TAKE ACTION:

1. Review this Guide to learn about your Allergan Retiree Medical Access Plan options.

2. If interested in enrolling in coverage, complete the Retiree Medical Access Plan Enrollment Form and return it by the date indicated on the Form.

3. If you chose to cover a new dependent, you may be required to provide documentation confirming their relationship. If required, you will be contacted directly and requested documentation will be due within 45 days of the request.

PERSONAL SUPPORT IS AVAILABLE

If you have questions about your retiree medical benefits enrollment, Mercer Retiree Medical Service Center customer service representatives are ready to assist 8:30am - 6:00pm ET, Monday - Friday by phone at 855-720-0307.

DON’T DELAY!

You must enroll in retiree medical benefits by the date indicated on your enrollment form. If you do not take action, you and your dependents generally will not be eligible to enroll in the Plan at a later date. As part of the new plan rollout, if your employment end date is prior to October 1, 2018, you will be provided one additional chance to enroll during 2019 Benefits Open Enrollment in Fall 2018 for coverage effective January 1, 2019. See the Retiree Medical Access Plan Summary for details.

RETIREE MEDICAL ACCESS PLAN OPTIONS

Allergan offers you a range of medical plan options, giving you the flexibility to enroll in the coverage that’s right for your needs. Each plan includes prescription drug coverage (see page 4 for details). For complete coverage details, see the Summary of Benefits and Coverages (SBCs), Benefits Booklets and Summary Plan Description (SPD) on allerganretireemedical.com Review your options here and then complete your enrollment form and return it to the address listed to enroll.

When electing a medical plan, you’ll choose your plan, medical carrier and coverage level. You should receive your new medical ID card approximately three weeks after you enroll. If you choose Aetna or Horizon BCBS, you will also receive a separate prescription drug ID card. Note: If you are currently in treatment for a specific condition, you may want to consider remaining with your current carrier if available to avoid disruption in treatment, or reaching out to your new carrier to address your transition of care.

1. Choose your plan:
   - $400 Deductible Plan
   - $900 Deductible Plan
   - $1,500 Deductible Plan + HSA
   - $2,500 Deductible Plan + HSA

   Learn more about the Health Savings Account (HSA) on page 6.

2. Choose your medical carrier:
   - Aetna
   - Horizon Blue Cross Blue Shield (BCBS)
   - UnitedHealthcare

3. Choose your coverage level:
   - Retiree Only
   - Retiree + Spouse/ Domestic Partner
   - Retiree + Child(ren)
   - Retiree + Family
A CLOSER LOOK AT THE MEDICAL PLANS

Under our three national carriers — Aetna, Horizon BCBS, UnitedHealthcare — each medical plan generally covers the same services, however clinical policies may differ by carrier. The main difference between the plans is how much you pay in premiums and how you pay for services as described below.

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### YOUR COST SHARE FOR IN-NETWORK MEDICAL PLAN COVERAGE

<table>
<thead>
<tr>
<th></th>
<th>$400 Deductible Plan</th>
<th>$900 Deductible Plan</th>
<th>$1,500 Deductible Plan with HSA</th>
<th>$2,500 Deductible Plan with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Premium</strong></td>
<td>LOWEST</td>
<td>LOWEST</td>
<td>HIGHEST</td>
<td>LOWEST</td>
</tr>
<tr>
<td><strong>Medical/Rx Deductible</strong></td>
<td>$400 per individual, up to $800 family maximum</td>
<td>$900 per individual, up to $1,800 family maximum</td>
<td>Retiree Only: $1,500 All other coverage levels: $3,000</td>
<td>Retiree Only: $2,500 All other coverage levels: $5,000</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Preventive</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- Primary Care Physician</td>
<td>$20 copay</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>- Specialist</td>
<td>$40 copay</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td><strong>Plan Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You pay 20% after deductible, up to OOP max</td>
<td>You pay 20% after deductible, up to OOP max</td>
<td>You pay 20% after deductible, up to OOP max</td>
<td>You pay 30% after deductible, up to OOP max</td>
</tr>
<tr>
<td><strong>Medical/Rx Out-of-Pocket Maximum (OOP max)</strong></td>
<td>LOWEST</td>
<td>LOWEST</td>
<td>HIGHEST</td>
<td>HIGHEST</td>
</tr>
<tr>
<td></td>
<td>$2,200 per individual, up to $4,400 family maximum</td>
<td>$3,000 per individual, up to $6,000 family maximum</td>
<td>Retiree Only: $3,000 All other coverage levels: $6,000</td>
<td>Retiree Only: $4,500 All other coverage levels: $6,850</td>
</tr>
<tr>
<td><strong>Accounts to pay for healthcare expenses</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>You may contribute to a Health Savings Account (HSA) to pay for 2018 and/or future eligible health care expenses (no ‘use-it or lose-it’ provision). See page 6 for details</td>
<td></td>
</tr>
</tbody>
</table>

*Out-of-network benefits can be found on allerganretireemedical.com

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### HOW IN-NETWORK DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS WORK WHEN COVERING DEPENDENTS

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

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

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

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

- The entire family deductible (applies to all coverage levels except Retiree Only) must be met before the plan begins to pay benefits at the 80% or 70% coinsurance for any family member.

- The entire family out-of-pocket maximum must be met (applies to all coverage levels except Retiree Only) before the plan pays 100% for any family member.
## YOUR SHARE OF PRESCRIPTION DRUG COVERAGE
UHC Pharmacy/OptumRx

<table>
<thead>
<tr>
<th>deductible Plan</th>
<th>$400 Deductible Plan</th>
<th>$900 Deductible Plan</th>
<th>$1,500 Deductible Plan With HSA</th>
<th>$2,500 Deductible Plan With HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Drugs</td>
<td>None. Rx copay or coinsurance amounts are paid each time, regardless of deductible and do not count toward the deductible.</td>
<td>Yes. Must meet deductible (combined for medical and prescription drugs) before Rx coinsurance applies (other than preventive drugs as described below).</td>
<td>See below.</td>
<td></td>
</tr>
<tr>
<td>Allergan Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Allergan Drugs</td>
<td>Retail copays (30 day supply): Tier 1: $10 Tier 2: $30 Tier 3: $60</td>
<td>Retail coinsurance (30 day supply): Tier 1: You pay 30% (min$10/max$20) Tier 2: You pay 30% (min$25/max$50) Tier 3: You pay 45% (min$40/max$80)</td>
<td>You pay 20% after deductible, up to OOP max. Deductible waived for certain preventive maintenance medications as described below.</td>
<td>You pay 30% after deductible, up to OOP max. Deductible waived for certain preventive maintenance medications as described below.</td>
</tr>
<tr>
<td></td>
<td>Mail order copays (90 day supply): Tier 1: $25 Tier 2: $75 Tier 3: $150</td>
<td>Mail order coinsurance (90 day supply): Tier 1: You pay 30% (min$25/max$50) Tier 2: You pay 30% (min$62.50/max$125) Tier 3: You pay 45% (min$100/max$200)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### UNDERSTANDING YOUR PREVENTIVE DRUG BENEFITS
Preventive care benefits are an essential part of your Allergan health coverage. Here’s an overview of Allergan’s preventive drug benefits and how cost sharing works.

#### Preventive Drugs at No Cost:

The Affordable Care Act makes certain preventive medications and supplements available to employees participating in an active medical plan at no cost. While not required to comply, the Retiree Medical Access Plan currently offers ACA preventive drugs available at no cost to you, regardless of which medical plan option you choose. For a list of these drugs, review the Preventive Drugs at No Cost List on allerganretireemedical.com. Please note, Allergan may choose to not comply with the ACA preventive drug list or make changes at any time.

#### Expanded Preventive Drugs with Coinsurance (for the $1,500 and $2,500 Deductible Plans):

Participants in these plans have access to an expanded preventive drug list provided by UHC Pharmacy/OptumRx as permitted by law. For drugs on this list, **coinsurance will apply immediately (no deductible applies)**. Note: Allergan-manufactured drugs on the expanded preventive drug list are provided at $0 copay immediately. For a list of these drugs, review the Expanded Preventive Drug List for $1,500/$2,500 Plans on allerganretireemedical.com.

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1 Allergan prescription drugs listed on the Preventive Drugs at No Cost List or Expanded Preventive Drug List for $1,500/$2,500 Plans are $0 copay in all medical plans and are not subject to the deductible. These lists can be found on allerganretireemedical.com.
The following chart lists the monthly costs of Plan coverage in 2018, based on the plan option and coverage level you select. The costs are the same whether you select Aetna, Horizon BCBS or United Healthcare as your medical carrier.

<table>
<thead>
<tr>
<th>Select your plan and coverage level</th>
<th>2018 MONTHLY COST*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$400 Deductible</td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$1,128.12</td>
</tr>
<tr>
<td>Retiree and Spouse/Domestic Partner</td>
<td>$2,256.24</td>
</tr>
<tr>
<td>Retiree an Child(ren)</td>
<td>$1,692.18</td>
</tr>
<tr>
<td>Retiree and Family</td>
<td>$2,820.30</td>
</tr>
</tbody>
</table>

* You will notice the monthly costs are higher than the cost of COBRA continuation benefits. This is because Plan rates are based on the cost of the anticipated medical and prescription drug utilization of the retirees participating in the Plan, which is higher than the anticipated costs of COBRA participants who, on average, are younger and have lower utilization of services.

**CONSUMER TIP**

Choose a carrier that your doctor participates in to receive in-network discounts and a higher level of coverage. From there, if you have enough savings to cover a health care emergency, the $1,500 or $2,500 deductible plan with HSA often makes the most financial sense. But if you tend to have high health care utilization, you’re short on savings, and/or like the predictability of consistent insurance premium payments — it may be worth paying more upfront with the $400 or $900 plans for a simpler healthcare experience.
If you enroll in the $1,500 Deductible or $2,500 Deductible Plan, you can save money by contributing to a Health Savings Account (HSA).

An HSA is a tax-exempt account where contributions earn interest to pay for medical expenses even after retirement. Funds in this account can be contributed by anyone and contributions are tax deductible. Funds roll over from year to year, and you withdraw your money tax-free at any time to pay for eligible medical expenses as determined by the IRS. As a former colleague you can keep or obtain your HSA from Mercer Marketplace or a provider of your choice. You make contributions directly to your HSA provider and claim them as a tax-deductible expense when you file your taxes. Allergan does not make HSA contributions for former colleagues.

Until you become Medicare eligible, you can continue to contribute to your HSA account. Contributions are made directly to your HSA provider, and can be made online or via check (depending on your HSA provider) at any time as long as you are covered under a high deductible health plan (HDHP) as defined by the IRS. Allergan’s $1,500 and $2,500 deductible plans are considered HDHPs.

Distributions can occur at any time after the HSA was established, even if you are no longer eligible to contribute.

Enroll in an HSA to take advantage of the following features:

1. TRIPLE TAX SAVINGS
   • Money that goes into the account is not part of your taxable income under federal law, meaning you pay less taxes overall.
   • Your balance can grow with tax-free interest or investment earnings while it’s in your account.
   • You never have to pay federal taxes on the money you use from your account, as long as it is used to pay for qualified health care expenses.

2. INVEST YOUR FUNDS
   If your HSA is with Mercer Marketplace, once your HSA balance reaches $1,000, investment options are available. Visit http://accounts.mercermarketplace.com for details.

   If your HSA is with another provider, different minimum investment thresholds may apply.

3. IT’S YOUR MONEY
   The HSA is yours to keep. There is no ‘use or lose’ provision. You can take it with you wherever you work or retire.

Note: Retiree contributions are subject to state tax in CA and NJ. Please consult a tax advisor if you have any questions.
INTRODUCING YOUR PERSONAL HEALTH ADVOCATE!

As a former colleague who elects Retiree Medical Access Plan coverage through Allergan, Health Advocate’s services are available at no cost to you, your spouse/domestic partner, dependent children, plus your parents and in-laws. Prior to enrollment, you can also use Health Advocate to help you determine what benefits are best for you.

By phone: 888-724-0507  
Online: HealthAdvocate.com/Allergan  
Email: answers@HealthAdvocate.com

YOUR PERSONAL HEALTH ADVOCATE CAN:

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

Work with insurance companies
Our team works on your behalf to obtain any necessary approvals and coordinate benefits.

Answer benefit and Medicare questions
We’ll explain how your benefits work, how Medicare works and options once you are no longer eligible for Allergan coverage.

Help with eldercare issues
We can find adult day care, home care and other support services.

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

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

Clarify tests and treatments
We’ll help you understand medical conditions, test results and treatment options.

Transfer medical records
We’ll also coordinate the transfer of X-rays and lab results.
TAKE ACTION

How to Enroll

It’s simple to enroll. Complete the enclosed enrollment form by choosing the best plans for you and your family, and return it to Mercer Retiree Medical Service Center, P.O. Box 14464, Des Moines, IA, 50306-3464. If you have questions about your retiree medical benefits enrollment, Mercer customer service representatives are ready to assist you from 8:30 am – 6:00 pm ET, Monday – Friday, by phone at 855-720-0307.

Important Information

MAKING BENEFIT CHANGES

You may only make benefit changes in certain situations:

- You may change your plan option and carrier during Allergan’s Benefits Open Enrollment period in the Fall each year for coverage effective the following January 1. You generally cannot add dependents at that time, unless your dependent experienced a HIPAA Special Enrollment Event, as defined in the Plan.

- You may add dependents during the year if you or they experience a HIPAA Special Enrollment Event, such as marriage or loss of other coverage.

- You will have 30 days from the date of your HIPAA Special Enrollment Event to contact the Mercer Retiree Medical Service Center to make changes to your benefits and submit the appropriate documentation, if any.

VERIFY YOUR DEPENDENTS

If you elect to cover dependents for the first time under an Allergan medical plan, you may be required to provide documentation, such as a marriage or birth certificate, to confirm that your dependents are eligible for coverage. If required, you will receive more information about what steps you will need to take and you will have 45 days to return any required documentation before your dependents are removed from coverage.

MOVEING?

It is your responsibility to keep the Mercer Retiree Medical Service Center updated with any address changes to ensure you receive all benefit information in a timely basis.

REPORT A DEATH

To report a death, contact the Mercer Retiree Medical Service Center.

To contact the Mercer Retiree Medical Service Center, call 1-855-720-0307 to speak to a customer service representative. Representatives are available Monday through Friday from 8:30 am – 6 pm ET.

You can also email the Service Center at retiree.service@mercer.com.

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

NEED DANTAL OR VISON COVERAGE?

Interested in Dental or Vision coverage?

Allergan does not offer group dental or vision access coverage to Retirees. However, as a convenience, you can purchase individual policies through MetLife and VSP directly.

To explore your dental options, log on to www.metlifetakealongdental.com (Referral code: Allergan).

To explore your vision benefits, go to www.vspdirect.com.

Note, these policies are not supported or endorsed by Allergan and Allergan retains no responsibilities with respect to any policy purchased through MetLife or VSP directly.