp.org/bd

Kaiser HMO Hawaii (Group #5538)
808.432.5955
my.kp.org/bd

Musculoskeletal surgical benefit

Carrum Health
888.855.7806
9 a.m.–8 p.m. ET
carrum.me/bd

Prescription drugs

CVS Caremark (Group #0159)
800.656.1766
caremark.com

CVS Caremark Specialty Pharmacy
800.237.2767
cvsspecialty.com

PrudentRx specialty prescription program
800.578.4403

Dental

Delta Dental (Group #03780)
888.696.2820
deltadentalnj.com

Vision

Aetna Vision Preferred (Group #697687)
833.337.3138
aetnavision.com

Hospital care, critical illness and accidental injury insurance

Cigna
800.997.1463
mycigna.com

Life, AD&D and disability insurance

Life and AD&D insurance

MetLife
800.638.6420
metlife.com/mybenefits

Short-term disability insurance and leave of absence

BD Leave and Disability Service Center
844.324.5065
claimlookup.com

Long-term disability insurance

MetLife
800.300.4296
metlife.com/mybenefits

Contacts

Well-being and lifestyle benefits

BD Healthy Lives well-being program

Cigna
800.997.1463
mycigna.com

Daylight

trydaylight.com/bd
hello@trydaylight.com

Employee Assistance Program (EAP)

Cigna
800.997.1463
mycigna.com

Livongo diabetes management program

800.945.4355
today.livongo.com
Registration code: BDHealthyLives

Hinge Health virtual physical therapy

855.902.2777
hingehealth.com/bd

Sleepio

sleepio.com/bd
hello@sleepio.com

WW (formerly Weight Watchers)

866.204.2885
ww.com/us/bd
BD Access Code: 63665

Backup day care, elder care, and special needs resources

Bright Horizons
877.242.2737
clients.brighthouse.com/bd
User name: BD / password: care4you

Caregiving assistance for elderly and special needs individuals

Homethrive
888.651.0817
9 a.m. – 5 p.m. CT, Monday through Friday
dari.homethrive.com
Registration code: BD

Well-being at BD

[Maxwell > HR > Total Rewards & Benefits > Well-being at BD](#)

Financial benefits

Health Savings Account and Flexible Spending Accounts

HealthEquity
844.354.0118
healthequity.com/bd

BD 401(k) Plan

Fidelity
866.715.2068
netbenefits.com

529 College Savings Plan

Fidelity
800.544.1914
fidelity.com/529-plans/overview

Group Legal Plan

MetLife
800.438.6388
legalplans.com

Pet insurance

MetLife
800.438.6388
metlife.com/mybenefits

Auto and Home Insurance

Farmers Group SelectSM
800.438.6381
myautohome.farmers.com

Ayco Financial Wellness

800.334.0823
ayco.com/login/bd

Commuter benefits

HealthEquity
844.354.0118
healthequity.com/bd

BenefitHub discount marketplace

866.664.4621
8:30 a.m. – 8:30 p.m. ET
BD.benefitHub.com
Referral code: TX4VPS

BCU (Baxter Credit Union)

800.388.7000
bcu.org

Legal notice

This catalog is intended to provide general information to associates concerning the Becton, Dickinson and Company Group Life and Health Plan (the "Plan"). It provides general information about the Health Savings Accounts (HSAs) and other benefits available to eligible participants.

The information in this catalog is intended to provide a general discussion of HSAs in order to facilitate your understanding of the tax consequences associated with contributions to an HSA, including associate contributions and those made by Becton, Dickinson and Company (BD). It is not intended to provide you with personal tax or financial planning advice. The rules relating to HSAs are complicated and depend on factors unrelated to your participation in BD employee benefit plans (such as your enrollment in Medicare or other coverage and your participation in other medical coverage through a spouse's or domestic partner's plan). It is recommended that you review your individual situation with your personal tax advisor or financial planner and/or the HSA provider. You are responsible for the tax consequences associated with the contributions to and withdrawals from your HSA. Neither Becton, Dickinson and Company nor any affiliated company will be responsible for any use/misuse of the information about HSAs provided in this document when making personal tax or financial planning decisions, including decisions made in connection with the preparation of your personal income tax return.

The benefits described in this catalog are paid only as provided for in the official Plan document. We have endeavored to ensure that this information is accurate and complete. However, if there is any inconsistency or other difference between this catalog and the Plan document, the terms of the Plan document will control.

The information in this catalog is in no way intended to constitute a contract of employment. There may be changes to the Plan and other BD benefit programs in the future. BD reserves the right to amend, modify, replace, discontinue, or terminate the Becton, Dickinson and Company Group Life and Health Plan and other benefit programs, in whole or in part, at any time and for any reason.

BD Healthy Lives is not a substitute for professional medical advice or the treatment of medical conditions. You should not use BD Healthy Lives to diagnose or treat a health problem or disease without consulting with a qualified health care provider.