

*StanleyBlack&Decker*

# WELCOME TO YOUR 2023 BENEFITS.

A Quick Review Guide for Stanley Black & Decker's 2023 Medical Options.





## Your whole health matters.

Cigna is pleased to partner with Stanley Black & Decker to support your whole health – physically, emotionally and financially. We provide 100% in-network preventive care coverage, 24/7 live customer support, health coaching and so much more.

### In this Quick Review Guide, you'll find:

- › An overview of your medical plan options
- › Factors to consider when selecting a plan
- › Information on ALEX, your virtual benefits advisor
- › 2023 plan comparison charts

### New for 2023.

- › Stanley Black & Decker has reduced the monthly contributions for the Basic HSA employee-only option. This means employees who need coverage just for themselves will pay significantly less in contributions each month.
- › Depending on your home ZIP code, you may be able to choose Cigna's LocalPlus® OAP, an in-network-only option that offers significantly lower contribution rates than the regular OAP.
- › A new Preventive Plus Prescription Medication Program will be in place for 2023. With this program, the deductible is waived under the HSA plans for glucose monitoring supplies (CGMs).

### Questions?

For assistance with general health and group benefit questions – or dependent eligibility questions – call the **Stanley Black & Decker Benefits Center** at **800.795.3899** (8:00 am–8:00 pm ET, Monday–Friday).

Or call **Cigna** 24/7 at **800.243.3280**.

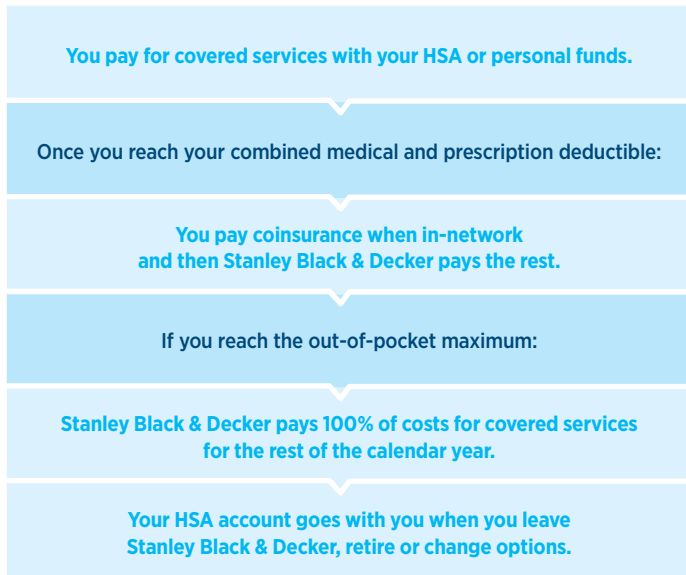
# MEDICAL PLAN OPTIONS

## An at-a-glance view of the 2023 Stanley Black & Decker medical plan options through Cigna.

| HSA (Health Savings Account) OPTIONS  | OAP (Open Access Plus) OPTIONS  |
|---|---|
| <b>BASIC HSA</b><br>A higher deductible and lower payroll contributions than the Plus HSA option. Includes a company HSA. Both you and SBD can contribute to this pretax account to pay eligible health care expenses now and in the future.* | <b>OAP</b><br>Higher payroll contributions and lower deductibles than the HSA options.  |
| <b>PLUS HSA</b><br>All the benefits of the Basic HSA option but with a lower deductible, higher payroll contributions and a larger company HSA contribution.  | <b>LOCALPLUS OAP</b><br>The same benefits as the regular OAP option but with in-network coverage for care from LocalPlus network providers only. Only available in certain ZIP codes. |

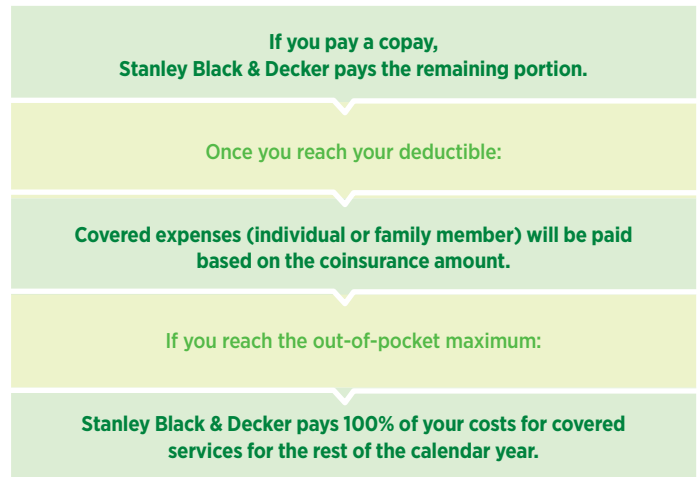
### HOW HSA OPTIONS WORK

**You and Stanley Black & Decker fund your HSA. You pay deductibles and coinsurance.** In- and out-of-network preventive care is covered at 100% for most services.\*\*



### HOW OAP OPTIONS WORK

**You may pay a copay, a deductible and/or coinsurance.** In- and out-of-network preventive care is covered at 100% for most services.\*\* LocalPlus OAP is an in-network-only option; there is no out-of-network coverage except for emergencies.



\*HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Contact your professional tax advisor for information about your state.

\*\*Not all preventive care services are covered. For example, most immunizations for travel are generally not covered. Visit [myCigna.com](https://myCigna.com) and see what preventive care services your plan covers. For age- and gender-specific guidelines, check out the Preventive Care Reference Guide on [ucentral.stanleyblackanddecker.com](https://ucentral.stanleyblackanddecker.com): click on the Health tab > Medical Plans > Cigna Information.

# MEDICAL PLAN OPTIONS

## HEALTH SAVINGS ACCOUNT (HSA)

These options allow you to set aside pretax money\* for health care expenses, including medical care, eligible prescription drugs, and dental and vision care.

### BASIC HSA

### PLUS HSA

**Both the Basic HSA and Plus HSA include the option of a Health Savings Account (HSA) that is funded by you and Stanley Black & Decker.**

### HSA BENEFITS

- › HSA accounts will be automatically set up with HSA Bank, but you will not have access to your funds unless you indicate that you are eligible by completing the CIP process.\*\*
- › Stanley Black & Decker contributes money in a lump sum to your HSA if you are a participant as of January 1. For new hires, the amount is prorated.
- › Once you have at least \$1,000 in your HSA, you can choose to invest the funds instead of using them as a checking account.
- › HSA annual contribution maximums are increasing for 2023. HSA maximum contributions have increased to \$3,850 for employee-only and \$7,750 for family coverage.
- › Your HSA is yours to keep, even if you change jobs or retire. Any contributions you make roll over from year to year.
- › With an HSA, you have the option to also contribute to a Limited Purpose Health Care Flexible Spending Account (FSA) through WEX. Once you reach your HSA option deductible, you may use FSA funds for eligible medical and prescription expenses. You can also use pretax FSA dollars\*\* to pay eligible vision or dental expenses anytime.
- › With this option, the medical and pharmacy deductible is not combined. In other words, there is no deductible to meet before prescription coverage starts at the applicable copay or coinsurance amount. Not all prescriptions are subject to the deductible.

### IMPORTANT NOTE

HSA options cover both in- and out-of-network care; however, your costs will be higher if you use out-of-network providers.

\*HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Contact your professional tax advisor for information about your state.

\*\* You can complete the customer identification program (CIP) process through HSA Bank.

\*\*Some cities and municipalities impose income taxes on FSAs. For detailed information, please contact your local department of taxation.

# MEDICAL PLAN OPTIONS

## OPEN ACCESS PLUS (OAP)

These plans have copays for many services, such as a \$25 primary care physician (PCP) office visit copay, \$50 specialist copay, \$50 urgent care copay and \$25 physical therapy copay. For other services, such as emergency room visits, the Plan pays 80% after you meet your deductible. There are also services, such as hospitalization, where you pay a copay and then the Plan pays 80%.

**OAP**

**LOCALPLUS OAP**

**Have the highest employee contributions and the option of a self-funded Flexible Spending Account (FSA).**

### OAP BENEFITS

- › Offers the same network of doctors, hospitals and health care providers as the HSA options.
- › Unlike an HSA, once any family member meets the individual deductible, benefits will be paid for that family member.
- › The medical and pharmacy deductible is not combined, meaning there is no deductible to meet before prescription coverage starts at the applicable copay or coinsurance amount.
- › You have the option of adding pretax\* funds to a Health Care Flexible Spending Account (FSA) if you enroll in the OAP.\*\*

### LOCALPLUS OAP

- › Same benefits as the regular OAP option; however, this is an in-network-only option with a narrower network of providers. It is only available in certain ZIP codes.
- › LocalPlus OAP is a cost-effective solution designed to help you control health care costs without sacrificing the quality and convenience you want.
- › If you are eligible for LocalPlus OAP, be sure to check if your doctors, hospital and other providers are in the LocalPlus network before making any decisions. While there is a 90% overlap in in-network providers, it's still a good idea to check before you enroll.
- › While on the LocalPlus OAP, you will not be covered if you go to out-of-network providers.

To find out if LocalPlus OAP is an option for you, visit the SBD Benefits Center website at [sbdbenefitscenter.com/welcome](http://sbdbenefitscenter.com/welcome), click on "Enroll Here" and then log in with your user credentials. Or use the ALEX decision support tool and enter your home ZIP code.

### IMPORTANT NOTE

Unused FSA funds are forfeited due to the IRS "Use It or Lose It" rule; however, you can carry over between \$5 and \$570 of your current year Health Care FSA to the next plan year if you continue to elect the Health Care FSA during Annual Enrollment. You have until March 31 of the following plan year to submit eligible expenses incurred in the prior calendar year.

### OUT OF TOWN? LOCALPLUS OAP HAS YOU COVERED.

If you need care while away from your LocalPlus Network area, you can access in-network providers or hospitals through our nationwide Away From Home Care feature. For more information about Away From Home, visit the [SBD Benefits Center](#) and search using keywords "LocalPlus OAP."

\*Some cities and municipalities impose income taxes on FSAs. For detailed information, please contact your local department of taxation.

\*\*Enrollment in a Stanley Black & Decker medical option is not required to take advantage of the tax savings benefits of an FSA.



## BENEFITS AND SUPPORT YOU CAN COUNT ON.

### It all starts on myCigna - your personal health place.

[myCigna.com](https://mycigna.com) provides instant access to cost estimator tools, personalized provider searches and a wide range of wellness resources. For on-the-go convenience, download the **myCigna® App**.<sup>1</sup>

### Here's what else you can expect. All Stanley Black & Decker medical plan options include:

- › **100% preventive care coverage** – Receive in-network preventive wellness check-ups and screenings at no additional cost to you.<sup>2</sup>
- › **24/7 live customer service** – Get answers to all your benefits questions, help finding in-network care and more by calling **800.243.3820**.
- › **MDLIVE for Cigna®** – Effective January 1, 2023, MDLIVE® preventive care services are covered at 100% under all Cigna medical options. Medical and dental urgent care, primary care, and behavioral health care – including therapy and psychiatrist visits – are also covered at 100% (after deductible for HSA options). Dermatology and other specialty care services will be subject to your medical option's deductible and coinsurance.<sup>3</sup> To get started, visit [myCigna.com](https://mycigna.com).
- › **Cigna Health Coaching** – Work one-on-one with a health coach to help you understand your health needs and work toward achieving your health goals. Call **800.Cigna24** to connect.
- › **Cigna Healthy Pregnancies, Healthy Babies® program** – Get support before and after the birth of a new baby. To enroll, call **800.615.2906**. You can even earn a \$200–\$400 incentive if you enroll before the third trimester.<sup>4</sup>
- › **Quit for Life on Rally Coach** – Learn strategies to help you quit smoking or using tobacco. Available at no additional cost. If you complete the program, the \$50 monthly tobacco-user surcharge will be removed. That's an extra \$50 per month in your pocket! To enroll, call **866.QUIT.4.LIFE** (866.784.8454; TTY 711).<sup>5</sup>
- › **ConsumerMedical** – Get expert health care and guidance, reliable medical information, and a personalized support team of doctors, nurses and researchers. To learn more or register, go to [myconsumermedical.com](https://myconsumermedical.com) (company code SBD) or call **888.361.3944**.
- › **Livongo by Teladoc Health** – Manage diabetes, pre-diabetes, hypertension, weight loss, stress and more. To learn more or join, visit [be.livongo.com/SBD-CIGNA/hi](https://be.livongo.com/SBD-CIGNA/hi) or call **800.945.4355** (registration code SBD-CIGNA).<sup>6</sup>

1. The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

2. Not all preventive care services are covered. For example, most immunizations for travel are generally not covered. Visit [myCigna.com](https://mycigna.com) and see what preventive care services your plan covers. For age- and gender-specific guidelines, check out the Preventive Care Reference Guide on [ucentral.stanleyblackanddecker.com](https://ucentral.stanleyblackanddecker.com): click on the Health tab > Medical Plans > Cigna Information.

3. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas. A primary care provider referral is not required for this service.

4. Incentive rewards may be considered taxable income. Please contact your tax advisor for details.

5. Once you enroll, support is available even if you quit and start using tobacco again during the treatment program.

6. To enroll in Livongo, you must meet the eligibility criteria.

# WHICH MEDICAL OPTION IS A GOOD FIT FOR YOU?

## Consider your health needs in the coming year.

Everyone's medical coverage needs are different and can change from year to year. Before you enroll in coverage, think about the care you or your family may need in the year ahead. Here are a few examples that may help.



### JORDAN

**Single, young and healthy.**

Jordan is in his early 30s, is not married and doesn't have children. He's pretty healthy and feels optimistic about the future. He goes for a preventive care check-up once a year but generally doesn't visit the doctor much.

**GOOD FIT:** Basic HSA, with new lower employee-only contributions  
**LESS OF A FIT:** Plus HSA, OAP



### THE CLARKS

**A growing family.**

The Clarks are a young couple expecting their first child. Since they know they'll incur added medical expenses related to pregnancy and birth, they expect to meet their annual deductible this year. They receive all medical care in-network.

**GOOD FIT:** OAP, Family or LocalPlus OAP, Family (if eligible\*)  
**LESS OF A FIT:** Basic HSA, Plus HSA



### THE PATEL FAMILY

**Married with young children.**

The Patel's are a busy, active and healthy family who don't typically meet their deductible. They don't have any major medical conditions or expect any surgeries during the plan year. They receive all medical care in-network.

**GOOD FIT:** Basic HSA, Family  
**LESS OF A FIT:** Plus HSA, OAP



### MARCELLA

**Single, living with diabetes.**

Marcella has diabetes but manages it well. She eats right, exercises, and gets added support from Livongo. She's concerned about having large medical and pharmacy expenses, or needing to pay a lot out of pocket all at once.

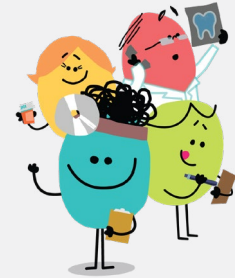
**GOOD FIT:** OAP, LocalPlus OAP (if eligible\*)  
**LESS OF A FIT:** Basic HSA, Plus HSA

\*Residing in a LocalPlus OAP-eligible home ZIP code.

# GET TO KNOW alex®



alex®



Get started today.

Visit <https://www.myalex.com/sbd/2023>.

## Your virtual benefits advisor.

To help you compare medical plans and learn about all your different health care benefits, Stanley Black & Decker provides an easy-to-use online tool called ALEX.

Talking with ALEX is like having a conversation with a real person. ALEX will guide you through a series of questions to get a better idea of your and your family's needs and then help you figure out which plan to choose based on your responses. Be sure to enter your home ZIP code. (Everything you say remains confidential, of course.)\*

ALEX can also educate you and your family on dental, vision, flexible spending accounts (in the tax savings section), life insurance, disability insurance and more.

## Something to consider.

ALEX will recommend plans based on your inputs into the tool. So if your inputs are off, the recommendation may be as well. Use ALEX as a guide not a rule, and consider other factors that ALEX may not take into account, such as a costly prescription medications.

## Short on time?

Let ALEXGo help you in just a few minutes. ALEXGo is a new text-based mobile-first version of Benefits Counselor, and it is available in both English and Spanish.

\* ALEX does not create, receive, maintain, transmit, collect or store any identifiable end-user information.



# 2023 PAYROLL DEDUCTIONS

## Medical (Pretax) – Tobacco-/Smoking-Free Rates\*

### EMPLOYEE ONLY

| ANNUAL<br>BASE PAY** | BASIC HSA |         | PLUS HSA |         | OAP     |         | LOCALPLUS OAP |         |
|----------------------|-----------|---------|----------|---------|---------|---------|---------------|---------|
|                      | Monthly   | Weekly  | Monthly  | Weekly  | Monthly | Weekly  | Monthly       | Weekly  |
| Less than \$50,000   | \$25      | \$5.77  | \$122    | \$28.15 | \$155   | \$35.77 | \$93          | \$21.46 |
| \$50,000–\$100,000   | \$38      | \$8.77  | \$132    | \$30.46 | \$167   | \$38.54 | \$100         | \$23.08 |
| More than \$100,000  | \$48      | \$11.08 | \$140    | \$32.31 | \$178   | \$41.08 | \$107         | \$24.69 |

### EMPLOYEE + SPOUSE/DOMESTIC PARTNER (DP)\*\*\*

| ANNUAL<br>BASE PAY** | BASIC HSA |         | PLUS HSA |         | OAP     |          | LOCALPLUS OAP |         |
|----------------------|-----------|---------|----------|---------|---------|----------|---------------|---------|
|                      | Monthly   | Weekly  | Monthly  | Weekly  | Monthly | Weekly   | Monthly       | Weekly  |
| Less than \$50,000   | \$196     | \$45.23 | \$318    | \$73.39 | \$402   | \$92.77  | \$241         | \$55.62 |
| \$50,000–\$100,000   | \$229     | \$52.85 | \$345    | \$79.62 | \$432   | \$99.69  | \$259         | \$59.77 |
| More than \$100,000  | \$257     | \$59.31 | \$366    | \$84.46 | \$461   | \$106.39 | \$277         | \$63.92 |

### EMPLOYEE + CHILD(REN)

| ANNUAL<br>BASE PAY** | BASIC HSA |         | PLUS HSA |         | OAP     |         | LOCALPLUS OAP |         |
|----------------------|-----------|---------|----------|---------|---------|---------|---------------|---------|
|                      | Monthly   | Weekly  | Monthly  | Weekly  | Monthly | Weekly  | Monthly       | Weekly  |
| Less than \$50,000   | \$128     | \$29.54 | \$208    | \$48.00 | \$263   | \$60.69 | \$158         | \$36.46 |
| \$50,000–\$100,000   | \$150     | \$34.62 | \$224    | \$51.69 | \$282   | \$65.08 | \$169         | \$39.00 |
| More than \$100,000  | \$168     | \$38.77 | \$238    | \$54.92 | \$301   | \$69.46 | \$181         | \$41.77 |

### FAMILY INCLUDING SPOUSE/DP\*\*\* AND CHILD(REN)

| ANNUAL<br>BASE PAY** | BASIC HSA |         | PLUS HSA |          | OAP     |          | LOCALPLUS OAP |         |
|----------------------|-----------|---------|----------|----------|---------|----------|---------------|---------|
|                      | Monthly   | Weekly  | Monthly  | Weekly   | Monthly | Weekly   | Monthly       | Weekly  |
| Less than \$50,000   | \$249     | \$57.46 | \$404    | \$93.23  | \$511   | \$117.92 | \$307         | \$70.85 |
| \$50,000–\$100,000   | \$291     | \$67.15 | \$435    | \$100.39 | \$548   | \$126.46 | \$329         | \$75.92 |
| More than \$100,000  | \$326     | \$75.23 | \$463    | \$106.85 | \$585   | \$135.00 | \$351         | \$81.00 |

\*\$50 additional monthly contribution if you or a covered family member smoke and/or use tobacco.

\*\*Annual base pay as of 10/1/2022 or as of hire date if mid year new hire.

\*\*\*Coverage of domestic partners will be subject to additional costs resulting from taxation of the company-paid benefit (e.g., imputed taxable income).

# DETAILS

| BASIC HSA     |   | PLUS HSA      |   | OAP           |   | LOCALPLUS OAP |   |
|---------------|---|---------------|---|---------------|---|---------------|---|
| Employee only | Employee + spouse/DP<br>Employee + child(ren)<br>Family | Employee only | Employee + spouse/DP<br>Employee + child(ren)<br>Family | Employee only | Employee + spouse/DP<br>Employee + child(ren)<br>Family | Employee only | Employee + spouse/DP<br>Employee + child(ren)<br>Family |

## HSA COMPANY CONTRIBUTIONS

| All salary bands   | \$250   | \$500    | \$500   | \$1,000 | N/A  |         | N/A  |         |
|--------------------|---|----------|---|---------|--|---------|--|---------|
| MEDICAL DEDUCTIBLE | Plan includes a combined medical/pharmacy deductible. |          | Plan includes a combined medical/pharmacy deductible. |         | Deductible applies to some but not all medical expenses. |         | Deductible applies to some but not all medical expenses. |         |
| In-network         | \$2,500   | \$5,000  | \$1,750   | \$3,500 | \$700  | \$1,400 | \$700  | \$1,400 |
| Out-of-network     | \$5,000   | \$10,000 | \$3,500   | \$7,000 | \$1,400  | \$2,800 | N/A  | N/A     |

## OUT-OF-POCKET MAXIMUM

|                |          |           |         |          |         |          |         |         |
|----------------|----------|-----------|---------|----------|---------|----------|---------|---------|
| In-network     | \$5,500  | \$11,000* | \$4,500 | \$9,000* | \$3,500 | \$7,000  | \$3,500 | \$7,000 |
| Out-of-network | \$11,000 | \$22,000  | \$7,000 | \$14,000 | \$7,000 | \$14,000 | N/A     | N/A     |

## PLAN-YEAR COINSURANCE (what the plan pays)

|                |     |  |     |  |     |  |     |  |
|----------------|-----|--|-----|--|-----|--|-----|--|
| In-network     | 70% |  | 80% |  | 80% |  | 80% |  |
| Out-of-network | 50% |  | 50% |  | 50% |  | N/A |  |

\*The maximum amount any individual can pay is \$8,150.

# WHAT'S COVERED

|   | BASIC HSA                            |   | PLUS HSA                             |   | OAP   |   | LOCALPLUS OAP   |   |
|---|--------------------------------------|---|--------------------------------------|---|---|---|---|---|
|   | In-network                           | Out-of-network <sup>1</sup>                                       | In-network                           | Out-of-network <sup>1</sup>                                       | In-network  | Out-of-network <sup>1</sup>                                       | In-network  | Out-of-network <sup>1</sup>                                       |
| <b>OFFICE/OUTPATIENT SERVICE (what the plan pays)<sup>2</sup></b>       |                                      |   |                                      |   |   |   |   |   |
| Adult preventive care   | 100%                                 |   | 100%                                 |   | 100%  |   | 100%  |   |
| Office visit  | 70%                                  | 50%   | 80%                                  | 50%   | 100% after \$25 copay   | 50%   | 100% after \$25 copay   | N/A   |
| Specialist visit  | 70%                                  | 50%   | 80%                                  | 50%   | 100% after \$50 copay   | 50%   | 100% after \$50 copay   | N/A   |
| Prenatal care   | 70%                                  | 50%   | 80%                                  | 50%   | 80%   | 50%   | 80%   | N/A   |
| Chiropractic care   | 70%                                  | 50%   | 80%                                  | 50%   | 100% after \$50 copay   | 50%   | 100% after \$50 copay   | N/A   |
| Outpatient therapy  | 70%                                  | 50%   | 80%                                  | 50%   | 100% after \$50 copay   | 50%   | 100% after \$50 copay   | N/A   |
| Physical therapy  | 70%                                  | 50%   | 80%                                  | 50%   | 100% after \$25 copay   | 50%   | 100% after \$25 copay   | N/A   |
| Well-child care   | 100%                                 |   | 100%                                 |   | 100%  |   | 100%  | N/A   |
| Lab and radiology   | 70%                                  | 50%   | 80%                                  | 50%   | 100% after copay (doctor's office); 80% (outpatient/independent facility) | 50%   | 100% after copay (doctor's office); 80% (outpatient/independent facility) | N/A   |
| <b>HOSPITAL CARE (what the plan pays)<sup>3</sup></b>                   |                                      |   |                                      |   |   |   |   |   |
| Inpatient hospitalization   | 70%                                  | 50%   | 80%                                  | 50%   | 80% after \$200 copay   | 50%   | 80% after \$200 copay   | N/A   |
| Outpatient surgery  | 70%                                  | 50%   | 80%                                  | 50%   | 80% after \$100 copay   | 50%   | 80% after \$100 copay   | N/A   |
| Emergency room  | 70%                                  |   | 80%                                  |   | 80%   |   | 80%   | 80% <sup>4</sup>  |
| Urgent care center  | 70%                                  |   | 80%                                  |   | \$50 copay per visit  |   | \$50 copay per visit  | \$50 copay per visit  |
| Ambulance   | 70%                                  |   | 80%                                  |   | 80%   |   | 80%   | 80% <sup>4</sup>  |
| <b>MENTAL HEALTH AND SUBSTANCE USE (what the plan pays)<sup>2</sup></b> |                                      |   |                                      |   |   |   |   |   |
| Inpatient (unlimited day maximum)                                       | 70%                                  | 50%   | 80%                                  | 50%   | 80% after \$200 copay   | 50%   | 80% after \$200 copay   | N/A   |
| Outpatient  | 70%                                  | 50%   | 80%                                  | 50%   | \$25 (doctor's office); 80% (outpatient/independent facility)             | 50%   | \$25 (doctor's office); 80% (outpatient/independent facility)             | N/A   |
| <b>HEARING AID COVERAGE</b>   |                                      |   |                                      |   |   |   |   |   |
| Hearing aid equipment/devices   | Up to \$3,000 max. every 3 years     | N/A   | Up to \$3,000 max. every 3 years     | N/A   | Up to \$3,000 max. every 3 years  | N/A   | Up to \$3,000 max. every 3 years  | N/A   |
|   | Retail (30-day supply)               | Retail 90 <sup>3</sup> and home delivery pharmacy (90-day supply) | Retail (30-day supply)               | Retail 90 <sup>3</sup> and home delivery pharmacy (90-day supply) | Retail (30-day supply)  | Retail 90 <sup>3</sup> and home delivery pharmacy (90-day supply) | Retail (30-day supply)  | Retail 90 <sup>3</sup> and home delivery pharmacy (90-day supply) |
| <b>PRESCRIPTION MEDICATION HIGHLIGHTS (what the plan pays)</b>          |                                      |   |                                      |   |   |   |   |   |
| Generic   | 100% after \$12 copay                | 100% after \$24 copay   | 100% after \$12 copay                | 100% after \$24 copay   | 100% after \$12 copay   | 100% after \$24 copay   | 100% after \$12 copay   | 100% after \$24 copay   |
| Preferred brand   | 75% after copay min. \$35/max. \$95  | 80% min. \$70/max. \$190  | 75% after copay min. \$35/max. \$95  | 80% min. \$70/max. \$190  | 75% after copay min. \$35/max. \$95                                       | 80% min. \$70/max. \$190  | 75% after copay min. \$35/max. \$95                                       | 80% min. \$70/max. \$190  |
| Non-preferred brand   | 65% after copay min. \$55/max. \$115 | 70% min. \$110/max. \$230   | 65% after copay min. \$55/max. \$115 | 70% min. \$110/max. \$230   | 65% after copay min. \$55/max. \$115                                      | 70% min. \$110/max. \$230   | 65% after copay min. \$55/max. \$115                                      | 70% min. \$110/max. \$230   |
|   | (after deductible)                   |   | (after deductible)                   |   | (no deductible)   |   | (no deductible)   |   |

1. The plan will pay the percentage shown for covered services that do not exceed the plan's maximum reimbursable charge.

2. All coinsurance percentages except 100% are after the deductible.

3. To find a pharmacy participating in the Retail 90 program, visit [Cigna.com/Rx90network](http://Cigna.com/Rx90network).

4. Emergency services are covered at the in-network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (out-of-network) provider. Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.



### Health care reform: Meeting the requirements

Following the end of each year, you will receive documents from your employer that confirm the coverage you had during the prior calendar year. These documents must include the Social Security numbers of you and your covered family members, which is why we ask for Social Security numbers when you enroll.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary. For complete details of the Stanley Black & Decker medical plans, refer to the Summary Plan Description. If you need help, call Cigna at **800.243.3280**.

Policies are insured by Life Insurance Company of North America, a Cigna company. Policies may contain exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, see your plan documents.

**Together, all the way.®**



**These plans provide coverage for most medically necessary services. However, there are certain services and supplies that are not covered by the plan regardless of medical necessity. These are only the highlights. A complete list of covered and non-covered services is set forth in the official plan documents – your employer’s summary plan description. If there are any differences between this information and the plan documents, the plan documents will prevail.**

The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

The medical plans offered to Stanley Black & Decker employees are self-insured by your employer and administered by Cigna Health and Life Insurance Company.

If you enroll in a Cigna-administered Health Savings Account (HSA) Plan, the HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

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