Welcome to Aetna

2017 Aetna Union Retiree Plan Guide
Welcome to Aetna

Beginning on January 1, 2017, your Union Retiree Plan will be administered by Aetna. As an Aetna member, you will enjoy access to a variety of tools and resources to help you make informed decisions about your health care. Here is an overview to help you get the most from your plan.

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If you have any questions, you can call **1-877-512-0363** Monday through Friday, from 8:00 a.m. to 7:00 p.m. Eastern Time to reach a dedicated Member Services Representative.
Getting Started

ID Cards

Medical ID Card

Your must present your ID card whenever you or a covered family member receives care.

Your ID card contains useful information such as the toll-free dedicated Member Services phone number and the address for submitting claims.

You will receive an Aetna ID card in the mail. Your ID card will list each covered family member. Please check the card to make sure all the information is correct.

If you find an error, contact Member Services at 1-877-512-0363 for assistance. Representatives are available Monday through Friday from 8:00 a.m. to 7:00 p.m. Eastern Time.

For a temporary ID card or to order replacement cards, you may log on to Aetna Navigator®, your secure member website, at www.aetna.com* and from the I want to box:

1. Click on View/Print an ID Card.
2. Choose who the card is for.
3. Click on View Card, then choose to View/Print ID Card or Order a Replacement Card.

*If you have not already done so, you must register for Aetna Navigator in order to access this and other information. See page 2 for instructions on how to register.

Prescription Drug ID Card

Your prescription drug benefits will be administered by Express Scripts.

Express Scripts will send you a Welcome Package that includes your Express Scripts prescription drug ID cards. If you already have an Express Scripts ID card, you can continue to use the one you have. You will not receive a new one.
Member Website

Aetna Navigator, at www.aetna.com, is your personalized member website. Your first step is to register and set up your user name and password:

1. Click on the Log In/Register box, and select Login and then Register now. Your spouse/partner can set up his or her own Navigator account.

2. Provide the information requested. You will need your Aetna member ID number (from your ID card) or your Social Security number.

3. Choose a user name and password.

When your registration is complete, you’ll be able to use all the features of Aetna Navigator, such as:

- Use the Aetna DocFind<sup>®</sup> online directory to find doctors and facilities that participate in the Plan. (You may also access DocFind at www.aetna.com/docfind/custom/jnj.) When prompted to Select a Plan, choose Union Retiree Plan.

- Find claims information and Explanation of Benefits (EOB) statements under the Claims tab.
Benefits At A Glance

Below are the coverage details for a few of the most common services. For more information, please call Aetna Member Services at 1-877-512-0363 Monday through Friday, from 8:00 a.m. to 7:00 p.m. Eastern Time. Beginning in early 2017, you can find complete plan details in your Summary Plan Description on the For Your Benefit website, where you can access Your Benefits Resources (YBR), at www.resources.hewitt.com/jnjbsc.

NEW for 2017 – You no longer have any annual or lifetime maximums.

The Annual Deductible is the amount of eligible medical expenses you must pay each Plan Year before the Plan begins to pay a percentage of those expenses. There is no Annual Deductible for eligible prescription drug expenses.

### Medical

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Prescription drug coverage is through Express Scripts. See the enclosed insert for your coverage details.
Prescription Drug Coverage

When you use your ID card at the pharmacy, you will only pay your portion of the cost. You will not need to pay the full amount and wait to be reimbursed.

You’ll need to use a pharmacy in the Express Scripts network. Your local pharmacy is probably a part of the network already. If you’re not sure, ask the pharmacist or call Express Scripts Member Services at 1-877-891-1143.

You also have the option to use Home Delivery for up to a 90-day supply.

See enclosed insert for coverage details.

Note: Certain medications will require information from your doctor before the prescription can be filled. If you have questions regarding a specific medication, please call Express Scripts at 1-877-891-1143.

You can view your pharmacy claim details at www.express-scripts.com/jnj.

The Express Scripts Member Services number is 1-877-891-1143. Representatives are available 24 hours a day, 7 days a week, except Thanksgiving and Christmas days.

When You Go To the Doctor

You may see any provider you would like, but if you choose an Aetna network provider, he or she will file claims for you. Also, Aetna network providers typically charge lower, negotiated rates.

To find providers who participate in the Plan, you may access DocFind through Aetna Navigator or directly at www.aetna.com/docfind/custom/jnj.

When prompted to Select a Plan, choose Union Retiree Plan.

Present your Aetna Union Retiree Plan ID card to the provider at the time of your visit. If you are enrolled in Medicare, be sure to also show your red, white and blue Medicare ID card.

If you are not enrolled in Medicare, it means that Aetna is primary and you may be asked to pay a portion of your Annual Deductible at the time of your visit.
Medicare and Your Aetna Union Retiree Plan

When you are enrolled in Medicare and the provider accepts Medicare assignment
1. Your provider submits your claim to Medicare.
2. Medicare processes your claim, reimburses your provider for his or her share of the expense and automatically forwards the claim to Aetna for processing.
3. Aetna reviews the claim to see if the service is covered by the Plan. If so, we apply any applicable Annual Deductible to the balance of the Medicare-approved amount minus the amount payable by Medicare Part A and/or Part B to determine the benefit under the Plan.
4. If you receive a bill from your provider, review it to be sure your claim has been processed by both Medicare and Aetna and the amount you owe is consistent with the EOB.

When you are enrolled in Medicare and the provider does not accept Medicare assignment
1. If your provider does not accept the Medicare-approved amount, the Medicare limiting charge will apply. Your provider will bill you for the amount left after the amount payable by Medicare, and the amount paid by the Plan will be subtracted from the Medicare limiting charge.
2. If you receive a bill from your provider, review it to be sure your claim has been processed by both Medicare and Aetna and the amount you owe is consistent with the EOB.
Understanding Your EOB

An Explanation of Benefits (EOB) statement shows the details of claims that have been processed. EOB statements are available online through Aetna Navigator by clicking on the Claims tab.

The EOB will show:

- The individual claim details, including what the Plan pays and your responsibility.
- Year-to-date details of claim payments (except for pharmacy claims).

Paper EOBs

If you do not register for Aetna Navigator, you will receive your EOBs in the mail. When you register for Aetna Navigator, “Turn off paper” is automatically set and you can view all your EOBs online and not receive any through the mail.

If you want to receive paper EOBs, you can change the default option on Aetna Navigator at any time. Just click on the Your Profile link at the top of the page. If you need help, you can call Member Services at 1-877-512-0363 and an Aetna representative can walk you through the process.
CareConnect

If you or your spouse has an acute or complex medical condition, the CareConnect program may be able to help you.

Note: CareConnect is only available to you if you are not eligible for Medicare.

CareConnect is a free program that gives you direct access to experienced professionals with a broad range of knowledge about specific health care issues. The program offers a customized and integrated approach to your situation. As you face a complex medical condition, surgery or other serious health care issue, the CareConnect team will look for ways to support you.

For more information on the CareConnect program, call 1-877-512-0363 any business day from 8:00 a.m. to 7:00 p.m. Eastern Time or view the CareConnect brochure by logging on to Aetna Navigator at www.aetna.com or the For Your Benefit website, where you can access YBR, at www.resources.hewitt.com/jnjbsc.

Aetna Healthy Lifestyle Coaching (HLC) Tobacco Free

HLC Tobacco Free is a voluntary tobacco cessation program that’s offered to you and your covered dependents at no cost. You’ll work with certified tobacco cessation wellness coaches to help you quit tobacco and achieve your health goals.

To join, just call 1-866-213-0153 Monday through Friday 8:00 a.m. to 10:00 p.m. Eastern Time. You can select the type of coaching you’d like:

• 30-minute one-to-one coaching sessions or
• Live online group coaching sessions

You can also receive eight weeks of Nicotine Replacement Therapy at no cost to you, to support you in your efforts to quit tobacco. Additional coverage of tobacco cessation medications is also available through your prescription drug plan. Please call Express Scripts at 1-877-891-1143 for more information on this.

Your Personal Health Record

Accessed through Aetna Navigator, your Personal Health Record (PHR) provides a single, secure place to record and store your health information. It’s a way to keep track of health information and to share it with your doctors. Each time Aetna processes a new medical claim it is automatically added to your record.

Highlights of your PHR

• It stores and organizes all of your health information.
• You’ll get alerts and health reminders.
• It helps you coordinate care from multiple providers.
• You can give your doctor access to your PHR, or print out a copy for your visit.

To access your PHR, log on to Aetna Navigator at www.aetna.com and click on Personal Health Record under the Health Records tab.

24-Hour Information Line for Your Health Questions

Call the Informed Health® Line at 1-800-556-1555 for advice from registered nurses any time.*

Highlights of Informed Health Line

• You can call as many times as you need — at no extra cost.
• Your covered family members can use it too.
• You could save time, and an expensive trip to the ER by calling Informed Health Line first.

*While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.
Questions?

Log on to Aetna Navigator at www.aetna.com or call 1-877-512-0363 Monday through Friday, from 8:00 a.m. to 7:00 p.m. Eastern Time to reach a dedicated Member Services Representative.

This Guide addresses only particular aspects of the benefits available under the Plan. Various limits, exclusions and other rules apply to these benefits. For a more complete description of the available benefits, see the relevant Plan Details or Summary Plan Description (including any applicable Summary of Material Modifications), other official Plan Documents and, where applicable, insurance contracts. In the case of any discrepancy, these more complete descriptions will govern. Your Company reserves the right to amend or terminate the Plan at any time. Amendment or termination of the Plan may affect the information provided in this Guide. Beginning in early 2017, the Plan Details document can be found on the For Your Benefit website, where you can access YBR, at www.resources.hewitt.com/jnjbsc (this address is case sensitive, so use lower-case letters).
Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See your Summary Plan Description for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 1-877-512-0363.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512, 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).