

REQUIRED NOTICES 2022-2023

We are required by law to provide these notices to you. They are also available at the end of the 2022-2023 Benefits Guide found on the smithsgroupproviderbenefitscenter.com website under Resources.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

Smiths Group medical plans cover mastectomies and certain related reconstructive surgery. The law requires that we notify you annually of the availability of this coverage. To summarize, covered women who have a mastectomy can elect the following procedures after consulting with their physician, and to the extent required by law, they can be assured of plan coverage for the following expenses: all stages of reconstruction on the breast on which the mastectomy was performed, surgery and reconstruction of the breast to produce a symmetrical appearance, prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema. Keep in mind that coverage is subject to all the terms of the plan, including applicable copays, deductibles and/or coinsurance provisions. If you would like more information on Women's Health and Cancer Rights Act benefits, call your plan administrator at 1-866-330-6555.

SPECIAL NOTE ON MATERNITY AND NEWBORN INFANT COVERAGE

The Smiths Group Health Benefits cannot restrict or require you to obtain certification for any length of stay in a hospital in connection with childbirth, for mother or newborn, that is 48 hours or less following a standard delivery or 96 hours or less following a cesarean delivery.

PRESCRIPTION DRUG COVERAGE AND MEDICARE NOTICE/CERTIFICATE OF CREDITABLE COVERAGE If you are eligible for prescription drug coverage under Medicare Part D, it is important to know that your prescription drug coverage under the Smiths Group Health Benefits for active employees will be considered "creditable coverage." This means the plan expects to pay an amount for prescription drug coverage that is, on average for all plan participants, at least as much as standard Medicare prescription drug coverage would be expected to pay. Creditable coverage has certain advantages. If you are enrolled in creditable coverage, you can delay enrolling for Medicare prescription drug coverage without paying an extra amount in Part D premiums. You will also be permitted to enroll for Medicare prescription drug coverage without having to wait for the regular Medicare Part D enrollment period. This period will run from October 15 through December 7 of every year. If you lose all creditable prescription drug coverage and do not enroll in Medicare Part D within 63 days, you could be required to wait until the next annual Medicare Part D enrollment period to elect Medicare prescription drug coverage and pay an increased premium for that coverage. Visit SmithsGroupBenefitsCenter.com to review this notice in full.

NOTICE OF AVAILABILITY SMITHS GROUP SERVICES CORPORATION WELFARE PLAN NOTICE OF PRIVACY PRACTICES

This notice describes how you may obtain a copy of the plan's Notice of Privacy Practices, which describes the ways that the plan uses and discloses your protected health information.

Smiths Group Services Corporation Welfare Plan (the “Plan”) provides health benefits to eligible employees of Smiths Group (the “Company”) and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains, and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan’s Notice of Privacy Practices you should contact the Smiths Group Benefits Center designated as the Plan’s contact for all issues regarding the Plan’s privacy practices and covered individuals’ privacy rights. You can reach this contact at: 866-330-6555.

2023 NOTICE REGARDING WELLNESS PROGRAM

Smiths Group Wellness Program is a voluntary wellness program available to all employees enrolled in an Anthem Medical plan. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete wellness activities, track them in the Virgin Pulse wellness platform and certify your tobacco status. You are not required to complete wellness activities, track them in the Virgin Pulse wellness platform or certify tobacco usage. However, employees who choose to participate in the wellness program will receive up to a \$300 wellness reward annually for themselves and up to an additional \$300 wellness reward for an enrolled spouse/domestic partner who completes wellness activities and tracks them in the Virgin Pulse wellness platform. Although you are not required to complete the wellness activities and track them in the Virgin Pulse platform, only employees who do so will receive up to a \$300 wellness reward.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Smiths Group may use aggregate information it collects to design a program based on identified health risks in the workplace, Smiths Group Living Well Credit Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are a registered nurse, doctor or health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by Anthem, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, Anthem will notify you immediately in writing. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Smiths Group Benefits Center at 1-866-330-6555.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage or within 60 days after the birth, adoption, or placement for adoption. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

SUMMARY OF BENEFITS AND COVERAGE

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBCs are available online at SmithsGroupBenefitsCenter.com. Paper copies are also available, free of charge, by calling the Smiths Group Benefits Center's toll-free number, 1-866-330-6555.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). YOUR RIGHTS UNDER ERISA As a participant in the Smiths Group Health Benefits, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA) of 1974, a federal law regarding requirements for employee benefit plans. Your rights under ERISA are reviewed in the healthcare plan Summary Plan Description. If you have any questions about your rights, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), US Department of Labor, listed in your telephone directory or: Division of Technical Assistance and Inquiries Employee Benefits Security Administration US Labor Department 200 Constitution Avenue, N.W. Washington, DC