



smiths

US Health & Welfare

Benefits Guide 2026-2027

PLAN PERIOD EFFECTIVE **AUGUST 1, 2026 THROUGH JULY 31, 2027**



WELCOME TO YOUR 2026-2027 BENEFITS

Smiths Group offers a comprehensive benefits program, thoughtfully designed with you and your family in mind.

WHO IS ELIGIBLE?

You are eligible for Smiths Group Benefits if you are a full-time employee or an employee approved and scheduled to work at least 20 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 at 1-866-330-6555.

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OPEN ENROLLMENT – WHAT YOU NEED TO DO

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

2. Use our decision support platform — Nayya Choose. Feel confident you're selecting the coverage you need with data-driven decision support.

- 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.

3. Log in between June 1 – June 12, 2026 to:

- Review and make changes to your benefits.** If you take no action, your current coverage will continue.
- Re-elect a Flexible Spending Account (FSA) or Health Savings Account (HSA).**
 - If you have a Health Care or Dependent Care FSA, you will default to no contributions unless you make an election. Changes may only be made during Open Enrollment or within 30 days of a Qualified Life Event.
 - If you have an HSA, you will default to no contributions unless you make an election. Contribution elections do not roll over. You may stop, start, or change your HSA elections at any time by calling the Smiths Group Benefits Center at **1-866-330-6555**.
- Complete your Tobacco Use Certification or pay a surcharge.** 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 the Spousal Surcharge Certification.** If you don't take action, your current certification will roll over. 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

We are proud to offer two comprehensive medical plan options. Consider if the PPO Plan or the Advantage Plan with a Health Savings Account (HSA) is a 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 healthcare 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 healthcare bank account to use for all eligible medical, Rx, dental and vision expenses even after retirement.



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.



HOW THE PLANS WORK

THE PLANS OFFER **THE SAME:**

- Coverage
- Services
- Provider Network

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 healthcare providers and contracted rates	Yes	
You and Smiths Group can contribute to an HSA	Yes, if eligible	No
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 four 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.

TERMS TO KNOW

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

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).

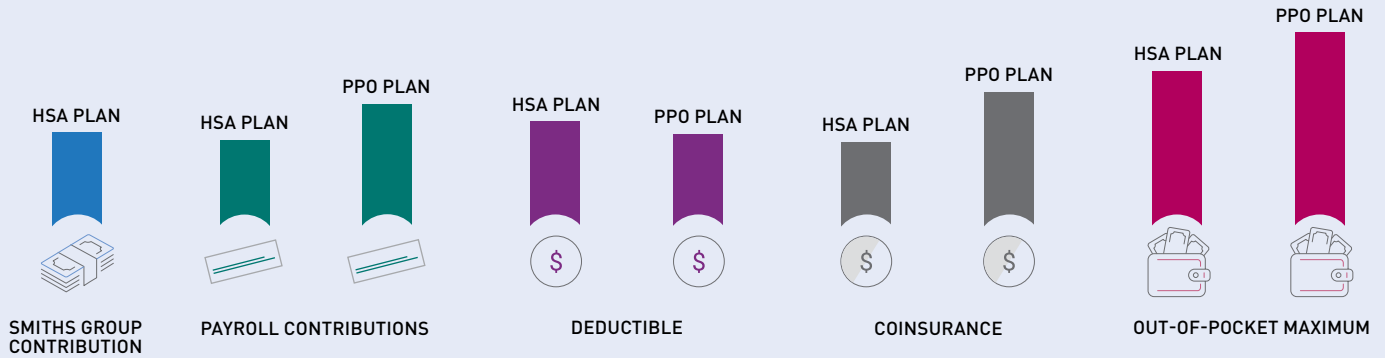
You have access to the same network of healthcare providers and services as the PPO option, but pay less each paycheck.

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.

THE PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

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. You do not receive the Company HSA contribution. The PPO, like the HSA, only has coinsurance and a deductible for most healthcare services.



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 2026 calendar year, the IRS limits are:

- Single coverage: \$4,400 (includes \$500 Smiths Group contribution).
- Family coverage: \$8,750 (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 **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 and 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.





SELECTING YOUR MEDICAL COVERAGE

Choosing your plan is an important decision and using it wisely throughout the year is equally essential. Let's take a look at support resources available to you, and how you and Smiths Group share the costs under the two different plans. Use the hypothetical employee scenario on the next page to understand which plan may be best for you.

Your maximum annual cost for in-network prescription drugs and healthcare services 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.

Log into [SmithsGroupBenefitsCenter.com](https://www.smithsgroupprovider.com) to access the **Nayya Choose** decision support tool.

Visit [anthem.com](https://www.anthem.com) to access:

- **Cost estimators** for medical procedures, medical tests, x-rays, MRI, lab tests, office visits, diseases and conditions and area hospitals.
- **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](https://www.smithsgroupprovider.com).

Or, 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 20** for more details.



EMPLOYEE SCENARIO



ALICIA

Age 54, insures a family

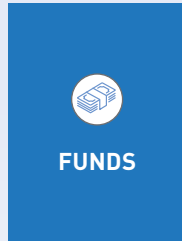
Alicia and her family occasionally need treatment for acute illnesses and kids' sports injuries, but they are generally healthy. The whole family plans to take advantage of preventive care.

For additional protection, Alicia purchases Accident Insurance in the event her family experiences an eligible accident or injury.

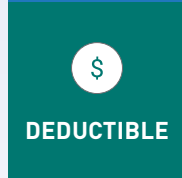
PLEASE NOTE, this example reflects coverage for in-network services.

THE HSA PLAN

SMITHS GROUP CONTRIBUTES \$1,000 to Alicia's HSA
ALICIA CONTRIBUTES to her HSA



ALICIA PAYS UP TO \$3,500
 (for two or more enrolled)



ALICIA PAYS 20%
 of approved charges
 after deductible

PLAN PAYS 80%
 of approved charges

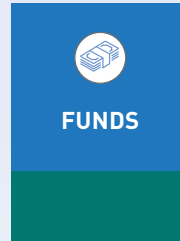
PLAN PAYS 100% of approved charges **AFTER**
 Alicia pays \$10,000



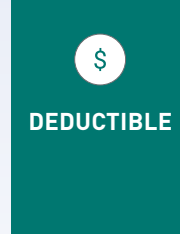
OUT-OF-POCKET MAX

THE PPO PLAN

ALICIA CONTRIBUTES TO AN FSA
 to help cover eligible healthcare
 expenses before tax



ALICIA PAYS UP TO \$4,000
 (\$1,000 per enrolled family member)



ALICIA PAYS 25% of approved
 charges after deductible
 (except for prescriptions and
 initial PCP visits)

PLAN PAYS 75%
 of approved charges



OUT-OF-POCKET MAX

PLAN PAYS 100% of approved charges **AFTER**
 Alicia pays \$11,000



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

Feeling sick? Visit with an online doctor from the comfort of your home and get expert advice, a treatment plan and prescriptions if needed. You (and your eligible dependents) can see a US board-certified doctor 24/7, by phone or video through LiveHealth Online.

To learn more and enroll, visit livehealthonline.com or download the LiveHealth Online Mobile App.

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 and medication management to support a quit attempt. Self-schedule appointments 7 days a week.

Call **1-888-548-3432** or go to livehealthonline.com/smiths.

Diabetes Management Program

The 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. 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.

American Imaging Management (AIM)

The cost of an MRI or a CT scan can vary by hundreds (or even thousands) of dollars, 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.

Visit the "Health" page of SmithsGroupBenefitsCenter.com under "Our Benefits" or have your doctor call **1-888-953-6703**.

Sleep Study 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 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**.



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 **caremark.com**. The CVS Caremark formulary (covered prescriptions) is updated quarterly.

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 **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. Maintenance choice program available as allowed by state Law.



FAST FACTS

Did you know you can ask your healthcare provider to prescribe a generic instead of a Brand drug? If available, it costs you less, and helps to manage claims cost for you and the plan.

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. See which drugs are brand preferred at **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, in order to receive the pharmacy benefit, you will need to refill the prescription as a 90-day supply at either a retail CVS pharmacy or through mail order. If you decide to continue with refilling 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.*



HSA PLAN – MEDICAL AND PRESCRIPTION DRUG PLAN DETAILS

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

Feature	In-Network Plan	Out-of-Network Plan
Annual Deductible	\$1,750 employee \$3,500 family	\$3,000 employee \$6,000 family
Coinsurance	80%	60%
Annual Out-of-Pocket Maximum	\$5,000 employee \$10,000 family	\$10,000 employee \$20,000 family
Health Savings Account	Available ⁽¹⁾	Available ⁽¹⁾
Network	Anthem	N/A
Scheduled Preventive Services	100%	No coverage
Office Visit (primary care physician/specialist)	80%*	60%*
Urgent Care Visit	80%*	60%*
Outpatient Facility Services	80%*	60%*
Outpatient Surgery and Professional Services (labs, outpatient surgery, etc.)	80%*	60%*
High-Tech Diagnostic Services (MRI, CT scan, PET scan)	80%*	60%*
Inpatient Hospital (facility [at negotiated semiprivate room rate], professional services, doctor's visits)	80%*	60%*
Emergency Care Hospital Emergency Room	80%*	80%*
Maternity	80%*	60%*
Infertility Services (covered for services to diagnose infertility only. Excludes in vitro fertilization, artificial insemination, GIFT, ZIFT, etc.)		
- Inpatient Facility	80%*	60%*
- Outpatient Facility	80%*	60%*

(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.

* Subject to deductible.

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



HSA PLAN – MEDICAL AND PRESCRIPTION DRUG PLAN DETAILS (CONTINUED)

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

Feature	In-Network Plan	Out-of-Network Plan
Skilled Nursing Facility (up to a maximum of 60 days per calendar year)	80%*	60%*
Home Healthcare/Outpatient Private Duty Nursing (60 visits per year combined)	80%*	60%*
Hospice (inpatient facility or outpatient setting)	80%*	60%*
Outpatient Rehabilitation – 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)	80%*	60%*
Durable Medical Equipment	80%*	60%*
External Prosthetic Appliances	80%*	60%*
Mental Health – Inpatient – Outpatient Office Visits – Other Outpatient Care (e.g., intensive outpatient programs)	80%*	60%*
Substance Use Disorder – Inpatient – Outpatient Office Visits – Other Outpatient Care (e.g., intensive outpatient programs, outpatient detoxification)	80%*	60%*
Prescription Drugs • Retail (30-day supply) – Generic (mandatory) – Brand Preferred – Brand Non-Preferred • Maintenance/Mail Order (90-day supply) – Generic (mandatory) – Brand Preferred – Brand Non-Preferred	After satisfaction of network deductible, member copays:	
	20% (\$10 min copay/ \$20 max copay)	No coverage
	30% (\$20 min copay/ \$100 max copay)	No coverage
	50% (\$45 min copay/ \$150 max copay)	No coverage
	20% (\$20 min copay/ \$40 max copay)	No coverage
	30% (\$40 min copay/ \$200 max copay)	No coverage
	50% (\$90 min copay/ \$300 max copay)	No coverage

(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.

* Subject to deductible.

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



PPO PLAN – MEDICAL AND PRESCRIPTION DRUG PLAN DETAILS

PPO PLAN

Feature	In-Network Plan	Out-of-Network Plan
Annual Deductible	\$1,000 per member, no family deductible	\$1,100 per member
Coinsurance	75%	60%
Annual Out-of-Pocket Maximum	\$5,500 employee \$11,000 family	\$8,000 employee \$21,500 family
Health Savings Account	Not available	Not available
Network	Anthem	N/A
Scheduled Preventive Services	100%	No coverage
Office Visit (primary care physician/specialist)	\$35 copay for first four primary care visits, then 75%* thereafter	60%*
Urgent Care Visit	75%*	60%*
Outpatient Facility Services	75%*	60%*
Outpatient Surgery and Professional Services (labs, outpatient surgery, etc.)	75%*	60%*
High-Tech Diagnostic Services (MRI, CT scan, PET scan)	75%*	60%*
Inpatient Hospital (facility [at negotiated semiprivate room rate], professional services, doctor's visits)	75%*	60%*
Emergency Care Hospital Emergency Room	75%*	75%*
Maternity	75%*	60%*
Infertility Services (covered for services to diagnose infertility only. Excludes in vitro fertilization, artificial insemination, GIFT, ZIFT, etc.)		
- Inpatient Facility	75%*	60%*
- Outpatient Facility	75%*	60%*

* Subject to deductible.

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



PPO PLAN – MEDICAL AND PRESCRIPTION DRUG PLAN DETAILS (CONTINUED)

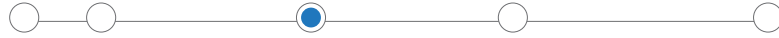
PPO PLAN

Feature	In-Network Plan	Out-of-Network Plan
Skilled Nursing Facility (up to a maximum of 60 days per calendar year)	75%*	60%*
Home Healthcare/Outpatient Private Duty Nursing (60 visits per year combined)	75%*	60%*
Hospice (inpatient facility or outpatient setting)	75%*	60%*
Outpatient Rehabilitation – Physical, Occupational and Speech Therapy (60 outpatient visits for each therapy type per plan year, subject to ongoing medical necessity review by Anthem) ⁽¹⁾ – Chiropractic Therapy (includes chiropractors; 20 visits per plan year)	75%*	60%*
Durable Medical Equipment	75%*	60%*
External Prosthetic Appliances	75%*	60%*
Mental Health – Inpatient – Outpatient Office Visits – Other Outpatient Care (e.g., intensive outpatient programs)	75%* 100% after \$30 copay 100%	60%* 60%* 60%*
Substance Use Disorder – Inpatient – Outpatient Office Visits – Other Outpatient Care (e.g., intensive outpatient programs, outpatient detoxification)	75%* 100% after \$30 copay 100%	60%* 60%* 60%*
Prescription Drugs • Retail (30-day supply) – Generic (mandatory) – Brand Preferred – Brand Non-Preferred • Maintenance/Mail Order (90-day supply) – Generic (mandatory) – Brand Preferred – Brand Non-Preferred	Member copays (not subject to the deductible):	
	20% (\$10 min copay/ \$20 max copay)	No coverage
	30% (\$20 min copay/ \$100 max copay)	No coverage
	50% (\$45 min copay/ \$150 max copay)	No coverage
	20% (\$20 min copay/ \$40 max copay)	No coverage
	30% (\$40 min copay/ \$200 max copay)	No coverage
	50% (\$90 min copay/ \$300 max copay)	No coverage

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

* Subject to deductible.

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



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 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 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.

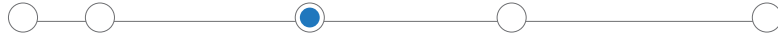
CORE PLAN

Type of Service
Eye Exam
<ul style="list-style-type: none"> • Eyeglasses • Standard contact lenses and follow-up • Premium contact lenses
Standard Plastic Eyeglass Lenses
<ul style="list-style-type: none"> • Single vision lenses • Bifocal lenses • Trifocal lenses
Lens Options (add to lens price above)
<ul style="list-style-type: none"> • Standard anti-reflective coating • Standard progressive • Standard polycarbonate • Standard scratch-resistant coating • Ultraviolet coating • Solid or gradient tint • Other add-ons and service
Frames
Contact Lenses
<ul style="list-style-type: none"> • Daily and extended wear • Disposable • Medically necessary
Frequency
<ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frames

Network Providers	Non-Network Providers
You pay:	Plan reimburses you up to \$30 for eyeglasses exam only
\$10 copay	
Up to \$40	
10% off retail price	
You pay:	Plan reimburses you up to:
\$10 copay	\$30
\$10 copay	\$40
\$10 copay	\$50
You pay:	Not covered
\$45	
\$75	
\$40	
\$15	
\$15	
\$15	
20% off retail price	
\$0 copay, \$105 allowance, plus 20% off balance over \$105	Plan reimburses you up to \$35
You pay:	Plan reimburses you up to \$60
\$0 copay plus 15% off balance over \$105	Plan reimburses you up to \$60
\$0 copay, plus balance over \$105	Plan reimburses you up to \$60
\$0 copay, paid in full	Plan reimburses you up to \$120
Once every two plan years	
Once every two plan years	
Once every two plan years	

ENHANCED PLAN

Network Providers	Non-Network Providers
You pay:	Plan reimburses you up to \$30 for eyeglasses exam only
\$0 copay	
Up to \$40	
10% off retail price	
You pay:	Plan reimburses you up to:
\$0 copay	\$30
\$0 copay	\$40
\$0 copay	\$50
You pay:	Not covered
\$45	
\$65	
\$40	
\$15	
\$15	
\$15	
20% off retail price	
\$0 copay, \$160 allowance, plus 20% off balance over \$160	Plan reimburses you up to \$35
You pay:	Plan reimburses you up to \$60
\$0 copay plus 15% off balance over \$160	Plan reimburses you up to \$60
\$0 copay, plus balance over \$160	Plan reimburses you up to \$60
\$0 copay, paid in full	Plan reimburses you up to \$120
Once every plan year	
Once every plan year	
Once every plan year	



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 dental 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.

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 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

ENHANCED PLAN

Covered Dental Service	Delta Dental PPO	Delta Dental Premier® and Non-Participating Providers	Delta Dental PPO	Delta Dental Premier® and Non-Participating Providers
Preventive and Diagnostic Care <ul style="list-style-type: none"> Exams Cleanings X-rays Fluoride treatments (to age 19) Sealants (to age 16) 	100% (deductible does not apply)	100% (deductible does not apply)	100% (deductible does not apply)	100% (deductible does not apply)
Basic Services <ul style="list-style-type: none"> Endodontics Fillings Extractions Oral surgery Periodontics Injectable antibiotics, bridge repair and recementation, crown, inlay, onlay repair and recementation, denture repair and recementation 	80%	80%	80%	80%
Major Restorative Services <ul style="list-style-type: none"> Crowns, inlays, onlays 	Not covered	Not covered	50%	50%
Prosthetics <ul style="list-style-type: none"> Dentures and bridges 	Not covered	Not covered	50%	50%
Implants	Not covered	Not covered	50%	50%
Orthodontia (up to age 19)	Not covered	Not covered	50%	50%
Orthodontia Lifetime Deductible	N/A		\$100 per person	
Orthodontia Lifetime Maximum	N/A		\$1,000	
Annual Deductible	\$50 individual, \$100 family max		\$50 individual, \$100 family max	
Annual Maximum (does not apply to services such as oral exams, cleanings and x-rays)	\$1,200 per person (Delta Dental PPO participating dentist) \$1,000 per person (Delta Dental Premier participating dentist or non-participating dentist)		\$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

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 coverage):
 - **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.

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."



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. 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](https://www.smithsgroupproducts.com/benefitscenter) under Resources.



EMPLOYEE ASSISTANCE PROGRAM

Get the help you need with Lyra Health, our Employee Assistance Program (EAP). Lyra makes it easier to find and receive effective, personalized mental health care. You can contact Lyra by phone at **1-877-331-4678** or online at [smiths.lyrahealth.com](https://www.smiths.lyrahealth.com) to help you and your dependents 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.

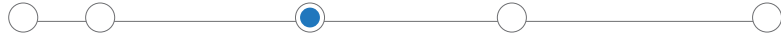
Your utilization of this benefit is completely confidential.

How to get started:

- Sign up online at [smiths.lyrahealth.com](https://www.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](https://www.smiths.lyrahealth.com).



VOLUNTARY BENEFITS

Smiths Group offers a number of voluntary plans for an added layer of financial protection and peace of mind. You can choose to elect supplemental medical, pet insurance or legal insurance coverage.

Group Critical Illness Insurance*

Critical Illness Insurance provides a lump-sum cash benefit (unless otherwise assigned) in the event of a specific illness like cancer, or a specific event, like a heart attack or stroke. This coverage can help pay for care, allowing you to focus on your health and recovery. Benefits include guaranteed issue coverage, meaning you may qualify for coverage without having to answer health questions. Coverage also includes a health screening benefit of \$100.

Group Accident Insurance*

Accident Insurance provides a cash payout in the event of an injury that requires medical services (like physical therapy, X-rays, CT scans and more). Coverage helps you manage out-of-pocket costs that might arise after a covered accident. Coverage also includes a wellness benefit of \$25 (low plan) or \$50 (high plan) per visit.

Group Hospital Indemnity Insurance*

Hospital Indemnity Insurance helps with the out-of-pocket costs (deductible, coinsurance, etc.) associated with a covered hospital stay, as a result of a covered accident or covered sickness. Includes benefits for hospital admission, confinement and intensive care.

Pet Insurance

Our pets are an important part of our family. Pet Insurance helps cover the costs of veterinary care for your dogs and cats, including routine visits, illnesses, medication, and more. Coverage can be elected and paid for directly with MetLife.

Legal Insurance

Get support with personal legal issues including home and real estate, will creation and family matters, through a large network of experienced attorneys. Coverage can be elected during Open Enrollment and paid for via payroll deductions.

QUESTIONS?

To learn more about supplemental medical coverage, call Aflac at **1-800-433-3036** or log into aflacenrollment.com/SmithsGroup/268692544855. Our group number is 26869. To learn more about Pet Insurance, call MetLife at **1-800-GET-MET8** or visit metlife.com/getpetquote. To learn more about Legal Insurance, call MetLife at **1-800-821-6400** or visit legalplans.com.

** 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 \$3,400 annually to this account to reimburse yourself for qualifying healthcare expenses incurred by you, your spouse/domestic partner or your eligible dependents. To make the most of your money, you can carry over up to \$680 of your 2026-2027 balance into the 2027-2028 plan year. Any balance over that amount will be forfeited.

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 **irs.gov/publications/p969**.
- For information on eligible expenses, please go to **irs.gov/publications/p502** (healthcare), **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, **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.

FSA CLAIMS DEADLINES

PLAN YEAR (PY) 2025-2026	INCUR EXPENSES	SUBMIT CLAIMS BY
HEALTH CARE FSA Effective 8/1/2025 – 7/31/2026	You can carry over up to \$660 of your 2025-2026 balance into the 2026-2027 period. Any balance over that amount will be forfeited.	
DEPENDENT CARE FSA Effective 8/1/2025 – 7/31/2026	2 1/2 month grace period to allow spend until 10/15/2026	12/31/2026
PLAN YEAR (PY) 2026-2027	INCUR EXPENSES	SUBMIT CLAIMS BY
HEALTH CARE FSA Effective 8/1/2026 – 7/31/2027	You can carry over up to \$680 of your 2026-2027 balance into the 2027-2028 period. Any balance over that amount will be forfeited.	
DEPENDENT CARE FSA Effective 8/1/2026 – 7/31/2027	2 1/2 month grace period to allow spend until 10/15/2027	12/31/2027

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 **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 and between 1% and 40% of your eligible pay on a Roth 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 80% of your eligible pay. You may request to change your contribution amount at any time by logging on to Fidelity NetBenefits® at **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 and Roth 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?

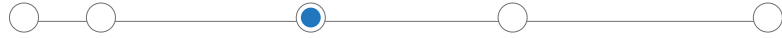
If you are 50 or older, you may make an additional “catch-up” contribution each pay period. Please note that you must make a separate election to take advantage of the catch-up contribution by logging on to **401k.com** or calling **1-800-835-5095**. You may elect a contribution percentage from 1% to 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 **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.





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



Go to: SmithsGroupBenefitsCenter.com. Click on the orange “Enroll Now 2026-2027” button on the upper 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. Nayya — our 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



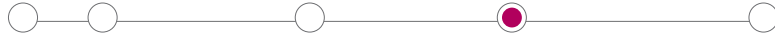
Call the Smiths Group Benefits Center at **1-866-330-6555** between 9:00 a.m. and 7:00 p.m. Eastern Time, Monday through Friday. A Representative will be available to assist you with the enrollment process.

QUESTIONS

If you have any questions about 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	smithsgroupbenefitscenter.com	N/A
Anthem PPO (Medical)	1-866-545-8994	anthem.com	3320458
Anthem Advantage HSA (Medical)	1-866-545-8994	anthem.com	213010
CVS Caremark (Rx)	1-844-387-1438	caremark.com	RX0582
Aflac (Voluntary Benefits)	1-800-433-3036	aflacenrollment.com/ SmithsGroup/268692544855	26869
Delta Dental (Dental)	1-800-932-0783	deltadentalins.com/smithsgroup	15930
EyeMed (Vision)	1-866-723-0514	eyemedvisioncare.com	9681719 (Core Plan) 1006166 (Enhanced Plan)
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)	1-877-331-4678	smiths.lyrahealth.com	Group
MetLife (Legal Insurance)	1-800-821-6400	legalplans.com	N/A
MetLife (Pet Insurance)	1-800-GET-MET8	metlife.com/getpetquote	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)	1-844-674-8339	eepoint.wtwco.us/ess/smiths	N/A
WageWorks – HealthEquity (FSA/COBRA)	1-866-206-1165	wageworks.com	N/A

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 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 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 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.



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 details, call LiveHealth Online at **1-888-548-3432** or visit 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 **LiveHealth Online** at **1-888-548-3432** or **Smiths Group Benefits Center** at **1-866-330-6555**. We will work with you to find a wellness program with the same reward that is right for you in light of your health status.

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 30 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.

Thank you for reviewing our US Benefits Guide. Our benefits team works hard to protect our current rates and provide inclusive medical, dental and vision plans along with voluntary benefits for our employees.

We wish you and yours a safe and healthy year.

– US Benefits Team

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**.

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

smths		2026-2027 BENEFITS CONTACTS	
BENEFIT CONTACT	PHONE #	WEBSITE	GROUP/PLAN #
Smiths Group Benefits Center	1-866-330-6555	smithsgroubenefitscenter.com	N/A
Anthem (Medical) Act Wise (HSA)	1-866-545-8994	anthem.com	213010
CVS Caremark (Rx)	1-844-387-1438	caremark.com	RX0582
Delta Dental (Dental)	1-800-932-0783	deltadentalins.com/smithsgroup	15930
EyeMed (Vision)	1-866-723-0514	eyemedvisioncare.com	9681719 [Core Plan] 1006166 [Enhanced Plan]
Hinge Health (MSK)	1-855-902-2777	hingehealth.com/smithsgroup	N/A



2026-2027 BENEFITS CONTACTS

BENEFIT CONTACT	PHONE #	WEBSITE	GROUP/PLAN #
Aflac (Voluntary Benefits)	1-800-433-3036	aflacenrollment.com/ SmithsGroup/268692544855	26869
Lyra (EAP)	1-877-331-4678	smiths.lyrahealth.com	Group
Prudential (Life & Disability)	1-800-842-1718	prudential.com	66263
Fidelity (401k)	1-800-835-5095	401k.com	35637
WageWorks / HealthEquity (FSAs/COBRA)	1-866-206-1165	wageworks.com	N/A
SGP Service Center (Pension)	1-844-674-8339	eepoint.wtco.us/ess/smiths	N/A