

LEGAL NOTICES - 2023

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Important Notice About Your Prescription Drug Coverage and Medicare

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

The purpose of this notice is to provide you with information about your current prescription drug coverage with Stanley Black & Decker and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Why this is important. If you or your covered dependent(s) are enrolled in one of the medical options under the Stanley Black & Decker Medical Plan and are, or become, covered by Medicare, you may decide to wait until later to enroll in a Medicare prescription drug plan and not be subject to a late enrollment penalty – as long as you enroll in a Medicare prescription drug plan within 63 days of losing your medical coverage under the Stanley Black & Decker plan. You should keep this notice with your important records.

Notice of Creditable Coverage

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage is available to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan (Part D) or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Stanley Black & Decker has determined that the prescription drug coverage offered by the Stanley Black & Decker Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. **Because your existing Stanley Black & Decker prescription drug coverage (if enrolled) is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. When you enroll in a Part D Prescription plan, you must enroll within 63 days of losing your Stanley Black & Decker prescription drug coverage.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15th to Dec. 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

Your current Stanley Black & Decker coverage pays for other health expenses in addition to prescription drugs. If you are eligible to enroll in a Medicare prescription drug plan, your Stanley Black & Decker coverage may or may not be affected, as follows.

*If you are an **active employee** or family member of an active employee and you decide to enroll in a Medicare prescription drug plan, you may either continue your Stanley Black & Decker coverage or waive or drop it.*

If you continue your current Stanley Black & Decker coverage, your enrollment in Medicare will not affect that coverage. That is, you and your eligible dependents will still be eligible to receive all of your current Stanley Black & Decker health and prescription drug benefits. The Stanley Black & Decker plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan, and Medicare will supplement that coverage.

If you waive or drop Stanley Black & Decker coverage and enroll in Medicare prescription drug coverage, Medicare will be your only payer. You can re-enroll in the Stanley Black & Decker plan at annual enrollment or if you have a special enrollment event for the Stanley Black & Decker plan.

*If you are receiving coverage as a dependent of a former employee under the Stanley Black & Decker **pre-65 retiree plan** and you decide to enroll in a Medicare prescription drug plan, you may either continue your Stanley Black & Decker coverage or waive or drop it.*

If you continue your current Stanley Black & Decker coverage, that coverage will become secondary to Medicare.

If you waive or drop Stanley Black & Decker coverage and enroll in Medicare prescription drug coverage, Medicare will be your only payer. You cannot re-enroll in the Stanley Black & Decker plan at annual enrollment or any other time.

If you are a **COBRA beneficiary** and you decide to enroll in a Medicare prescription drug plan, your current Stanley Black & Decker coverage will be terminated. In that case, Medicare will be your only payer, and you will not be able to re-enroll in the Stanley Black & Decker plan. However, other COBRA beneficiaries will not be affected by your enrollment in Medicare. For them, the Stanley Black & Decker plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan, for as long as they remain eligible and pay the premiums for COBRA.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Stanley Black & Decker and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

For further information about your current Stanley Black & Decker prescription drug coverage, contact:

The Stanley Black & Decker Benefits Center
1-800-795-3899
www.sbdbenefitscenter.com/welcome

NOTE: You'll get this notice each year. You will also get it before or during the next period you can join a Medicare drug plan, and if this coverage through Stanley Black & Decker changes. You also may request a copy of this notice at any time. The notice is also posted to www.sbdbenefitscenter.com/welcome.

For More Information About Your Options Under Medicare Prescription Drug Coverage

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.ssa.gov or call 1-800-772-1213 (TTY: 1-800-325-0778).

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join

to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2022

Name of Entity/Sender: Stanley Black & Decker, Inc.

Address: 1000 Stanley Drive

New Britain CT 06053

Phone Number: (860) 225-5111

Summary of Benefits and Coverage (SBC)

A Summary of Benefits and Coverage (SBC) is required under Health Care Reform for each of the medical plan options. SBCs describing each plan are posted at www.sbdbenefitscenter.com/welcome. Search using keyword "SBC." The SBCs summarize important plan information in a standard format to help you make a comparison of the features and benefits of each option available to you. A Uniform Glossary defining the terms used in the SBCs is also available.

You may also obtain a paper version of the SBCs for any of the medical plan options, free of charge, by contacting the Stanley Black & Decker Benefits Center at 1-800-795-3899. Representatives are available from 8 a.m. to 8 p.m. Eastern Time, Monday through Friday.

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 and you live in a State listed below, 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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|--|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| ALASKA – Medicaid | COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS – Medicaid | FLORIDA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268 |

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| <p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p> | <p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p> |
| <p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p> | <p align="center">MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p> |
| <p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p> | <p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| <p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p> | <p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p> |
| <p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |
| <p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p> |
| <p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p> | <p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |

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| NEW JERSEY – Medicaid and CHIP | SOUTH DAKOTA - Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| NEW YORK – Medicaid | TEXAS – Medicaid |
| Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 | Website: http://gethipptexas.com/ Phone: 1-800-440-0493 |
| NORTH CAROLINA – Medicaid | UTAH – Medicaid and CHIP |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 |
| NORTH DAKOTA – Medicaid | VERMONT– Medicaid |
| Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| OKLAHOMA – Medicaid and CHIP | VIRGINIA – Medicaid and CHIP |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov |
| OREGON – Medicaid | WASHINGTON – Medicaid |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| PENNSYLVANIA – Medicaid | WEST VIRGINIA – Medicaid and CHIP |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| RHODE ISLAND – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line) | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| SOUTH CAROLINA – Medicaid | WYOMING – Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 855-294-2127 or (307) 777-7531 |

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

Outbreak Notice Period

Timing Extensions Expiring For HIPAA Special Enrollment Events, COBRA Coverage and ERISA Claim and Appeals

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. Under these extensions, plan participants were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.

This temporary extension became effective on March 1, 2020 and created individual extension deadlines.

What this means for you and your family

During the period that began March 1, 2020 to present, individual timing extensions can only be extended for a maximum of 12 months. If the original deadline would have been on or after March 1, 2020, your new deadline will now be one-year from your original deadline. For example, if you would have been required to notify the plan of a HIPAA Special Enrollment event (i.e., the birth of a child) by July 1, 2020, your deadline to request an election change under the HIPAA rules will now be June 30, 2021.

Your deadline could end sooner than one year once the National Emergency declaration ends. At the time of this notice, the National Emergency declaration remains ongoing. However, the extensions described here will only last for the *shorter* of the following two periods: one year from your original deadline, or the period between your deadline (if after 3/1/20) and 60 days following the end of the National Emergency declaration.

If you delayed any of the following due to your timing extension, **you should act quickly or you may lose your ability to exercise your rights under the plan for:**

- Requesting enrollment under the plan due to a HIPAA Special Enrollment event;
- Filing an ERISA claim or appeal; or
- Enrolling in or making premium payment(s) for your COBRA continuation coverage

If you did not experience a HIPAA Special Enrollment or COBRA qualifying event, or did not have the need to file an ERISA claim or appeal, you do not need to take any action.

Contact the SBD Benefits Center to advise of HIPAA special enrollment events for Retiree Medical by calling 1-800-795-3899.

Contact HealthEquity|WageWorks regarding COBRA coverage at 1-866-747-0039.

Newborns & Mothers Health Protection Rights Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Notice

Federal law requires that group health plans provide coverage for the following services to an individual receiving Plan benefits in connection with a mastectomy. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy has been performed,

Surgery and reconstruction of the other breast to produce a symmetrical appearance, and

Prosthesis and treatment of physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

Coverage for breast reconstruction and related services will be subject to the same deductibles and coinsurance amounts under the Plan.

To obtain a more detailed description of the mastectomy-related benefits available under the Plan, contact Cigna at 1-800-243-3280.

HIPAA Notice of Special Enrollment Rights

THIS NOTICE DESCRIBES SPECIAL CIRCUMSTANCES WHICH MAY ALLOW YOU TO ENROLL YOURSELF AND/OR YOUR ELIGIBLE DEPENDENTS TO IN STANLEY BLACK & DECKER HEALTH COVERAGE DURING THE YEAR. PLEASE REVIEW IT CAREFULLY.

Stanley Black & Decker sponsors a group health plan (the “Plan”) to provide coverage for health care services for our employees and their eligible dependents. Our records show that you are eligible to participate, which requires that you complete enrollment in the Plan and pay your portion of the cost of coverage through payroll deductions or decline coverage. A federal law called HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in the Plan under “special enrollment provisions” described below.

Special Enrollment Provisions

Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you had other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents’ other coverage. You must request enrollment within 31 days after you or your dependents’ other coverage ends, or after the other employer stops contributing toward the other coverage. Please contact the Stanley Black & Decker Benefits Center for details, including the effective date of coverage added under this special enrollment provision (contact information provided below).

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents in the Plan. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse in the Plan, if your spouse was not previously covered. Please contact the Stanley Black & Decker Benefits Center for details, including the effective date of coverage added under this special enrollment provision (contact information provided below).

Enrollment Due to Medicaid/CHIP Events. If you or your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents in the Plan if: (i) you or your dependents lose coverage under a state Medicaid or children’s health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. Please contact the Stanley Black & Decker Benefits Center for details, including the effective date of coverage added under this special enrollment provision (contact information provided below).

Contact Information

If you have any questions about this Notice or about how to enroll in the Plan, please contact the Stanley Black & Decker Benefits Center at 1-800-795-3899 (8 a.m. to 8 p.m. Eastern Time, Monday through Friday). Or if you are an active employee, you can access the benefits

enrollment site through uCentral at <https://ucentral.stanleyblackanddecker.com> (click on My Benefits Enrollment under Quick Links) to make a life status change online. (Note: these changes cannot be made in advance of the life status change and must be made within 31 days of the date of the event (60 days for Medicaid/CHIP events).

Notice Availability

A copy of this notice is available on the SBD Benefits Center website at www.sbdbenefitscenter.com/welcome, search using keywords “HIPAA Notice.” Additional information regarding your rights to enroll in the Plan are found in the applicable summary plan description(s) for the Plan, or you may contact the Stanley Black & Decker Benefits Center for more information.

HIPAA Privacy Practices — Notice of Availability

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Stanley Black & Decker healthcare plans (the “Plan”) are required to provide you with a HIPAA Notice of Privacy Practices (“Notice”) at the time of your enrollment in and at certain other times. In addition, the Plan is required to periodically notify you of the availability of the Notice and provide you with information on how to obtain a copy of the Notice.

You may obtain a copy of the Plan’s Notice at any time by visiting www.sbdbenefitscenter.com/welcome. To request a paper copy of this notice, contact the Stanley Black & Decker Benefits Center at (800) 795-3899. To the extent that the Plan contains benefits other than those covered under HIPAA’s Privacy rules, this reminder relates only to those healthcare benefits that are covered under HIPAA’s Privacy rules.

Self-Service Tool – Cigna Medical Plan Options

The Stanley Black & Decker Health & Welfare Plan will provide a self-service cost transparency/price comparison tool (for 500 covered services and items as required by regulators for the plan year beginning on or after January 1, 2023, and for all covered services and items by the 2024 plan year). This internet-based self-service tool:

- Discloses personalized out-of-pocket costs for all covered healthcare items and services (with paper copies available on request)
- Gives participants an estimate of their cost-sharing liability for any in- or out-of-network provider, allowing them to compare costs before receiving medical care
- Enables searching by billing code, descriptive terms, in-network provider name and other relevant factors (such as geography)
- Tracks a participant’s accruals toward any cumulative treatment limitations (like day or visit limits) as well as deductibles and out-of-pocket maximums
- Must be made available by telephone

Links to the self-service tool will be provided as soon as practicable and will be available on the myCigna.com website beginning Jan. 1, 2023.

Notice Regarding Wellness Program

Stanley Black & Decker offers voluntary wellness programs to all employees. Programs are 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 may be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You may be asked to complete a biometric screening, which will include a blood test screening for blood sugar, cholesterol, as well as other measures, such as blood pressure and body mass index. Additionally, you may be asked to attest to a tobacco user status when enrolling in Stanley Black & Decker medical coverage.

You are not required to complete the HRA, to participate in the blood test or other medical examinations or to enroll in medical coverage. Participants have options to do other challenges/activities in lieu of the biometric screenings. Participants also have an option to remove a tobacco surcharge with the support of our Quit for Life on Rally Coach program following completion of program requirements.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn any incentives, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Corporate Benefits at (860) 225-5111 or by email at hrbenefits@sbdinc.com.

The information from your HRA, results from your biometric screening and your tobacco attestation may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as weight loss, tobacco cessation and work/life services. You also are encouraged to share your results or concerns with your own doctor.

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 Stanley Black & Decker may use aggregate information it collects to design a program based on identified health risks in the workplace, no component of the wellness program will ever disclose any of your personal information either publicly or to Stanley Black & Decker, 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 individual(s) who will receive your personally identifiable health information are the health care professionals who read the results of your biometric screenings.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, 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, we will notify you immediately.

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 or retaliation, please contact the Stanley Black & Decker Corporate Benefits at (860) 225-5111 or via email at hrbenefits@sbdinc.com.

Consumer Coverage Disclosure Act – Illinois Based Employees

The [Consumer Coverage Disclosure Act \(Public Act 102-0630\)](#) requires employers to make additional health plan disclosures for U.S. employees living or working in the state of Illinois. Under this law, an employer that offers group health coverage must provide a comparison of the plan's covered benefits against the essential health benefits (EHBs) that Illinois state-regulated individual health insurance policies must provide. A written list of the covered benefits under the Stanley Black & Decker Plan and comparison of those covered benefits with the essential health insurance benefits regulated by the State of Illinois is available to employees. To access the comparison grid, visit sbdbenefitscenter.com/welcome and search using keywords: Illinois Essential Health Benefit Disclosure.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

When key parts of the health care law took effect in 2014, it introduced a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through the Marketplace begins Nov. 2022 for coverage starting Jan. 1, 2023. To elect health insurance coverage under the Stanley Black & Decker plans, you must enroll within 31 days of your date of hire/eligibility.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer you coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards (as Stanley Black & Decker's health coverage does), you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan or, if available, your spouse's employer's plan or through your parent's plan (if you are under age 26).

However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% in 2023 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. Individuals who have an offer of health coverage from their employer that meets those coverage standards (as Stanley Black & Decker's health coverage does) are likely not eligible for a premium tax credit through the Marketplace and may wish to enroll in their company's health plan.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Stanley Black & Decker, then you may lose the Company's contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the coverage offered by Stanley Black & Decker, call 1-800-795-3899 or log in to <https://ucentral.stanleyblackanddecker.com> (under Quick Links, click on My Benefits Enrollment)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|--|----------------|---|--|
| 3. Employer name Stanley Black & Decker, Inc. | | 4. Employer Identification Number (EIN) 06-0548860 | |
| 5. Employer address 1000 Stanley Drive | | 6. Employer phone number 1-860-225-5111 | |
| 7. City New Britain | 8. State CT | 9. ZIP code 06053 | |
| 10. Who can we contact about employee health coverage at this job? Log in to https://ucentral.stanleyblackanddecker.com (under Quick Links, click on My Benefits Enrollment) | | | |
| 11. Phone number (if different from above) | | 12. Email address HRBenefits@sbdinc.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Some employees. Eligible employees are:
 - U.S. employees regularly scheduled to work at least 20 hours per week.
 - Part-time employees working less than 20 hours per week, as well as agency

workers, temporary, casual, irregular and independent contractors are not eligible.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

- Your legal spouse (excluding your legally separated or divorced spouse);
- Your same-sex or opposite-sex domestic partner who meets the requirements of a domestic partnership;
- Your/your spouse/domestic partner's children from birth up to their 26th birthday;
- Your/your spouse/domestic partner's unmarried children of any age who are mentally or physically unable to work as a result of a condition that began prior to age 26; and,
- Your/your spouse/domestic partner's unmarried children who become eligible for medical coverage under the terms of a Qualified Medical Child Support Order (QMCSO).

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process. For more information about the coverage offered by Stanley Black & Decker, go to <https://ucentral.stanleyblackanddecker.com> (under Quick Links, click on My Benefits Enrollment).
