

A high-angle, top-down photograph of a massive crowd of people of various ages and ethnicities, dressed in colorful clothing, standing in a large circle on a light-colored paved surface. The crowd is dense and fills the outer perimeter of the frame, leaving a large, empty circular space in the center.

BENEFITS

smiths

US Health & Welfare

Benefits Guide 2023-2024

PLAN PERIOD EFFECTIVE **AUGUST 1, 2023 THROUGH JULY 31, 2024**

updated 12/1/2023

YOUR 2023–2024 BENEFITS

Smiths Group offers a comprehensive benefits program, including options to help support you and your family with overall wellness.

WHO IS ELIGIBLE?

You are eligible for the Smiths Group Benefits if you are a full-time employee (working 30 or more hours per week). New this year, full-time health and welfare benefits are also available to employees approved and scheduled to work 20-29 hours per week.

Eligible dependents include:

- Your legal spouse or domestic partner.
- Children under age 26 (eligibility ends the day they turn 26 (may be eligible for COBRA)).
- Dependent children of any age (including those of a domestic partner) who have an eligible disability and are dependent on you for support. **Contact the Smiths Group Benefits Center with eligibility questions 1-866-330-6555.**

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OPEN ENROLLMENT - WHAT YOU NEED TO DO

Review your options. Review the Smiths Group Benefits Center website and this guide to understand your options.

NEW! Use our new benefits decision support tool — Nayya Choose. Take advantage of even more support with Nayya Choose — our new data-driven enrollment support platform!

- Log into **SmithsGroupBenefitsCenter.com** to access Nayya Choose.
- Answer a few questions about how you currently use healthcare and Nayya will help you determine the right coverage for you.
- You also will earn wellness credits if you attest to using Nayya on the Virgin Pulse platform after August 1, 2023.

You must log in to attest to the following between June 5 and June 16, 2023, be sure to:

- **Review and make changes to fit your current budget and healthcare needs, otherwise current coverage will continue.**
- **Think about your Flexible Spending/Health Savings Accounts, it must be re-elected every year.**
 - If you have an HSA, you will default to no contributions unless you make an election. Contribution elections do not rollover. You may stop, start, or change your HSA elections at any time by calling the Smiths Group Benefits Center at **1-866-330-6555**.
 - If you have a Health Care or Dependent Care FSA, you will default to no contributions unless you make an election. Contribution elections do not rollover and changes may only be made during Open Enrollment or within 30 days of a Qualified Life Event.
- **Complete your Tobacco Use Certification.** If you don't take action, you and your covered spouse/domestic partner will be defaulted to tobacco users and pay an annual surcharge of \$600 each.
- **Complete Spousal Surcharge Certification.** **Your current certification will rollover to next year.** If your spouse/domestic partner's coverage options have changed in the past year you must re-certify. If your spouse/domestic partner has access to other coverage and you choose to enroll them in Smiths Group medical coverage, you will pay a \$300 monthly spousal/domestic partner contribution.



MEDICAL

Consider if the PPO Plan or the Advantage Plan with a Health Savings Account (HSA) is better fit for you (and your family).

PLAN	SMITHS GROUP HSA CONTRIBUTION	DEDUCTIBLE (IN-NETWORK)	PAYROLL CONTRIBUTIONS	OUT-OF-POCKET EXPENSES (IN-NETWORK)
Advantage HSA Plan	\$1,000 family \$500 single	\$3,500 family \$1,750 single	Lower than PPO Plan	Lower than PPO Plan
PPO Plan	N/A	\$1,000 per member	Higher than Advantage HSA Plan	Higher than Advantage HSA Plan

Both plans use the same network of health care providers, labs, hospitals, etc. and have the same in-network contracted rates for services. And both cover preventive care, which can help you detect many different types of health problems early, at 100% in-network, regardless of the deductible. After the deductible is met for the Advantage HSA Plan, you typically pay less for services because the plan reimburses at a higher percentage for coinsurance.

The Advantage HSA contributions are lower than the PPO each pay period and Smiths Group contributes money to all eligible to help meet your deductible. If you contribute some of the per pay period contribution savings through payroll to a bank account for healthcare services (HSA) and don't end up needing services, your HSA continues to increase in value. It's your health care bank account to use for all eligible medical, Rx, dental and vision expenses even after retirement.

What's New

• **Anthem PPO Plan Copays for In-Network Primary Care Visits**

Members enrolled in the Anthem PPO Plan have two covered primary care visits per year, with a \$35 copay per visit. Then the deductible must be met before coinsurance is applied. Remember that preventive care is also covered at 100% in-network for both plans.

• **Reducing In-Network Out-of-Pocket Maximums**

- To help you manage healthcare costs, we're significantly reducing the out-of-pocket maximums for in-network care, potentially saving you and your family thousands.
- Anthem Advantage HSA Plan — reducing from \$6,750 employee/\$13,500 family to \$5,000 employee/\$10,000 family.
 - Anthem PPO Plan — reducing from \$7,900 employee/\$15,800 family to \$5,500 employee/\$11,000 family.

• **Increasing Visit Limits for Outpatient Rehabilitation Services**

We're doubling visit limits for speech therapy, physical therapy and occupational therapy from the current 30 visits up to 60 visits per year per therapy type for both the Anthem Advantage HSA Plan and the Anthem PPO Plan.

• **More Opportunities to Earn Wellness Dollars and Increased Wellness Credit**

To help you stay well, we're increasing the wellness dollars from \$300 to \$450 and providing more opportunities to earn wellness dollars by adding new wellness activities. Learn more on page 5.

HOW THE PLANS WORK

THE PLANS OFFER **THE SAME:**

- Coverage
- Services
- Provider Network
- Wellness Credit

THE PLANS HAVE **DIFFERENT:**

- Employee Contributions
- Deductibles
- Coinsurance
- Out-of-Pocket Maximums

	ADVANTAGE HSA PLAN	PPO PLAN
Smiths Group contributes to your premiums	Yes	
Anthem Network of health care providers and contracted rates	Yes	
You and Smiths Group can contribute to an HSA	Yes, if eligible	No
Wellness Credit	Yes	
Preventive Care	100% covered in-network	
Deductible	Applies to all services/Rx except preventive services	Applies to certain services
Copay	No	Yes, applies to the first two primary care visits and prescription drugs
Coinsurance	Yes, plan covers 80% in-network after the deductible is met	Yes, plan covers 75% in-network, deductible may apply
Out-of-Pocket Maximum	Plan pays 100% for covered services if you reach this amount	

If you use in-network providers, you pay less because they have negotiated discounts.

If you use out-of-network providers, you typically pay more because there is no contract between the provider and the plan. Although you pay more when you use out-of-network healthcare providers, the plan will reimburse you for a portion of the cost of any covered service you receive.

You may only make changes within 30 days of a new qualified life event (new hire, marriage, birth, adoption, divorce, etc.) or during Open Enrollment.

If you are legally separated or divorced, your ex-spouse may not be covered by our group plans.

TERMS TO KNOW

Coinsurance – The percentage you pay when you receive care once you have met the annual deductible, if one applies.

Deductible – The amount you pay first each year before the plan begins paying expenses for covered services. The deductible does not include copays.

In-network – Doctors, hospitals or other healthcare facilities that are contracted with a plan.

HSA – A Health Savings Account (HSA) allows you and Smiths Group to contribute money on a before-tax basis to pay for eligible healthcare expenses. It's similar to a 401(k), but used to pay eligible healthcare expenses.

Out-of-network – Doctors, hospitals or other healthcare facilities that are not contracted with a plan.

Out-of-pocket Maximum – The maximum amount you pay each year for covered services, not including contributions.

Preventive Care – 100% covered in-network; includes annual physicals, routine vaccinations, cancer screenings and more. Visit the "Preventive Health" page on **Anthem.com** for details.

THE ADVANTAGE HEALTH SAVINGS ACCOUNT (HSA) PLAN

The Advantage HSA Plan uses cost-sharing to help control costs. There are no copays, and the plan does not pay for any services (except in-network preventive care) until you meet the deductible, then you pay coinsurance (20% of covered charges).

You have access to the same network of healthcare providers and services as the PPO option, but pay less each paycheck.

When you enroll in the Smiths Group Advantage HSA, you will receive a debit card to pay for eligible medical, dental, vision and prescription drug expenses. As a plus, **Smiths Group will deposit money to your HSA annually: \$500 for employee only coverage and \$1,000 for family coverage once you open the account.** The money in your account is yours to keep and use for eligible healthcare expenses year after year, even if you leave Smiths Group.

If you subtract the wellness dollars (\$450 single/ \$900 family) and the Smiths Group contributions, the HSA deductible is lower than the deductible for single coverage and a family of two in the PPO plan.

THE PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

The PPO uses cost-sharing to help control costs. When you see the doctor or use healthcare services, you pay for part of the cost of those services yourself in the form of deductibles and coinsurance (25% of covered charges).

You have access to the same network of healthcare providers and services as the Advantage HSA option, but contribute more each paycheck and have a lower deductible than the HSA, but you do not receive the Company HSA contribution. The PPO, like the HSA, only has coinsurance and a deductible for most healthcare services. Beginning August 1, 2023, we're adding two annual in-network primary care visits with a \$35 copay. After the limit is reached, the deductible and coinsurance is applied.

HEALTH SAVINGS ACCOUNT (HSA)

Qualifying for an HSA

To qualify for an HSA, you must:

- Be covered under the Anthem Advantage HSA Plan.
- Have no other health coverage (except as permitted by law).
- Not be enrolled in Medicare (Parts A or B).
- Not be claimed as a dependent on someone else's tax return.
- It is your responsibility to attest to being eligible when you open an account during enrollment.
- If eligible, to receive or make contributions, you must first open your account via the online enrollment website.

Contributions to Your HSA

You and Smiths Group contribute to your HSA to cover your out-of-pocket healthcare costs:

- **Company Contributions*:**
 - Single coverage: \$500.
 - Family coverage: \$1,000.

* To receive this contribution, you must first open your account via the online enrollment website.

• **Your Contributions:**

For the 2023 calendar year, the IRS limits are:

- Single coverage: \$3,850 (includes \$500 Smiths Group contribution).
- Family coverage: \$7,750 (includes \$1,000 Smiths Group contribution).

You are responsible for ensuring your contributions plus the contributions from Smiths Group do not exceed these amounts. For more information on HSAs, please go to www.irs.gov and search "Publication 969."

Individuals who are age 55 and over may make an additional "catch-up" contribution of \$1,000. However, if you are age 65 or over and enrolled in Medicare Parts A or B, your HSA may remain open, but no additional contributions can be made.

New Hires: to be eligible for the Company contribution to your account during the plan year, you must open an account by June 30 (30 days prior to the end of the plan year).

To review your HSA transactions:

- Log in to Anthem.com.
- Click My Plans > Spending Accounts > View Transactions.
- To name a beneficiary click Manage My Account > View Beneficiaries.

WELLNESS CREDIT

You have more opportunities to earn wellness dollars in 2023–2024.

We are increasing the wellness dollars from \$300 to \$450 for employees and spouse/domestic partner enrolled in the Anthem Advantage HSA or Anthem PPO Plan. We're also providing more opportunities to earn wellness dollars by adding new wellness activities.

You must be enrolled in an Anthem medical plan and the Virgin Pulse platform and complete wellness-related tasks or exams to earn dollars.

New activities include attesting to the following at iam.virginpulse.com:

- Speaking with an Anthem nurse to manage a health condition.
- Completing an eye exam.
- Completing a 401k beneficiary form at www.401k.com.
- Completing a life insurance beneficiary form at www.myplansconnect.com/smiths.
- Completing an Anthem LiveHealth Online (LHO) telemedicine visit www.livehealthonline.com.
- Enrolling in Lyra EAP at smiths.lyrahealth.com.
- Enrolling in Hinge Health at www.hingehealth.com/smithsgroup.
- Watching benefits education videos on SmithsGroupBenefitsCenter.com.
- Using the decision-making tool Nayya at www.myplansconnect.com/smiths.

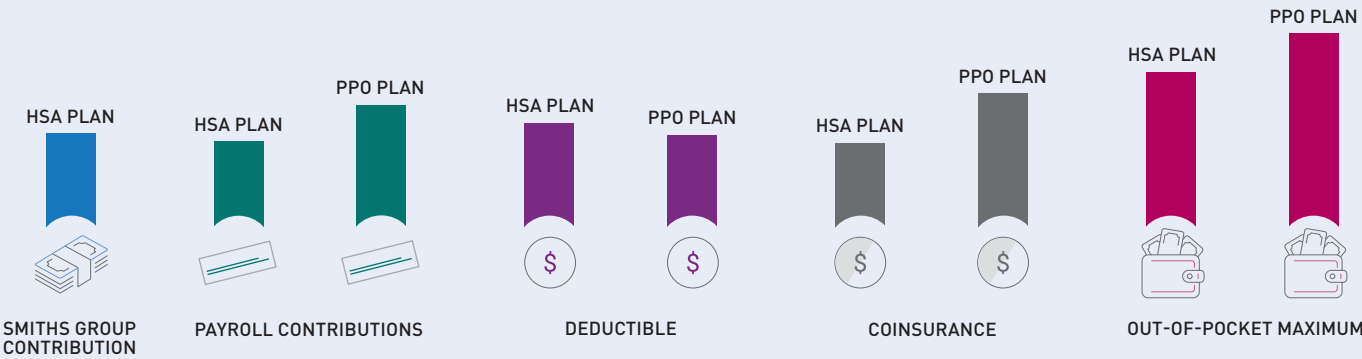
For more details visit www.SmithsGroupBenefitsCenter.com > Our Benefits > Wellness-Virgin Pulse.

Wellness exams are covered in-network with Anthem Smiths Group medical coverage.

You may start earning wellness dollars May 1, 2023 for the next wellness payment in August. Schedule an exam/preventive test to help catch a health issue when it is easily treatable, and you will be eligible for the credit during the next wellness payment cycle after attesting to the exam online at Virgin Pulse, provided you remain enrolled in an Anthem plan.

Wellness credits are paid through payroll three times in plan year 2024:

- May 1-July 31, 2023, earned wellness dollars to be paid through payroll in August 2023.
- August 1-December 31, 2023, earned wellness dollars paid through payroll in January 2024.
- January 1-April 30, 2024, earned wellness dollars will be paid through payroll in May 2024.



EMPLOYEE SCENARIOS

Choosing your plan is an important decision and using it wisely throughout the year is equally essential. Let’s take a look at how you and Smiths Group share the costs under the two different plans.

Your total maximum annual cost for in-network prescription drugs and healthcare services (either plan) is the out-of-pocket maximum plus payroll contributions.

BENEFIT DECISION TOOLS

Through Smiths Group and Anthem, you have access to a variety of online resources to help you make informed decisions about your benefits. We encourage you to make the most of them.

Visit www.nayya.com to access our new data-driven decision support platform.

Visit www.anthem.com to access:

- **Cost estimators** – Estimate in-network and out-of-network costs for:
 - Medical procedures.
 - Medical tests.
 - X-rays, MRI, lab tests.
 - Office visits.
 - Diseases and conditions.
- **Estimate Your Cost Tool** – Compare area hospitals on measures that are important to your care.
- **Provider Finder Online Directory** – Access up-to-date information on preferred healthcare providers.

HELP IS A CLICK OR PHONE CALL AWAY

You can access information to help you compare plans online at SmithsGroupBenefitsCenter.com. Or, if you prefer to speak to a Service Representative, call the Smiths Group Benefits Center at **1-866-330-6555** from 9:00 a.m. to 7:00 p.m. Eastern Time, Monday through Friday.

CONSIDER VOLUNTARY BENEFITS COVERAGE

If you enroll in coverage, you may receive a fixed lump-sum payment from Aflac to cover part or all of your medical costs, depending on your specific situation. See page 18 for more details.



KIRAN

Age 27, insures himself only

Kiran is generally healthy and typically doesn’t need much care during the year, besides the occasional visit to an allergist. He plans to take advantage of preventive care.



TONYA

Age 51, insures a family

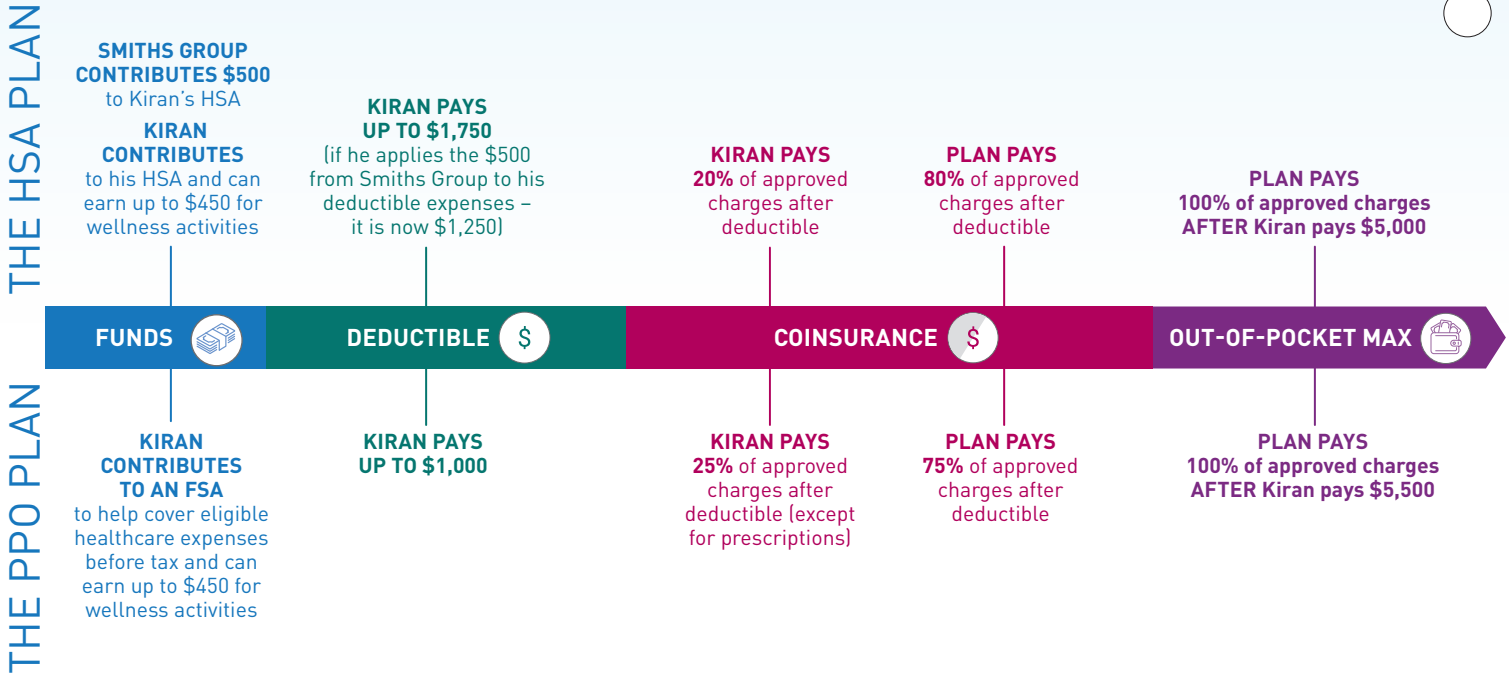
Tonya and her family occasionally need treatment for acute illnesses and kids’ sports injuries, but is generally healthy. The whole family plans to take advantage of preventive care.

Tonya purchases Aflac Accident insurance through Smiths Group.

PLEASE NOTE, these examples reflect coverage for in-network services.

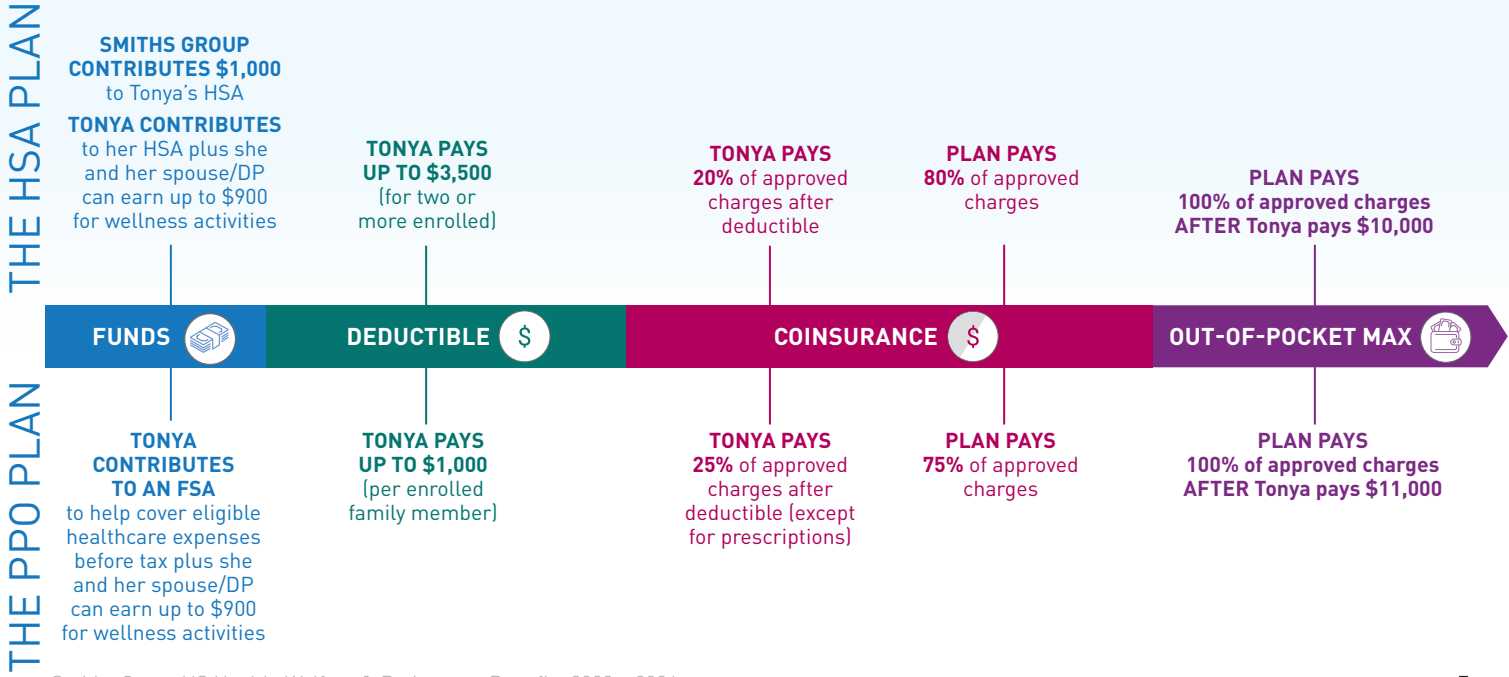
KIRAN

Age 27, insures himself only



TONYA

Age 51, insures a family



MEDICAL RESOURCES

When you enroll in an Anthem medical plan through Smiths Group, you have access to a number of programs to help you stay well.

LiveHealth Online – A BETTER WAY TO GET WELL

Feeling sick? Visit with an online doctor from the comfort of your home and get expert advice, a treatment plan and prescriptions if needed. If you’re enrolled in Smiths Group medical coverage, you (and your eligible dependents) can see a U.S. board-certified doctor 24/7, by phone or video through LiveHealth Online for these conditions and more:

- Flu/Cold fever
- Tooth pain
- Pink eye
- Allergies
- Sore throat
- Skin infections/Minor rashes
- Headache
- Diarrhea

To learn more and enroll, visit livehealthonline.com.

Beginning August 1, 2023, those enrolled in the Anthem HSA plan will not need to meet their deductible prior to receiving care through LiveHealth Online.

Diabetes Management Program

CVS Transform Diabetes Care (TDC) program is available at no cost to employees (and their covered dependents) who have Type 1 or Type 2 diabetes and are enrolled in an Anthem plan. Participants receive a connected glucometer if appropriate, face-to-face consultations with CVS pharmacists and lifestyle coaching, as well as two free CVS Minute Clinic preventive visits per year. This benefit is included in the cost of your healthcare.

LiveHealth Online Tobacco Program

Get support, reach your health goals and stop paying the tobacco surcharge when you complete the program. LiveHealth Online Tobacco Free Program provides convenient access to health coaches and doctors through private and secure two way video. When needed visit with a board-certified doctor to receive medication management to support a quit attempt - medication is sent to your home. Access via smart phone, tablet or computer. Self-schedule appointments 7 days a week. This benefit is included in the cost of your healthcare.

Call LiveHealth at 1-888-548-3432 or go online at livehealthonline.com/smiths.

American Imaging Management (AIM)

The cost of an MRI or a CT scan can vary by hundreds (or even thousands) of dollars depending on where you go for the test, but a higher price doesn’t guarantee higher quality. Let AIM do the research for you and make sure you’re getting the highest quality for the lowest cost.

The program is available to Anthem Blue Cross Blue Shield members. For more information, visit the “Health” page of [SmithsGroupBenefitsCenter.com](https://smithsgroupprofits.com) under “Our Benefits” or have your doctor call 1-888-953-6703. This benefit may reduce your healthcare costs.

Sleep Study Program

Your plan includes benefits for a Sleep Management Program. Administered by AIM Specialty Health, the Sleep Management Program includes outpatient and home sleep testing and therapy. As part of this program, you are required to get precertification for:

- Home sleep tests (HSTs).
- In-lab sleep studies (polysomnography, or PSG, a recording of behavior during sleep).
- Titration studies (to determine the exact pressure needed for treatment).
- Treatment orders for equipment.

Spinal Surgery & Knee/Hip Replacement at Centers Of Excellence (COEs)

Anthem offers COEs for spinal surgery and knee and hip replacements, including hospitals which have consistently demonstrated quality clinical care in special medical services. Anthem COEs deliver excellent care, faster recovery times and better outcomes. Additionally when you use an Anthem COE for treatment, you will pay reduced coinsurance for services. Before you receive treatment or a surgical procedure for one of these conditions, call Anthem at 1-866-545-8994 to coordinate your care through a COE. PPO participants call 1-866-776-4788. This benefit may reduce your healthcare costs.

PRESCRIPTION DRUG COVERAGE

CVS Caremark manages your prescription drug benefits. It covers prescription drugs that are filled through:

- Your local retail CVS pharmacy.
- CVS Caremark Mail Order Pharmacy.
- 60,000+ other participating retail pharmacies for 30-day fills.

CVS Caremark has a network of more than 60,000 chain and independent pharmacies across the nation, including CVS, Walgreens, Costco, Target and many more. To find a participating pharmacy, call 1-844-387-1438 or visit www.caremark.com. The CVS Caremark formulary (covered prescriptions) is updated every six months.

CVS Caremark Mail Order Pharmacy

By using CVS Caremark Mail Order, you take advantage of better pricing. Get up to a 90-day supply of each covered maintenance therapy. As part of this program, you are required to get medication for just one mail order copay after deductible has been met.*

Order refills online, by mail or by phone — anytime day or night. To order online, register at www.caremark.com. Refills are usually delivered within 3-5 business days. Use your HSA or FSA dollars to cover these costs. Standard shipping is free.

A Path to Better Health

CVS Caremark prescription drug coverage includes three key elements to ensure proper medication use while managing cost.

- 1. **Step Therapy:** You must try lower cost, medically appropriate drugs before higher cost medications.
- 2. **Preauthorization:** Certain prescription drugs may require preauthorization to ensure appropriate usage.
- 3. **Quantity Management:** Ensures that the right quantity of medication is being prescribed by providers.

* Deductible does not apply to PPO Plan participants. Service is not available in Oklahoma.

** As allowed by state law.

ABOUT PRESCRIPTION DRUGS

Did you know you can ask your healthcare provider to prescribe a generic instead of Brand drug? If available it costs you less, and helps keep claims costs lower, which helps control contribution increases.

Generic – The therapeutic equivalent to its brand-name counterpart because it contains identical active ingredients at the same doses.

- If you are prescribed a brand-name drug, you pay the cost difference between the brand-name and generic drug.
- If you receive a prescription for a brand-name drug where there is no generic available, you will continue to pay the applicable brand copay/deductible.

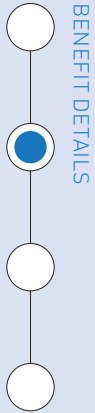
Brand Preferred – A prescription drug that has been recommended and is continually reviewed by CVS Caremark for both quality and cost-effective performance. By selecting a brand preferred drug, you and your physician maximize your health benefits while minimizing overall prescription drug costs to you and the Company. Before you fill a prescription, you can check to see which drugs are brand preferred at www.caremark.com.

Brand Non-Preferred – When your doctor prescribes a brand-name drug that is not on the preferred drug list, you will pay the highest coinsurance.

Coverage Limits – Medical and prescription drugs have certain coverage limits. For example, a medication might be limited to a certain amount (such as the number of pills or total dosage).

MAINTENANCE MEDICATIONS

Maintenance medications are prescribed for chronic, long-term conditions — like high blood pressure, high cholesterol or diabetes — and are taken on a regular, recurring basis. As a courtesy, you can obtain your first two fills in 30-day quantities at a retail pharmacy. After that, you must continue to refill the prescription as a 90-day supply at either a retail CVS pharmacy or through mail order. If you continue to refill the medication as a 30-day supply, you will be responsible for the full cost — which will not apply to your prescription out-of-pocket maximum as an eligible plan cost.**





YOUR MEDICAL PLANS AT A GLANCE

Feature
Annual Deductible
Coinsurance
Annual Out-of-Pocket Maximum
Health Savings Account
Network
Scheduled Preventive Services
Office Visit (primary care physician/specialist)
Urgent Care Visit
Outpatient Facility Services
Outpatient Surgery and Professional Services (labs, outpatient surgery, etc.)
High-Tech Diagnostic Services (MRI, CT scan, PET scan)
Inpatient Hospital (facility [at negotiated semiprivate room rate], professional services, doctor's visits)
Emergency Care Hospital Emergency Room
Maternity
Infertility Services (covered for services to diagnose infertility only. Excludes in vitro fertilization, artificial insemination, GIFT, ZIFT, etc.)
- Inpatient Facility
- Outpatient Facility

(1) Smiths Group will provide their employees with a \$500 individual and \$1,000 family HSA contribution.

(2) Family must spend family deductible amount before coinsurance begins.

ADVANTAGE HSA PLAN^{(1) (2)}

In-Network Plan	Out-of-Network Plan
\$1,750 employee \$3,500 family	\$3,000 employee \$6,000 family
80%	60%
\$5,000 employee \$10,000 family	\$10,000 employee \$20,000 family
Available ⁽¹⁾	Available ⁽¹⁾
Anthem	N/A
100%	No coverage
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	80%*
80%*	60%*
80%*	60%*
80%*	60%*

* Subject to deductible.

Note: Family coverage can be employee + 1 or employee + 2 or more.

PPO PLAN

In-Network Plan	Out-of-Network Plan
\$1,000 per member, no family deductible	\$1,100 per member
75%	60%
\$5,500 employee \$11,000 family	\$8,000 employee \$21,500 family
Not available	Not available
Anthem	N/A
100%	No coverage
\$35 copay for first two primary care visits, then 75%* thereafter	60%*
75%*	60%*
75%*	60%*
75%*	60%*
75%*	60%*
75%*	60%*
75%*	75%*
75%*	60%*
75%*	60%*
75%*	60%*



YOUR MEDICAL PLANS AT A GLANCE (CONTINUED)

Feature
Skilled Nursing Facility (up to a maximum of 60 days per calendar year)
Home Healthcare/Outpatient Private Duty Nursing (60 visits per year combined)
Hospice (inpatient facility or outpatient setting)
Outpatient Rehabilitation <ul style="list-style-type: none">– Physical, Occupational and Speech Therapy (60 outpatient visits for each therapy type per plan year, subject to ongoing medical necessity review by Anthem)⁽³⁾– Chiropractic Therapy (includes chiropractors; 20 visits per plan year)
Durable Medical Equipment
External Prosthetic Appliances
Mental Health <ul style="list-style-type: none">– Inpatient– Outpatient Office Visits– Other Outpatient Care (e.g., intensive outpatient programs)
Substance Use Disorder <ul style="list-style-type: none">– Inpatient– Outpatient Office Visits– Other Outpatient Care (e.g., intensive outpatient programs, outpatient detoxification)
Prescription Drugs (mandatory generic) <ul style="list-style-type: none">• Retail (30-day supply)<ul style="list-style-type: none">– Generic (mandatory)– Brand Preferred– Brand Non-Preferred• Maintenance/Mail Order (90-day supply)<ul style="list-style-type: none">– Generic (mandatory)– Brand Preferred– Brand Non-Preferred

(1) Smiths Group will provide their employees with a \$500 individual and \$1,000 family HSA contribution.

(2) Family must spend family deductible amount before coinsurance begins.

(3) Visit limit for physical, occupational and speech therapies does not apply when there is a mental health or substance use disorder diagnosis.

ADVANTAGE HSA PLAN^{(1) (2)}

In-Network Plan	Out-of-Network Plan
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
After satisfaction of network deductible, member copays:	
20% (\$10 min copay/\$40 max copay)	
30% (\$20 min copay/\$200 max copay)	
50% (\$45 min copay)	
20% (\$20 min copay/\$80 max copay)	
30% (\$40 min copay/\$400 max copay)	
50% (\$90 min copay)	

* Subject to deductible.

Note: Family coverage can be employee + 1 or employee + 2 or more.

PPO PLAN

In-Network Plan	Out-of-Network Plan
75% after deductible	60%*
75%*	60%*
75%*	60%*
100% after \$35 copay	60%*
75%*	60%*
75%*	60%*
75% after deductible	60%*
100% after \$30 copay	60%*
100%	60%*
75% after deductible	60%*
100% after \$30 copay	60%*
100%	60%*
Member copays (not subject to the deductible):	
20% (\$10 min copay/\$40 max copay)	
30% (\$20 min copay/\$200 max copay)	
50% (\$45 min copay)	
20% (\$20 min copay/\$80 max copay)	
30% (\$40 min copay/\$400 max copay)	
50% (\$90 min copay)	

FINDING A PROVIDER

After your initial enrollment, you will receive an EyeMed Vision Care ID card in the mail. To find a provider in your area online, go to www.eyemedvisioncare.com. Visit the EyeMed network provider of your choice and present your vision ID card. Your vision benefit will automatically be calculated. However, if you go to an out-of-network provider, you will be responsible for paying the provider in full at the time of service and then filing a reimbursement claim.

Claim forms are available at www.eyemedvisioncare.com.

VISION

You have a choice of two vision plans, administered by EyeMed Vision Care. Many of your vision needs from eye exams to glasses and contacts are covered through the vision plans. If you have a Flexible Spending Account (FSA) or Health Savings Account (HSA), you may use those accounts to pay for eligible vision expenses, not covered by the plans.

The Core Plan – provides one exam, lenses/contacts and/or frames once per 24-month period.

The Enhanced Plan – provides these benefits once every 12 months, plus higher frames and contact allowances.

CORE PLAN

Type of Service	Network Providers	Non-Network Providers
Eye Exam	You pay:	Plan reimburses you up to \$30 for eyeglasses exam only
• Eyeglasses	\$10 copay	
• Standard contact lenses and follow-up	Up to \$40	
• Premium contact lenses	10% off retail price	
Standard Plastic Eyeglass Lenses	You pay:	Plan reimburses you up to:
• Single vision lenses	\$10 copay	\$30
• Bifocal lenses	\$10 copay	\$40
• Trifocal lenses	\$10 copay	\$50
Lens Options (add to lens price above)	You pay:	Not covered
• Standard anti-reflective coating	\$45	
• Standard progressive	\$65	
• Standard polycarbonate	\$40	
• Standard scratch-resistant coating	\$15	
• Ultraviolet coating	\$15	
• Solid or gradient tint	\$15	
• Other add-ons and service	20% off retail price	
Frames	\$0 copay, \$105 allowance, plus 20% off balance over \$105	Plan reimburses you up to \$35
Contact Lenses	You pay:	Plan reimburses you up to \$60
• Daily and extended wear	\$10 copay plus 15% off balance over \$105	Plan reimburses you up to \$60
• Disposable	\$10 copay, plus balance over \$105	Plan reimburses you up to \$60
• Medically necessary	\$10 copay, paid in full	Plan reimburses you up to \$120
Frequency		
• Examination	Once every 24 months	
• Lenses or contact lenses	Once every 24 months	
• Frames	Once every 24 months	

ENHANCED PLAN

Type of Service	Network Providers	Non-Network Providers
Eye Exam	You pay:	Plan reimburses you up to \$30 for eyeglasses exam only
• Eyeglasses	\$0 copay	
• Standard contact lenses and follow-up	Up to \$40	
• Premium contact lenses	10% off retail price	
Standard Plastic Eyeglass Lenses	You pay:	Plan reimburses you up to:
• Single vision lenses	\$0 copay	\$30
• Bifocal lenses	\$0 copay	\$40
• Trifocal lenses	\$0 copay	\$50
Lens Options (add to lens price above)	You pay:	Not covered
• Standard anti-reflective coating	\$45	
• Standard progressive	\$65	
• Standard polycarbonate	\$40	
• Standard scratch-resistant coating	\$15	
• Ultraviolet coating	\$15	
• Solid or gradient tint	\$15	
• Other add-ons and service	20% off retail price	
Frames	\$0 copay, \$160 allowance, plus 20% off balance over \$160	Plan reimburses you up to \$35
Contact Lenses	You pay:	Plan reimburses you up to \$60
• Daily and extended wear	\$0 copay plus 15% off balance over \$160	Plan reimburses you up to \$60
• Disposable	\$0 copay, plus balance over \$160	Plan reimburses you up to \$60
• Medically necessary	\$0 copay, paid in full	Plan reimburses you up to \$120
Frequency		
• Examination	Once every 12 months	
• Lenses or contact lenses	Once every 12 months	
• Frames	Once every 12 months	

DENTAL

You have a choice of two dental plans, administered by Delta Dental. If you have a FSA or HSA, you may use those accounts to pay for eligible vision expenses, not covered by the plans.

Basic Dental Plan – covers basic dental services for you and your family, such as preventive care, fillings and oral surgery. This plan does not cover major services, such as crowns, bridges, dentures or orthodontia.

Enhanced Dental Plan – covers a wide range of dental services for you and your family, such as preventive care, fillings, dentures and oral surgery. In addition, this plan covers crowns, bridges, implants and orthodontia, and provides a higher annual maximum than the Basic Plan.

WAYS YOU CAN SAVE

If your dentist participates in the plan, you will automatically receive services at discounted fees. Confirm your dentist participates or search for a new dentist by logging on to www.deltadentalins.com/smithsgroup or call 1-800-932-0783.

You'll usually save the most when you choose a PPO dentist. They have agreed to reduced fees that are usually lower than Premier dentist fees. Plus, you have a higher annual maximum when using PPO dentists.

BASIC PLAN

Covered Dental Service	Delta Dental PPO:	Delta Dental Premier® and Non-Participating Provider:
Preventive and Diagnostic Care	100% (deductible does not apply)	100% (deductible does not apply)
• Exams		
• Cleanings		
• X-rays		
• Fluoride treatments (to age 19)		
• Sealants (to age 16)		
Basic Services	80%	80%
• Endodontics		
• Fillings		
• Extractions		
• Oral surgery		
• Periodontics		
• Injectable antibiotics, bridge repair and recementation, crown, inlay, onlay repair and recementation, denture repair and recementation		
Major Restorative Services	Not covered	Not covered
• Crowns, inlays, onlays		
Prosthodontics	Not covered	Not covered
• Dentures and bridges		
Implants	Not covered	Not covered
Orthodontia (up to age 19)	Not covered	Not covered
Orthodontia Lifetime Deductible	N/A	
Orthodontia Lifetime Maximum	N/A	
Annual Deductible	\$50 individual, \$100 family max	
Annual Maximum	\$1,200 per person (Delta Dental PPO participating dentist) \$1,000 per person (Delta Dental Premier participating dentist or non-participating dentist)	

ENHANCED PLAN

Covered Dental Service	Delta Dental PPO:	Delta Dental Premier® and Non-Participating Provider:
Preventive and Diagnostic Care	100% (deductible does not apply)	100% (deductible does not apply)
• Exams		
• Cleanings		
• X-rays		
• Fluoride treatments (to age 19)		
• Sealants (to age 16)		
Basic Services	80%	80%
• Endodontics		
• Fillings		
• Extractions		
• Oral surgery		
• Periodontics		
• Injectable antibiotics, bridge repair and recementation, crown, inlay, onlay repair and recementation, denture repair and recementation		
Major Restorative Services	Not covered	Not covered
• Crowns, inlays, onlays		
Prosthodontics	Not covered	Not covered
• Dentures and bridges		
Implants	Not covered	Not covered
Orthodontia (up to age 19)	Not covered	Not covered
Orthodontia Lifetime Deductible	N/A	
Orthodontia Lifetime Maximum	N/A	
Annual Deductible	\$50 individual, \$100 family max	
Annual Maximum	\$1,700 per person (Delta Dental PPO participating dentist) \$1,500 per person (Delta Dental Premier participating dentist or non-participating dentist)	

LIFE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Insured by Prudential, our life insurance program offers protection for your family in the event of your death or serious injury. **Smiths Group provides basic life coverage for all eligible employees equal to 1x eligible wages.** In addition, you may purchase life/AD&D insurance for yourself only — or for yourself and your spouse and children.

AD&D insurance benefits are paid to you or your beneficiary, in addition to your life insurance benefits. If your death is due to an accident, or you have a covered loss, you may be eligible to receive AD&D insurance benefits. Evidence of Insurability (EOI) may be required. In addition, your life insurance benefit cannot exceed \$1.5 million. Your life and AD&D insurance amounts are the same. For example, if you select 2x annual base pay, that is the amount of both life and AD&D insurance you will receive. You may purchase life insurance and AD&D insurance for yourself in the following amounts:

- 1x up to 5x annual base pay (\$1.5m max – all life cover):
 - **New hires** — Any coverage greater than 3x your salary will require EOI.
 - **Current employees** — Any new coverage or increase in coverage will require EOI.

SPOUSE/DOMESTIC PARTNER AND DEPENDENT LIFE INSURANCE

You also have the opportunity to purchase life insurance protection for your spouse/domestic partner and children. The following levels of life insurance are available:

SPOUSE/ DOMESTIC PARTNER	CHILDREN
\$10,000	\$3,000
\$25,000	\$5,000
\$50,000	\$10,000

You may provide benefits for your dependent children under age 26 or dependent children up to any age who have an eligible disability and are dependent on you for support.

If your spouse/domestic partner is a Smiths Group employee, you cannot elect the spouse/domestic partner life option.

WHAT IS EVIDENCE OF INSURABILITY?

Evidence of Insurability (EOI) is documentation that you provide to Prudential — our life insurance carrier — showing that you are in good health at the time you purchase certain amounts of optional life insurance.

If you make an election that requires EOI, you will be prompted to complete your EOI form electronically on Prudential’s website via a “View Elections” link on the welcome page after you have submitted your elections. Access this link by visiting the homepage of **SmithsGroupBenefitsCenter.com** and selecting “Enroll Now”. Note that you will still receive a paper EOI form in the mail, but you do not have to complete and return it if you have already completed it electronically. If EOI is required, your insurance is not in-force until EOI is approved by Prudential in writing.

New hires only, there are some instances where you can elect optional coverage without providing EOI. For example, as long as your election remains less than 3x salary in coverage, you do not need to provide EOI. Any coverage election greater than 3x your salary or any increase in coverage will require EOI.

LONG-TERM DISABILITY

When an accident or illness keeps you from working for an extended period of time, it is important to have a continuing source of income. That is why Smiths Group offers you long-term disability coverage, insured by Prudential and designed to replace a portion of your income if you cannot work. You pay the premiums, but the benefits are not taxable.

- The plan begins paying benefits after you are disabled* beyond the four month elimination period.
- Elect to receive a monthly benefit equal to 50% (up to a maximum of \$15,000 per month).
- Elect to receive a monthly benefit equal to 60% (up to a maximum of \$18,500 per month) of your base pay.
- May require Evidence of Insurability (EOI) if elected or increased more than 30 days after your hire date.
- Certain disability benefits you receive, such as Social Security and Workers’ Compensation, will offset your monthly benefit.

* As defined in the Summary Plan Description (SPD), which can be accessed at **SmithsGroupBenefitsCenter.com** under Resources



ADDITIONAL BENEFITS

LYRA HEALTH EMPLOYEE ASSISTANCE PROGRAM (EAP)

Lyra makes it easier to find and receive effective, personalized mental health care. Lyra may be contacted by phone **1-877-331-4678** or online at **smiths.lyrahealth.com** allowing employees and dependents to find the right provider, and quickly book an appointment with a high-quality coach or therapist in person or via live video. And best of all, this benefit covers up to 16 visits per plan year, at no cost to you.

Your utilization of this benefit is completely confidential.

How to get started:

- Sign up online at **smiths.lyrahealth.com**.
- Complete the brief questionnaire to receive your personalized recommendations.
- Review high-quality providers matched to your needs.
- Book appointments online with a therapist or coach, or tap into self-care apps.
- Start feeling better in just a few sessions.

Lyra also provides:

- **Legal services** – Free consultation with an attorney and help with legal forms. Call **1-800-984-6813**.
- **Financial services** – Free consultation with a tax professional including support for filing taxes. Call **1-877-505-7147**.
- **Identity theft services** – Free 60-minute consultation with a fraud resolution specialist and a free ID emergency response kit. Call **1-800-984-6813**.
- **Dependent care services** – 24/7 access to phone or online consultations and referrals for child, elder and pet care. Submit a request via an online form available by logging in to **smiths.lyrahealth.com**.

HAVE YOU ELECTED YOUR BENEFICIARY(IES)?

Your beneficiary is the person who receives your benefit in the event of your death. If you are electing coverage for the first time or wish to update your beneficiary(ies) visit **SmithsGroupBenefitsCenter.com** and select “Enroll Now” or “Log in” on the right side of the page to make your benefits elections. After you log in, on the home page, under “Quick Tools” click “Manage Beneficiaries”. You may also contact the Smiths Group Benefits Center to request to have your information updated over the phone. You are automatically the beneficiary for your spouse and/or child coverage.

IMPUTED INCOME

Imputed income is the value of some life insurance benefits that are taxable. The IRS allows companies to provide only \$50,000 of life insurance to their employees tax-free. Smiths Group provides basic life coverage for all eligible employees equal to 1x eligible wages. If 1x your eligible wages exceed \$50,000, the IRS considers the cost of providing this additional amount of insurance as taxable wages and calls it “imputed income.”



VOLUNTARY BENEFITS

Voluntary benefits can help cover costs that may not be covered by health insurance after an accident or illness.

Group Critical Illness Insurance, Group Accident Insurance, and Group Hospital Indemnity Insurance all help to cover some out-of-pocket costs. The Group Accident Insurance and Group Hospital Indemnity Insurance plans offer a Basic and Enhanced coverage options, so you may elect the coverage that is right for you and your family.

Group Critical Illness Insurance

Critical Illness Insurance can help with the treatment costs of covered critical illnesses, such as a heart attack, stroke, kidney failure, loss of sight/hearing/speech, major organ transplant, and more. More importantly, the benefits of this plan may help you focus on your health and not the cost of care. With Critical Illness Insurance, you may receive cash benefits directly (unless otherwise assigned) — giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Benefits include guaranteed-issue coverage (which means you may qualify for coverage without having to answer health questions) and benefits are paid directly to you unless otherwise assigned.

Group Accident Insurance

After an accident, you may have expenses you’ve never thought about, like ambulance costs, physical therapy, rehabilitation, x-rays, CT scans, and more, beyond what may be covered by health insurance. It’s reassuring to know that an accident insurance plan may benefit you throughout your care. Group Accident Insurance from Aflac helps with out-of-pocket costs that may arise when you have a covered accident.

Group Hospital Indemnity Insurance

Hospital Indemnity Insurance helps with the out-of-pocket costs (deductible, coinsurance, etc.) associated with a covered hospital stay, including benefits for hospital admission, confinement, and intensive care. It provides benefits to enhance your current healthcare coverage if you are hospitalized due to a covered accident or covered sickness.



QUESTIONS?

Call Aflac at **1-800-433-3036** or log into **<https://www.aflacenrollment.com/SmithsGroup/268692544855>**. Our group number is 26869.

This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Refer to the plans for complete details. Critical Illness, Accident and Hospital Indemnity insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

FLEXIBLE SPENDING ACCOUNTS

Smiths Group offers two special accounts that let you use pre-tax dollars to pay for certain healthcare and dependent care expenses.

FLEXIBLE SPENDING ACCOUNTS

Health Care FSA – You may contribute up to \$2,850 annually to this account to reimburse yourself for qualifying healthcare expenses incurred by you, your spouse/domestic partner or your eligible dependents. **You cannot enroll in the Health Care FSA if you enroll in the Advantage HSA medical option.**

Dependent Care FSA – You may elect to contribute up to \$5,000 through Smiths Group payroll to reimburse yourself for qualifying expenses that are necessary in the care of eligible dependents. Your dependent must be:

- A child (under age 13) who requires care in order for you and your spouse/domestic partner (if applicable) to work or attend school full time.
- A disabled dependent, such as a child over the age of 13, spouse/domestic partner or parent who requires care in order for you and your spouse/domestic partner (if applicable) to work.

HOW THEY WORK

- Determine your annual contribution and then contribute money from each paycheck on a before-tax basis.
- Incur eligible healthcare and/or dependent care expenses and pay for them either using your WageWorks debit card (Health Care FSA only) or out of pocket. Be sure to keep your receipts!
- If you pay out of pocket, submit claims for reimbursement to the FSA administrator, WageWorks. **Note:** You may only access dependent care for funds up to the amount available in your account.
- For more information about FSAs, please go to **www.irs.gov/publications/p969**.
- For information on eligible expenses, please go to **www.irs.gov/publications/p502** (healthcare), **www.irs.gov/publications/p503** (dependent care) or consult with a tax advisor.
- If you have any questions about your HealthEquity/WageWorks card, log on to the WageWorks website, **www.wageworks.com**, or call **1-866-206-1165**.

*Your FSA contributions will not renew automatically. **You must re-enroll in your FSA(s) and elect contributions within 30 days of hire or during Open Enrollment each year.***

IMPORTANT: USE IT OR LOSE IT

Check out the dates below so you file claims for eligible expenses in a timely manner. If you do not use all of your FSA contributions, they are subject to forfeiture per the dates below.

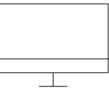
USE IT OR LOSE IT

PLAN YEAR (PY) 2022-2023	INCUR EXPENSES	SUBMIT CLAIMS BY
HEALTH CARE FSA Effective 8/1/2022 – 7/31/2023	2 1/2 months of grace period to allow spend until 10/15/2023	12/31/2023
DEPENDENT CARE FSA Effective 8/1/2022 – 7/31/2023	2 1/2 months of grace period to allow spend until 10/15/2023	12/31/2023
PLAN YEAR (PY) 2023-2024	INCUR EXPENSES	SUBMIT CLAIMS BY
HEALTH CARE FSA Effective 8/1/2023 – 7/31/2024	2 1/2 months of grace period to allow spend until 10/15/2024	12/31/2024
DEPENDENT CARE FSA Effective 8/1/2023 – 7/31/2024	2 1/2 months of grace period to allow spend until 10/15/2024	12/31/2024

HOW TO ENROLL

After considering your benefit options and their associated costs, it’s time to enroll! Smiths Group offers two convenient ways to enroll — online or by phone — through the Smiths Group Benefits Center.

ENROLLING ONLINE



Log on to: SmithsGroupBenefitsCenter.com. Click on the “Enroll Now 2023-2024” button on the right side of the homepage. This will lead to the secure site login page. Click “Get Started” under “New Users” and you will be prompted to enter your Social Security number, last name, date of birth and postal code. You will then need to create a unique username and password.

If you already have an account, enter your login credentials under “Returning Users.”

Make your enrollment decisions. NEW! Nayya - our new decision-making tool - will help ensure you have the best coverage to meet your needs. If you allow access, Nayya can pull your claims from Anthem or any large carrier then make recommendations. Do you have the right amount of life insurance? Are you over-insured for some benefits? Nayya will make recommendations and you decide.

After you decide on your elections, be sure to “waive” all coverage you do not want and complete the annually required spousal contribution and tobacco user (both you and your covered spouse/domestic partner) certifications or you will default to paying the surcharge. When you are satisfied with your choices, click on the “Check Out” button.

Default medical coverage. If you do not enroll in a medical plan or waive medical coverage (you have other medical coverage) you will be enrolled in the Anthem Advantage HSA Plan for employee only coverage and you will not have the opportunity to change unless you have a qualified life event or next Open Enrollment, whichever comes first.

Enrolling your dependents. The first time you enroll any of your dependents, you will have 30 days to provide documentation to prove each dependent’s eligibility for coverage. This may include items such as a copy of your marriage certificate for your spouse, domestic partner affidavit, copy of a birth certificate, joint contract, adoption certificate, etc.

Confirm your elections. After you have submitted your elections, you may choose to “Print a Copy” or “Save a Copy.”

Watch for a confirmation statement. You will receive one in the mail. Please review it for accuracy and if you find any errors, contact the Smiths Group Benefits Center at **1-866-330-6555** within 30 days of the statement date.

ENROLLING BY PHONE



Call the Smiths Group Benefits Center at **1-866-330-6555** between 9:00 a.m. and 7:00 p.m. Eastern Time, Monday through Friday. A Representative will be available to assist you with the enrollment process.

QUESTIONS

If you have any questions about the Smiths Group Health Benefits, including claims, network and provider questions, please contact your healthcare plan provider.

For other questions, please contact the Smiths Group Benefits Center at **1-866-330-6555** between 9:00 a.m. and 7:00 p.m. Eastern Time, Monday through Friday.

Don’t forget, you also have the option to chat with Representatives online during regular call center hours.

ENROLLING OR CHANGING YOUR BENEFIT ELECTIONS DURING THE YEAR

New Hires have 30 days to make elections either by phone or online, and an additional 30 days from date of confirmation statement to correct those elections. You can do so by calling **1-866-330-6555**.

After the initial 30-day new hire event, employees may only change their benefit elections during each year’s Open Enrollment period, or within 30 days of a qualified life event. A qualified life event — like marriage, legal separation, divorce or the birth or the adoption of a child — allows employees to make certain benefit changes (that are consistent with their life event) before the next Open Enrollment period. To report a life event, please visit the Smiths Group Benefits Center online at **SmithsGroupBenefitsCenter.com** or call **1-866-330-6555** within 30 days after the life event.

BENEFITS CONTACTS

CONTACTS	PHONE	WEBSITES	GROUP/PLAN #
Smiths Group Benefits Center	1-866-330-6555	smithsgroubenefitscenter.com	N/A
Anthem PPO (Medical)	1-866-545-8994	anthem.com	3320458
Anthem Advantage HSA (Medical)	1-866-545-8994	anthem.com	213010
BCBS of IL (Medical)	1-800-892-2803	connect.bcbsil.com	91300
CVS Caremark (Rx)	1-844-387-1438	caremark.com	RX0582
Aflac Voluntary Benefits	1-800-433-3036	https://www.aflacenrollment.com/SmithsGroup/268692544855	26869
Delta Dental	1-800-932-0783	deltadentalins.com/smithsgroup	15930
EyeMed (Vision)	1-866-723-0514	eyemedvisioncare.com	9681719
Fidelity Retirement – 401(k)	1-800-835-5095	401k.com	35637
Hinge Health (Musculoskeletal therapy)	1-855-902-2777	hingehealth.com/smithsgroup	N/A
LHO (Tobacco cessation)	1-888-548-3432	livehealthonline.com/smiths	N/A
LHO (See a doctor)	N/A	livehealthonline.com	N/A
Lyra (Employee Assistance)	1-877-234-5151	smiths.lyrahealth.com	Group
Nayya Choose (Decision support)	N/A	nayya.com	N/A
Prudential (Disability)	1-800-842-1718	prudential.com	66263
Prudential (Life Insurance)	1-800-842-1718	prudential.com	66263
SGP Service Center (Pension)	1-844-674-9339	https://eepoint.wtco.us/ess/smiths	N/A
Virgin Pulse Wellness Program	1-888-671-9395	iam.virginpulse.com	Group
WageWorks – HealthEquity (FSA/COBRA)	1-866-206-1165	wageworks.com	N/A

SMITHS GROUP 401(k)

Smiths Group offers the Smiths Group Incentive Savings Plan (the “Plan” or “401(k) Plan”) through our record-keeper Fidelity as a convenient, tax-deferred way to save for retirement.

WHEN CAN I ENROLL IN THE PLAN?

There is no waiting period. Log on to www.401k.com or call **1-800-835-5095** to enroll at any time.

HOW MUCH CAN I CONTRIBUTE?

Through automatic payroll deduction, you may contribute between 1% and 40% of your eligible pay on a pre-tax basis, up to the annual IRS dollar limits. You may also contribute between 1% and 10% of your after-tax pay.

Combined, your total contribution cannot exceed 50% of your eligible pay. You may request to change your contribution amount at any time by logging on to Fidelity NetBenefits® at www.401k.com or by calling the Fidelity Retirement Benefits Line at **1-800-835-5095**.

WHAT ARE THE TAX ADVANTAGES?

Your pre-tax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of income taxes you pay each pay period. You pay no taxes on any earnings until you withdraw them from your account.

WHAT IS THE VESTING SCHEDULE?

Vesting is a term used to describe the portion of your account balance that you are entitled to under the Plan’s rules. You are always 100% vested in your contributions to the Plan as well as any earnings from your contributions.

- The Company matching contributions and associated earnings for employees actively employed by Smiths Group on or after February 15, 2022 are 50% vested after one year of service and 100% vested after two years of service.
- If you have less than one year of service, all Company contributions and associated earnings will be forfeited at termination; if you have more than one, but less than two years of service, 50% of Company contributions and associated earnings will be forfeited at termination.

WHEN IS MY ENROLLMENT EFFECTIVE?

Your enrollment becomes effective once you elect a deferral percentage. Deductions generally begin with your next pay period or as soon as administratively possible.

IS THERE A COMPANY MATCH?

Unless part of a legacy agreement, the Company will match 50% on the first 6% of your basic pre-tax contributions. You receive the Company match each pay period on pre-tax basic contributions (1%-6%) only. You do NOT receive a Company match on pre-tax supplemental contributions.

MAY I MAKE A CATCH-UP CONTRIBUTION TO THE SMITHS GROUP PLAN?

If you are 50 or older, you may make an additional “catch-up” contribution each pay period. Please note that you must make a separate election to take advantage of the catch-up contribution by logging on to www.401k.com or calling **1-800-835-5095**. You may elect a contribution percentage from 1% to 35%; it will begin within one to two pay periods of your election. The payroll system will automatically stop your catch-up contributions if you reach the maximum.

WHAT ARE MY INVESTMENT OPTIONS?

You have the flexibility to select from more than two dozen investment options that range from more conservative to more aggressive.

If you do not make an investment election for contributions, your account will be invested in the Target Date Fund that has a target retirement date closest to the year you might retire, based on your current age and assuming a normal retirement age of 65.

For more information on your options and the Target Date Funds, log on to www.401k.com, or call Fidelity at **1-800-835-5095**.

MAY I NAME A BENEFICIARY?

A beneficiary can be a person, a trust, an estate or an organization that you assign to be eligible to receive your benefits upon your death. For example, if you assign your spouse as the Primary Beneficiary to your retirement plan, the person will be entitled to receive money or other benefits from that plan - even after your death. Naming and assigning beneficiaries is simple to do and important to ensure that your benefits get to your chosen recipients in a timely manner in the event of your death. If you want to name a beneficiary other than your spouse, your spouse must sign a Spousal Consent Form. Call Fidelity at **1-800-835-5095** for a copy of this form.

MAY I ROLL OVER MONEY FROM ANOTHER RETIREMENT PLAN INTO THE SMITHS GROUP PLAN?

You are permitted to roll over eligible pre-tax contributions from another qualified 401(a) (e.g., 401(k)), 403(b), governmental 457(b) retirement plan or eligible pre-tax contributions from a rollover individual retirement account (IRA). You may also roll over after-tax contributions (not ROTH) from another qualified 401(a) (e.g., 401(k)) plan. Call **1-800-835-5095** for details.



REQUIRED NOTICES

This benefits guide highlights certain key features of the Smiths Group Health Benefits. More details of the plan can be found in the governing plan documents. In the event of a discrepancy between the applicable plan documents and this benefits guide, the relevant plan documents govern. The Company reserves the right to modify, amend or terminate the plans at any time. Any employee falsification of information could lead to disciplinary actions up to and including termination of employment.

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 deductibles and/or coinsurance provisions. If you would like more information on Women’s Health and Cancer Rights Act benefits, call Smiths Group Benefits Center 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.

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 20210

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: **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)**.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

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** or by calling your medical carrier at the number on your medical ID card.

2023 - 2024 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 \$450 wellness reward annually for themselves and up to an additional \$450 wellness reward for an Anthem and Virgin Pulse 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 \$450 wellness dollars or up to an additional \$450 wellness dollars for those with an enrolled spouse/domestic partner.

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 **myhr@smiths.com**.

TOBACCO

If you enroll in a medical plan option, you must annually certify that you are tobacco-free. If you do not, you will be charged a \$600 annual fee, deducted in equal amounts each pay period. If you cover a spouse or domestic partner, you must also annually certify whether he or she is a tobacco user. If you do not, it is assumed he or she is a tobacco user and you will pay the \$600 surcharge for his or her coverage. The LiveHealth Online Smoking Cessation Program is available free of charge for those employees or enrolled spouse/domestic partners who choose to participate.

For more detail call at **1-888-548-3432** LiveHealth and online at **livehealthonline.com/smiths**. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn a wellness reward, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Virgin Pulse at **1-888-671-9395**.

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.

Please log in to your online account at **SmithsGroupBenefitsCenter.com** or call **1-866-330-6555** for more information.

Please punch out this contact card and keep it in your wallet.

smiths bringing technology			
2023-2024 BENEFITS CONTACTS			
BENEFIT CONTACT	PHONE #	WEBSITE	GROUP/PLAN #
Smiths Group Benefits Center	1-866-330-6555	www.smithsgroupbenefitscenter.com	N/A
Anthem (Medical) Act Wise (HSA)	1-866-545-8994	www.anthem.com	213010
CVS Caremark (Rx)	1-844-387-1438	www.caremark.com	RX0582
Delta Dental	1-800-932-0783	www.deltadentalins.com/smithsgroup	15930
EyeMed (Vision)	1-866-723-0514	www.eyemedvisioncare.com	9681719
Hinge Health (MSK)	1-855-902-2777	hingehealth.com/smithsgroup	N/A

YOUR PRIVACY IS PROTECTED WITH HIPAA

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

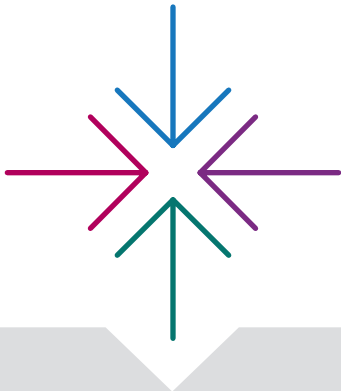
participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants 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 **1-866-330-6555**.

A FINAL WORD

This benefits guide contains only highlights of the Smiths Group Health Benefits for eligible employees and is subject to review and modification. The program itself and each plan are governed by official plan documents. In case of any conflict between this guide and an official document, the plan document will be the final authority. The Company reserves the right to modify, amend or terminate the plans at any time. Falsification of information could lead to disciplinary actions up to and including termination of employment.

This benefits guide, along with your plan’s carrier materials, is considered a Summary of Material Modifications — the notice of plan changes you are entitled to receive under the Employee Retirement Income Security Act of 1974 (ERISA).

If you have any questions about the Smiths Group Benefits after you review this benefits guide, please contact the **Smiths Group Benefits Center** at **1-866-330-6555**.



2023-2024 BENEFITS CONTACTS			
BENEFIT CONTACT	PHONE #	WEBSITE	GROUP/PLAN #
Aflac (Voluntary Benefits)	1-800-433-3036	www.aflacenrollment.com/ SmithsGroup/268692544855	26869
Lyra (EAP)	1-877-234-5151	smiths.lyrahealth.com	Group
Prudential	1-800-842-1718	www.prudential.com	66263
Virgin Pulse Wellness	1-888-671-9395	iam.virginpulse.com	Smiths Group
Fidelity (401k)	1-800-835-5095	www.401k.com	35637
WageWorks / HealthEquity (FSAs/ COBRA)	1-866-206-1165	www.wageworks.com	N/A
SGP Service Center (Pension)	1-844-674-9339	https://eepoint.wtco.us/ ess/smiths	N/A