

A Note to You

Dear Joe Employee,

We are pleased to provide this personalized statement of your 2002 benefits. It summarizes your participation in the SICOR Inc. benefit plans as of January 1, 2003 and reflects our continuing commitment to offer a first-rate benefit program.

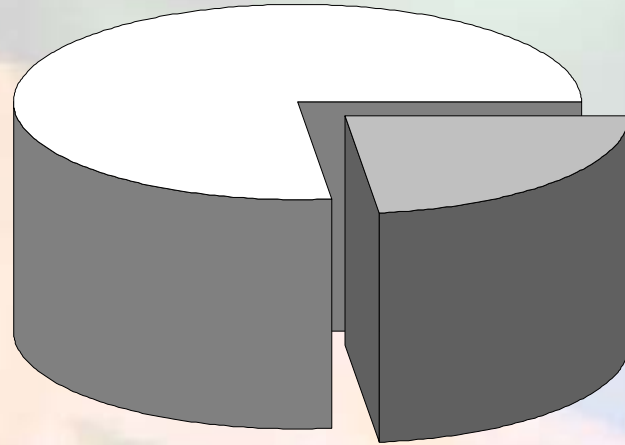
Please take time to review your statement carefully. You may want to share the information with your personal financial advisor. Contact the Human Resources Department with any questions or comments you may have about the statement.

Sincerely,

Senior Executive Name
Title

The Rewards of Working at SICOR Inc.

More than a paycheck. The rewards of working at SICOR Inc. go beyond a regular paycheck. That's because of your benefits. And while you might not think about them as pay, benefits are an important part of your total compensation. Your total compensation is **\$XXX,XXX**. This is your direct pay plus the value of your benefits as of January 1, 2003. The pie chart shows you in dollars the contribution benefits make to this total.



A closer look at your compensation shows five cost categories. Some, like direct pay, might be obvious; others may be less so. Once the categories are defined, we'll show the costs to SICOR Inc. and (where applicable) to you for each component.

Health Care means the Medical, Dental and Vision plans, plus Medicare.

Income Protection means Life/AD&D insurance, Voluntary Term Life, Voluntary Universal Life and Long Term Disability (LTD) coverage.

Financial Growth means the 401(k), Incentive Stock Option and Stock Purchase Plans, plus Social Security.

Other Benefits means Flexible Spending Accounts and the Voluntary plans, including Condominium and Renters Insurance.

Direct Pay means salary, paid Vacation and paid Holidays.

	Your Estimated Contribution	SICOR Inc. Estimated Contribution
Health Care	\$XXXX	\$XXXX
Income Protection	\$XXXX	\$XXXX
Financial Growth.....	\$XXXX	\$XXXX
Other Benefits	\$XXXX	\$XXXX
Cost of Benefits	\$XXXX	\$XXXX
Plus Estimated 2003 Direct Pay.....		\$XXXX
Your Estimated Plan Year Compensation.....		\$XXXX
		Plus Stock Options

Note: As a result of rounding, some amounts may be off by one dollar.

Want to know more? Information about your benefits is available in your 2002 enrollment packet, the summary plan descriptions or on-line at needtheaddress.com.

This statement is based on data on file with SICOR Inc. and outside benefit administrators as of January 1, 2003. Your birth date is **August 11, 1972**, and your hire date is **July 1, 2001**. If this or any other information appears incorrect, please contact the SICOR Inc. Human Resources Department. Legal plan documents control the operation of SICOR Inc. benefit programs. In case of a conflict, the legal plan documents will govern.

Health Care Benefits

Health Care benefits are an important source of financial protection from SICOR Inc. The company provides you and your eligible dependents an annual opportunity to enroll for medical, dental and vision coverage from company-sponsored plans.

Blue Cross Plus Point of Service is the medical plan you have chosen for **you and your family**. Some features of your plan are:

- Choice of care from Primary Care Physician (PCP), Prudent Buyer Plan Preferred Provider or out-of-network provider
- Lowest out-of-pocket expenses for care from or referred by your PCP
- \$5 generic or \$10 brand name co-payment for drugs prescribed by attending physician

Vision Service Plan (VSP) coverage is provided to **you and your family** at no extra cost. Some features of your plan are:

- \$25 deductible
- Choice of care from VSP or non-VSP providers
- 100% coverage for exams, lenses and medically necessary contacts from VSP providers

Cigna DHMO is the dental plan you have chosen for **you and your family**. Some features of your plan are:

- No deductibles or annual maximums for services from Personal Dentists
- 100% coverage for most diagnostic and preventive services from Personal Dentists
- Scheduled co-payments for root canals, crowns, dentures and orthodontia

Income Protection

Income protection benefits help provide for your family's financial well being in the event of your death or disability. As an eligible employee, SICOR Inc. provides company-paid coverage at no cost to you plus a choice of voluntary life insurance plans for additional protection.

Company-paid Life Insurance provides your beneficiary(ies) with **\$xxxx** if you die while actively employed by SICOR Inc.

Company-paid Accidental Death & Dismemberment Insurance (AD&D) provides **\$xxxx** of additional benefits to your beneficiary(ies) if you die in an accident. AD&D pays all or part of this amount if you lose one or more limbs or sight in a covered accident.

Company-paid Long Term Disability Insurance (LTD) provides income replacement of **\$xxxx** monthly, should you become disabled for more than 90 days. Note that the plan will integrate with Social Security, State Disability benefits and other similar programs to provide this amount. Because SICOR Inc. pays your coverage costs, any monthly plan benefit is subject to income taxes.

Voluntary Term Life offers additional insurance protection. **You are enrolled** in this plan.

Voluntary Universal Life offers additional insurance protection. **You are enrolled** for **family** coverage.

Direct Pay

Direct Pay includes your salary and paid time off. Your 2003 **salary** is **\$xxxxx**. Company-paid vacation and holiday time helps improve your quality of life. Your personal available time for 2003 is listed here.

You receive **XX vacation days** for your approved use during the year. In addition, you have **XX company-paid holidays** and **plant shut down days**. The value of this paid time is **\$xxxx** and is included in your salary.

Other Benefits

Other Benefits from SICOR Inc. offer many ways to help you save time and money. These include medical and dependent care flexible spending accounts, plus a selection of voluntary insurance plans.

Flexible Spending Accounts (FSAs) let you set aside tax-free dollars each pay period to pay for eligible health care or dependent care expenses during the plan year. See your enrollment materials for details such as eligible expenses, the "use it or lose it" rule and other important facts. For the current plan year, you have elected to contribute **\$xxx** each pay period to a **Medical Care Reimbursement Account**. You have also elected to contribute **\$xxx** each pay period to a **Dependent Care Reimbursement Account**.

Voluntary Plans offer you convenient payroll deductions for several types of insurance. See your enrollment materials for details. Your choices for the plan year are listed here.

You are enrolled for Voluntary Automobile Insurance.

You are not enrolled for Voluntary Condominium Insurance.

You are not enrolled for Voluntary Renters Insurance.