2024 Annual Enrollment Guide

Annual Enrollment **November 8–22**

BENEFITS MADE FOR YOU

StanleyBlack&Decker

Our Company's Commitment to You

At Stanley Black & Decker, we are for those who make the world and this begins with you, our employees. Each year, we provide benefits to support the physical, financial and mental well-being of you and your loved ones.

Whether preventing or facing health conditions, access to health care professionals, resources and care can truly make a difference in your quality of life.

During our Annual Enrollment period from November 8 to November 22, you can review and compare the health insurance plans available to you for the coming year. encourage you to review this guide to learn more about the changes to our benefits from last year, including the cost of coverage, and review your current coverage to consider whether it is still the best fit for your needs. We have generally limited the increase to employee contribution rates for medical insurance to 3%, despite much higher medical inflation, as part of our commitment to help you access quality care. You can make changes to your current coverage, such as switching to a different plan or updating your dependents or enroll in a new plan if you are not currently covered. If you choose not to make any changes to existing coverage, many will be automatically renewed for the coming year.

Join me in accessing the extensive resources outlined in this guide to better understand your options and make the best health care choices for you and your family.

Yours in health,

JOHN LUCAS SVP, CHIEF HUMAN RESOURCES OFFICER

Benefits Made for You

As we have spent the past year building a stronger foundation for our company, we are also investing in enhancements to our 2024 benefits package. Our goal is to offer coverage to help you and your family live your best lives. We understand that your needs are different and can change from year to year. So, we continue to improve upon our benefits programs and provide decision support tools so that you feel confident that your benefit choices will help you take charge of your health.

For 2024, we are offering more comprehensive coverage to better meet your health needs, including:

- Enhancing infertility benefits
- · Expanding age limit for dental sealants
- Increasing child life insurance
- Providing programs with dedicated care navigation support to connect you to more affordable care
- Changing vision carriers and expanding vision network coverage to include Costco, Sam's Club and Wal-Mart
- Switching to LegalEASE legal insurance coverage, providing robust legal coverage with lower employee costs

As health care costs continue to rise nationwide due to inflation, we remain committed to keeping cost increases minimal while building better benefits designed to meet your needs. SBD will continue to take on a larger share of the health care costs as we have in years past to help make health care more affordable for our employees. For 2024, most employees can expect to see only a 3% increase in contribution costs, between \$0 and \$18 per month (depending upon your coverage option and salary band). We will also continue to offer the employee-only Basic HSA medical option with contribution rates unchanged from 2023.

In addition to keeping your contribution increases well below inflation rates, we are sharing more ways to save and ask for your help in taking advantage of cost-saving programs and services as shared in this guide. Use decision support tools like ALEX and Benefit Scout to help you make informed coverage decisions. Plus, test your benefits knowledge and earn a chance to win SBD swag by taking a 12-question interactive quiz. Use this guide and the many tools within to help you select the best-fit coverage for you and your family.

We strive to provide you with access to the care you need and to help you make the best decisions for yourself and the people you love. Please continue to take care of yourselves. We are proud to offer benefits made for you.

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Scan or click this QR code for a video tour of this guide.

Watch the Video

Scanning a QR code is simple. Just open the camera on your smartphone and put the QR code in the picture frame. Then, follow the prompt to open the page.



BENEFITS MADE FOR YOU 4

Learn What's Changing for 2024

We continue to build benefits designed to meet the needs of you and your family and remain committed to keeping an eye on affordability of our benefit options. Our company will continue to assume most of the medical premium cost increases for this year, even as health care costs go up nationwide. Amidst cost increases and inflation, we remain committed to providing you with choices, making high quality care accessible for all and boosting value through benefit and program enhancements.



Check out our interactive quiz to learn more about SBD benefits—and get a chance to win prizes!

MEDICAL

Costs are going up-but SBD is absorbing most of the costs.

SBD will continue to take on a larger share of the health care costs as we have in years past, capping medical cost increase at 3% despite even greater inflation rates for medical health care costs. Contributions are not increasing for employee-only coverage in the Basic HSA in an effort to continue to offer you a low-cost option. See the 2024 contributions on page 28.

The prior authorization process for high-tech radiology services will now include a review for appropriate site of care, as well as medical necessity.

Services affected include CAT scans, PET scans, MRIs, diagnostic and nuclear cardiology. You can access the radiology preauthorization list detailing the applicable procedures at **sbdbenefitscenter.com/welcome**; search using keywords "Cigna Radiology." If the necessary prior authorizations for site of care are not obtained, you could pay higher out-of-pocket costs.

We're enhancing benefits with you and your family's needs in mind.

- We're making it easier to build a family with enhanced fertility benefits and an increase in the lifetime fertility maximum to \$25,000. You will not need an infertility diagnosis to access in vitro fertilization treatment, making it easier to access care. Other clinical criteria may apply, so please reach out to Cigna when beginning your journey to understand your coverage.
- With Cigna medical coverage, you will have access to a personalized clinical care program for musculoskeletal concerns through Cigna Pathwell Bone & Joint and proactive medication management support for injectable and infusion specialty medications through Cigna Pathwell Specialty.
- We improved our dental coverage so that children are eligible for sealants up to age 19, to align with American Dental Association guidelines.
- We improved and simplified Child Life Insurance coverage.

VISION

Vision coverage will be administered through Cigna.

This new partnership comes with slight cost increases, an expansion of in-network providers including Costco, Sam's Club and Walmart, but, most notably, lower out-of-pocket costs with a \$25 materials copay for lenses and an increased frame allowance of \$200, which may be applied towards contact lens services and materials. Enroll to save on eligible vision care expenses, such as eye exams, glasses and contact lenses. For more information, see page 22.

EAP

New for 2024! More support for all life's moments with SupportLinc.

SupportLinc will provide enhanced employee assistance program support, including mental and behavioral health, along with work/life services and discounts. You'll be able to access care by phone, chat or website—wherever and whenever you need it. Look for more information in January 2024.



Enroll November 8–22

Read this guide to find out more about your 2024 benefit options, then enroll by the deadline, November 22, 2023.

You're eligible for SBD's health and group benefits if you are a U.S. employee regularly scheduled to work at least 20 hours per week. If you are a temporary employee or intern paid by SBD payroll working at least 30 hours per week, you are eligible for medical, prescription, Employee Assistance Program (EAP) benefits and Care.com Work/Life Services after the 90-day waiting period is satisfied.¹

You may also cover your:

- Legal spouse
- Same or opposite-sex domestic partner²
- Children (including children of a domestic partner) under age 26
- Children who are mentally or physically unable to work as a result of a condition that began prior to age 26

Parents and grandchildren are not eligible dependents. Grandchildren are only covered if you are their legal guardian (court papers required).

Coverage categories:

When you make your elections for medical, dental and vision coverage, you will choose a coverage category based on the dependents you plan to cover.

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child or Children
- Employee + Family (Spouse/Domestic Partner and Child or Children)

Dependent Verification

Dependent verification is required for any dependents you add to coverage. Once you add your dependents, they will have a verification status of "pending." Submit supporting dependent verification documents during the enrollment process or within 31 days of enrollment. Dependent information will not be sent to insurance carriers until the proper documentation is submitted to the SBD Benefits Center and approved.

Dependent Eligibility Audit

For SBD to continue to offer comprehensive and affordable benefit options, we need to ensure we're only covering SBD employees and dependents that meet all the eligibility requirements. To do this, we may conduct a random audit of covered dependents during the 2024 Plan year to ensure they meet Plan eligibility requirements. A random selection of employees who haven't been audited in the prior 36 months will be required to provide documents to verify their dependents upon request from the SBD Benefits Center.

¹ Part-time employees working less than 20 hours per week as well as agency workers, casual, irregular and independent contractors are not eligible.

² The value of the domestic partner coverage is added to your taxable earnings as imputed income and will reduce your take-home pay. For more information, including the tax implications per the IRS, refer to the Domestic Partner Policy guide at **sbdbenefitscenter.com/welcome**.

Your Medical Options

Depending on where you live, you have up to four Cigna medical options to choose from.¹

Here's how they compare. For a list of participating health care professionals and facilities, visit **cigna.com** and click on "Find a Doctor."

	Basic HSA	Plus HSA	ΟΑΡ	LocalPlus OAP
Network	Cigna National Open Access Plus Network	Cigna National Open Access Plus Network	Cigna National Open Access Plus Network	Cigna LocalPlus Network
Out-of-Network	For any reason and everyone enrolled	For any reason and everyone enrolled	For any reason and everyone enrolled	No out-of-network coverage except for emergencies ³
Health Savings Account (HSA) Money from SBD and your contributions (if elected)	From SBD: Individual: \$250 Family: \$500	From SBD: Individual: \$500 Family: \$1,000	N/A	N/A
Payroll Contributions See page 28 for contributions	Low	Higher	Highest	Low
Calendar-Year Deductible ² The amount you pay before SBD begins paying for most health care services	Highest	High	Lowest	Lowest
Out-of-Pocket Maximum	Highest	High	Lowest	Lowest

¹ If you live in California in a Kaiser-eligible coverage area, you're eligible for the Kaiser medical option in addition to the Cigna medical options. If you live in Hawaii, you're eligible for the HMSA

PPO medical option only. For additional details on the Kaiser Traditional HMO or HMSA medical options, visit the SBD Benefits Center Welcome Site. ² The medical and pharmacy deductibles are combined for the HSA options. There is no pharmacy deductible for the OAP options.

³ 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.

Looking to Save on Health Care in 2023?

Here are some things you can do:

Consider covering just yourself.

You can save by selecting employee-only coverage with any medical option, and by using in-network doctors, hospitals and providers.

Let ALEX help you choose the right coverage.

ALEX is a confidential, mobile-friendly, easy-to-use tool that helps you consider which options will be the best fit for you and your family based on your anticipated health care needs. Check it out at start.myalex.com/sbd or scan the QR code. Short on time? Visit ALEX Go for a compact text-based experience available in English and Spanish.



Save with specialty programs from Cigna (see page 13).

Save money with a tax-free health care account.

No matter which option you choose, you'll have at least one tax-free health care account that you can contribute to.

They're a great way to save on taxes for expenses you expect to have throughout the year.

How it works:

You choose to contribute money. The money comes out of your paycheck before taxes.

You can use the money for eligible health, dental and vision expenses.

See more about the accounts on pages 16–17.

If you have childcare expenses, consider enrolling in a **Dependent Day Care Flexible Spending Account to save** on dependent day care.

Medical Coverage at a Glance

The LocalPlus OAP offers the same benefits as the regular OAP option, but the LocalPlus OAP is an in-network-only option with a narrow network of providers. In this option, you'll pay full price for any care outside of the LocalPlus network. So before enrolling, check if your doctors, hospital and other providers are in the narrow LocalPlus network, or consider switching to providers that are part of the LocalPlus network.

Confirm your eligibility for this option on the SBD Benefits Center Enrollment Site or the ALEX decision support tool. Be sure to enter your home ZIP code on ALEX.

Here's what you pay when	Ba HS			Plus HSA		AP	LocalPlus OAP		
you get care.	In-Network	Out-of- Network ¹	In-Network	Out-of- Network ¹	In-Network	Out-of- Network ¹	In-Network Only		
Annual Deductible ² Individual Family	\$2,500 \$5,000	\$5,000 \$10,000	\$1,750 \$3,500	\$3,500 \$7,000	\$700 \$1,400	\$1,400 \$2,800	\$700 ∣ \$1,400		
Out-of-Pocket Maximum Individual Family	\$5,500 \$11,000 or \$8,150 for any one individual under the family coverage ³	\$11,000 \$22,000	\$4,500 \$9,000 or \$8,150 for any one individual under the family coverage ³	\$7,000 \$14,000	\$3,500 \$7,000	9 \$7,000 ∣ \$14,000	\$3,500 \$7,000		
SBD HSA Contribution Individual Family	\$250	\$250 \$500		\$500 \$1,000		\$500 \$1,000		/Α	N/A
Routine Preventive Care (including preventive X-ray and/or lab services)		\$0 \$0 no deductible no deductible		•		O luctible come with an HSA, but ng Account (FSA) optio	\$0 no deductible find out about your Flexible n on page 16.		
Primary Care Office Visit (including mental health/ substance abuse visits and physical therapy)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$25 copay⁴	50% after deductible	\$25 copay⁴		
Specialist Office Visit (including OB/GYN)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$50 copay⁴	50% after deductible	\$50 copay⁴		

¹ The plan will pay the percentage shown for covered services that do not exceed the plan's maximum reimbursable charge. When using an out-of-network provider, you may be responsible for the charges exceeding the maximum reimbursable charge, even if you have met your annual deductible and/or out-of-pocket maximum. These charges are not accumulated toward your deductible or out-of-pocket maximum. Out-of-pocket limits do not apply to penalties for failure to obtain pre-authorization for services, certain drug coupon amounts, premiums, balance-billing charges and health care this plan doesn't cover.

² In the OAP and LocalPlus OAP options, the deductible applies to each covered individual up to the family deductible. Copays do not count toward the deductible, but do count toward the out-of-pocket maximum.

³ In the Basic HSA and Plus HSA options, once an individual with family coverage meets the individual OOP maximum of \$8,150, the plan will pay 100% of all covered expenses for that person, even if the family maximum has not been met. Once the family OOP maximum is reached, the plan will pay 100% of all covered expenses for every covered individual—regardless of whether each family member has reached the individual maximum.

CONTINUED

Find Out More From Cigna

Learn more about your medical coverage options and what you will pay for other medical services in the Cigna Medical Options Guide at **sbdbenefitscenter.com/welcome**.

	Ba H:	sic SA		lus SA	OAF	•	LocalPlus OAP
	In-Network	Out-of- Network ¹	In-Network	Out-of- Network ¹	In-Network	Out-of- Network ¹	In-Network Only
Emergency Room (you will pay 50% of any out-of-network expenses incurred for non-emergency use)	30% after deductible	30% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20%7 after deductible
Urgent Care	30% after deductible	30% after deductible	20% after deductible	20% after deductible	\$50 copay	\$50 copay	\$50 copay
Hospital Services	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$200 per admission copay, then 20% after deductible	50% after deductible	\$200 per admission copay, then 20% after deductible
Cigna Virtual Care Through MDLive (including primary care, urgent care, behavioral care, mental health and substance abuse ⁵)	\$0	N/A	\$0	N/A	\$0	N/A	\$0
Mental Health and Substance Abuse ⁵ Inpatient Outpatient	70% 70%	50% 50%	80% 80%	50% 50%	80% after \$200 copay \$25 doctor's office, 80% independent facility	50% 50%	80% after \$200 copay \$25 doctor's office, 80% independent facility
Hearing Aid Equipment/Devices ⁶ In-Network Only: Up to \$3,000 maximum every 3 years	Up to \$3,000	N/A	Up to \$3,000	N/A	Up to \$3,000	N/A	Up to \$3,000

⁴ There is no charge after the copay if only X-ray and/or lab services are performed and billed.

⁵ Cigna will process all claims with a primary mental health/substance use diagnosis under the MH/SU cost share, regardless of the place of service.

⁶ Includes testing and fitting of hearing aid devices at Physician Office cost share; in-network benefit only. For hearing aids, Amplifon is the preferred in-network vendor and must be used for hearing aids to be covered as in-network benefit. Customers/providers may contact Amplifon directly for assistance to locate a hearing aid professional by calling **1-877-806-7062** or online at amplifonusa.com/cigna.

⁷ 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.

Ask Yourself This

before choosing your medical option.

Here are some questions you may want to think about to decide which medical option is the best fit for you and your family.



How do you prefer to pay for care?

More from my paycheck and less at the time of care.

The OAP or LocalPlus OAP options could be good choices for you. These have higher paycheck contributions, but you pay set copays when you need care. Keep in mind the LocalPlus OAP option is only available in certain ZIP codes and is an in-network-only plan with no coverage out of network. You must use doctors, hospitals and other providers/facilities in the narrow LocalPlus network if you choose the LocalPlus OAP option.

Less from my paycheck and more out-of-pocket costs if I need care.

The Basic HSA or Plus HSA could be good choices for you. With these options, you pay less in paycheck contributions, but your deductible and coinsurance—what you pay when you get care—are higher.

How much health care do you expect to use next year?

Only preventive care. You only need to consider the paycheck contributions for each option, as preventive care is covered at 100% under all the plans. Keep in mind that any diagnostic care or non-preventive care will be subject to the plan deductible and coinsurance resulting in out-of-pocket costs to you. The Basic HSA and LocalPlus OAP have the lowest paycheck contributions.

A lot of care.¹ You may want to consider each option's out-of-pocket maximum in addition to your paycheck contributions when you compare the options. The OAP and LocalPlus OAP have lower out-of-pocket maximums.

¹ Such as an upcoming birth or surgery or if you have a chronic condition such as diabetes or hypertension.

Do you have several thousand dollars on hand if you have a large medical expense?

Yes. The Basic HSA or Plus HSA could save you money in the long term, but these options have higher deductibles, which means if you do need care, you may be faced with a large out-of-pocket bill payable all at once in order to first meet your deductible.

No. If you don't have the money on hand to pay a large deductible in the event of a large medical expense or an emergency, then the Basic HSA and Plus HSA may not be good options for you.

Do you like the idea of setting aside pre-tax funds in an account that you can use to save for health care expenses now and in the future?

Yes. If an account like this sounds great, the Basic HSA or Plus HSA option gives you an opportunity to save now and into the future with tax-free money. The HSA is a tax-free health care account funded by SBD and monthly by your payroll contributions. The money belongs to you and stays with you from year to year, even if you leave SBD. Plus, you can invest the money in your HSA, and earnings are also tax-free.

No. Even if an HSA option isn't right for you, you still have the opportunity to save on health care expenses with a Health Care Flexible Spending Account. Set an annual contribution amount and contribute pre-tax money from each paycheck into an account to help pay for eligible health care expenses. Unlike the HSA, your full annual FSA contribution amount is available Day 1—so you can start using your funds January 1, 2024.

And don't forget the Dependent Day Care FSA—it's a great way to save money on your dependent care expenses.

Are you eligible for the LocalPlus OAP option, and are your providers in the LocalPlus network?

Yes. Consider the LocalPlus OAP option. It offers lower contributions in exchange for staying in a narrow network. If your providers are in the LocalPlus network and you're OK with not having out-of-network coverage, this may be a great choice for you. Knowing how the LocalPlus OAP in-network coverage option works can help you avoid high out-of-pocket costs. Remember, for your health care costs to be covered under the LocalPlus option, you must only use the narrow LocalPlus network. So, if you want to choose this option, make sure to confirm that providers and facilities you use are in the LocalPlus network—or you must be willing to switch providers. You will be responsible for paying for the full cost of any out-of-network care. Check if your current providers are in the LocalPlus network at cigna.com. Click on "Find a Doctor" and search using your provider name and the network—"LocalPlus."

No. If you are not eligible or have doctors, hospitals/facilities or other providers who are not in the LocalPlus network, this is not a good choice for you since there's no out-of-network coverage in the LocalPlus OAP. You will be responsible for the full cost of care if you use doctors and facilities that are not in the LocalPlus network.



ALEX is your personal benefits advisor!

Talking with ALEX is like having a conversation with a real person. ALEX explains all your benefits and makes recommendations based on your input into the tool. Be sure to enter your home ZIP code when using ALEX.

For the Expected ... and the Unexpected

Life is full of little—and big—surprises. Sometimes that is good. And sometimes it is not so good. Either way, Stanley Black & Decker has benefits that can help.



Supplemental Health Benefits for a Little Extra Support

Supplemental health benefits offer extra support in some of those unexpected and challenging moments. Consider Accidental Injury, Critical Illness and Hospital Care Insurance.

You can choose any of these benefits even if you do not enroll in an SBD medical option. Learn more about Supplemental Health Benefits online at **sbdbenefitscenter.com/welcome** or call the Cigna Supplemental Health Benefits pre-enrollment line at **1-800-351-9214**.

NEW!

We've made supplemental benefits a little easier.

If you're enrolled in a Cigna medical option and either critical illness or hospital insurance, your \$50 wellness incentive benefit for a preventive or health screening test will be automatically paid to you. And we've improved claim submission and viewing claim status on **myCigna.com**. All of this means you get your benefit faster!

More Support from Cigna

When you enroll in a Cigna medical option, you have access to easy-to-use tools and programs.

myCigna and the myCigna app. Get instant access to cost estimator tools, personalized provider searches and wellness resources.

Preventive care coverage. Any eligible in-network preventive wellness check-ups and screenings are 100% covered by Cigna, which means you don't pay anything for these services. Note that not all preventive care services are eligible. For example, immunizations for travel are generally not covered. Visit **myCigna.com** to see what preventive care services are covered.

24/7 live customer service. Whether you have benefits questions or you need help finding in-network care, call **1-800-243-3280**—anytime, anywhere.

Virtual Care from MDLive. Get preventive, primary care, urgent care and behavioral health care, including therapy and psychiatrist visits, by phone or video, whenever it's convenient for you, at \$0 cost. Virtual care through MDLive is covered at 100% (before your deductible in the HSA options). Call **1-800-243-3280**, visit myCigna.com or use the Cigna app to get started.

And check out virtual dental care through the Teledentists. You can view any out-of-pocket costs for virtual dental care by logging in to **myCigna.com**.

Health Coaching. Ready to start meeting your health goals? Work 1:1 with a Cigna Healthcare health coach. Call **1-800-243-3280** to talk to a coach.

Healthy Pregnancies, Healthy Babies. Get support to stay healthy before and during your pregnancy and in the weeks following your baby's birth. Call **1-800-615-2906**. You can even earn a \$200–\$400 incentive if you enroll before the third trimester.²

My Medical Ally, powered by Alight (formerly Consumer Medical). Count on My Medical Ally for expert health care guidance, reliable medical information and personalized support from a team of doctors, nurses and researchers. Visit **mymedicalally.alight.com (company code: sbd)** or call **1-888-361-3944**.

There is a requirement to complete the Surgery Decision Support Program (SDS) if you're enrolled in a Cigna medical option and considering elective hip, knee, low back, hysterectomy or weight-loss surgery. A \$400 penalty will apply if you do not complete the SDS program at least 30 days before your scheduled surgery. If you do participate, you will receive a \$400 prepaid gift card.²

Livongo by Teladoc Health. Manage diabetes, pre-diabetes, hypertension and other health goals like weight, stress and more. Visit join.livongo.com/sbd-cigna/register or call 1-800-945-4355 (registration code: SBD-CIGNA). To enroll in Livongo, you must meet the eligibility criteria.

NEWLY AVAILABLE IN 2024

Cigna Pathwell Bone & JointSM. Whether this is your first time experiencing muscle or joint pain or you are considering surgery, a dedicated Care Advocate will help you navigate your health plan benefit options and connect you to the appropriate resources and care for your specific needs. If surgery is recommended, the program works in conjunction with My Medical Ally and includes zero or low-cost surgery benefits, pre- and post-surgery support and a travel benefit. Ready to put an end to joint pain? Visit **CignaPathwellBoneandJoint.com**.

Your Prescription Drug Coverage

All of the SBD Cigna medical options come with prescription drug coverage.

How you pay for prescriptions differs across the options:

Basic HSA and Plus HSA options

The pharmacy deductible is part of the medical option deductible, and prescription copays and coinsurance amounts apply after the deductible has been met.¹ That means you pay the full cost of your prescriptions until your medical plan deductible is met. Then, you pay the copays and coinsurance for your prescription drugs.

OAP and LocalPlus OAP options

These options do not have a pharmacy deductible, which means you will immediately pay the copays and coinsurance for your prescription drugs.



PHARMACY

Newly available in 2024: Cigna Pathwell Specialty[™]

If you're using a specialty medication to treat a complex medical condition, Cigna Pathwell helps make specialty medications more affordable and easier to manage. Connect with licensed, registered nurse case managers who have a strong understanding of your condition, the specialty medication(s) you're receiving, and your insurance benefits. They'll take care of everything for you, so you can focus on your health and well-being.

Certain medications need approval from Cigna (precertification) before they're covered, and some medications have to be administered by a provider in the Cigna Pathwell Specialty Network (or ordered from an in-network specialty pharmacy) to be covered. Head to **Cigna.com/pathwellspecialty** to see a list of in-network providers in your area for infused and injected medications, or connect with a Specialty Care Manager at **1-877-505-3681**, Monday–Friday, 7 a.m.–6 p.m. CT.

Dispense as Written Policy

The pharmacy will dispense your medication exactly as your doctor has indicated on the prescription order. If your doctor requests a brand-name medication on your prescription, you will only have to pay the applicable copay. If a brand-name medication is not specified by your doctor and you request a brand-name when a generic equivalent is available, you must pay the difference between the cost of the generic and brand-name medication, plus the brand copay.

¹ The deductible is waived for specified Preventive Medications in the Cigna Preventive Plus Medication Program. See the 2024 Prescription Drug List on the SBD Benefits Center website.

Here's what you pay when you fill a prescription.

Retail (30-day supply)

Generic	\$12 copay
Preferred Brand Name	25% (\$35 min, \$95 max)
Non-Preferred Brand Name	35% (\$55 min, \$115 max)

Retail 90 Program and Express Scripts Pharmacy, Cigna's Home Delivery Pharmacy (90 day supply)²

(90-day supply)²

Generic	\$24 copay
Preferred Brand Name	20% (\$70 min, \$190 max)
Non-Preferred Brand Name	30% (\$110 min, \$230 max)

² If you have medications that you take regularly, you will only be allowed three 30-day refills at a retail pharmacy before having to switch to a 90-day fill.

Save on Your Prescriptions

You can estimate your medication costs and review lower-cost options using the Prescription Drug Price Quote Tool available on **myCigna.com**.

Rx Savings Solutions is ready to assist you with savings opportunities. Enroll in your account at **myrxss.com** or call **1-800-268-4476** Monday through Friday, 7 a.m.–8 p.m. CT. Rx Savings Solutions' Pharmacy Support team is staffed with certified pharmacy technicians ready to assist you.

Consider **biosimilars** for a safe, effective and cost-saving alternative to some biologic medications. Call Rx Savings Solutions or talk to your doctor if you have questions about switching to a biosimilar and learn more by visiting **fda.gov/biosimilars**.

Insulin Cost Cap Patient Assurance Program makes certain diabetes medications more affordable by capping the out-of-pocket costs (\$25 for 30-day supply and \$75 for 90-day supply via mail order). Contact Cigna at **1-800-243-3280** to learn more and verify which medications are eligible.

SaveOnSP is a specialty medication program for those in the OAP/LocalPlus OAP options only, helping to lower out-of-pocket costs on select specialty medications to \$0 (requires first specialty fill via mail order with Accredo, a Cigna-owned company).

Pathwell Specialty helps make specialty medications more affordable and easier to manage, so you can focus on your health. Find out more on **page 14**.

Save With a Tax-Free Health Care Account

Depending on which medical option you choose, consider contributing to a tax-free health care account to help you save.

Have Dependents? You Could Save!

You can contribute pre-tax to a **Dependent Day Care FSA** to help you pay for dependent day care so you and your spouse/domestic partner can work, look for work or attend school full time. Eligible dependents include children under age 13 or dependents of any age who are physically or mentally incapable of caring for themselves. You can elect to contribute between \$250 and \$5,000, or \$2,500 if you and your spouse file separate tax returns, on a pre-tax basis. Find out more on **sbdbenefitscenter.com/welcome**.

Here's how the accounts compare.	Health Care Flexible Spending Account (FSA)	Limited Purpose Flexible Spending Account (FSA)	Health Savings Account (HSA) ¹
Which medical option does it go with?	OAP, LocalPlus OAP, Kaiser, HMSA, waived medical coverage	Basic HSA, Plus HSA	Basic HSA, Plus HSA
What can I use it for?	Eligible medical, prescription, dental and vision expenses	Eligible dental and vision expenses (before you reach your HSA deductible) Medical expenses (after you meet your HSA deductible)	Eligible medical, prescription, dental and vision expenses
Who can contribute?	You	You	Money from SBD and you (if elected)

¹ Even if you do not contribute to your HSA, if you elect an HSA medical option, an HSA account will be automatically set up with HSA Bank and a debit card will be mailed to your home address. If you receive a letter from HSA Bank after you enroll asking you to verify your address or personal data, you must respond within 90 days to complete the verification process. If you do not respond, you will not have access to the funds in your account and you will forfeit the Stanley Black & Decker contribution for the plan year.

² You are responsible for monitoring your HSA contributions so as not to exceed the annual maximums.

The deadline for 2023 FSA claim submission is March 31, 2024, and only \$570 may be rolled over from 2023 into 2024.

Here's how the accounts compare.	Flexible	h Care Spending nt (FSA)	Limited Purpose Flexible Spending Account (FSA)		Health Savings Account (HSA) ¹		
How much can I contribute in 2023?	Minimum: \$250	Maximum: \$2,850	Minimum: \$250	Maximum: \$2,850	Minimum: \$250	Maximum you and SBD can contribute combined: ² \$3,850 if you cover just yourself \$7,750 if you cover your family Additional \$1,000 if you are 55 or older	
	A debit card	will be issued fr	om WEX.		A debit card	A debit card will be issued from HSA Bank.	
Can I change my contributions during the year?	No Unless you have a qualified life event		No Unless you have a qualified life event		Yes		
Does it carry over from year to year?	Only \$610 can be carried over from 2024 to 2025.		Only \$610 can be carried over from 2024 to 2025.		Yes, the acc belong to yo	ount and the full amount in it ou.	
What happens if I leave Stanley Black & Decker?	You cannot take your FSA funds with you.		You cannot take your FSA funds with you.		The HSA be leave SBD.	longs to you, even if you	
Can I invest the funds?	No		No		you can beg	ISA balance reaches \$1,000, in to invest those funds. Any earnings are also tax-free.	

¹ Even if you do not contribute to your HSA, if you elect an HSA medical option, an HSA account will be automatically set up with HSA Bank and a debit card will be mailed to your home address. If you receive a letter from HSA Bank after you enroll asking you to verify your address or personal data, you must respond within 90 days to complete the verification process. If you do not respond, you will not have access to the funds in your account and you will forfeit the Stanley Black & Decker contribution for the plan year.

² You are responsible for monitoring your HSA contributions so as not to exceed the annual maximums.

Consider This

Medical coverage needs can change from year to year, so it's important to consider the care you and your family may need in the year ahead. Before you enroll in coverage, consider any changes in your health care needs. A few example scenarios are noted below that may help you find a good medical coverage fit.

Jordan

Single, young and healthy.

Age: Early 30s

Lifestyle: Not married and doesn't have children

Medical status: He's pretty healthy and feels optimistic about the future.

Best fit

He goes for a preventive care check-up once a year but generally doesn't visit the doctor much. If you don't need a lot of care, the

Basic HSA could be a good, low-cost choice.

The Clarks

A growing family.

Age: Early 30s

Best fit

If you're expecting a

lot of medical care, the

OAP or LocalPlus OAP¹

with the LocalPlus OAP, you

must be eligible for the plan

and you must use doctors and providers in the LocalPlus network for services to be covered.

might be a good choice. Remember.

Lifestyle: Young couple expecting their first child

Medical status: They expect to meet their annual deductible this year with pregnancyand birth-related expenses. They receive all medical care in-network.

The Patel Family

Married with young children.

Age: Mark, 48; Emily, 44; Devin, 6; and Bettina, 12

Lifestyle: Busy, active, and very healthy

Medical status: The Patels don't have any major health conditions or expect any surgeries during the year. They receive all medical care in-network.

Best fit

If you don't need a lot of care, the **Basic HSA** could be a good, low-cost choice. Find more details about the options and cost assumptions for each scenario in the 2024 Cigna Medical Plan Options Guide and supplement at **sbdbenefitscenter.com/welcome**.

Marcella

Single woman with diabetes.

Age: 52

Lifestyle: Eats right, exercises and gets support from Livongo

Medical status: She's concerned about large medical and pharmacy expenses, or needing to pay a lot out of pocket all at once.

Best fit

If you're managing a chronic condition, the

OAP or LocalPlus OAP

might be a good choice. Remember, with the LocalPlus OAP, you must stay in the network to be covered.

¹ Residing in a LocalPlus OAP-eligible home ZIP code

Help from SBD

No Matter What's Happening in Your Life

Life has ups and downs, and SBD offers you support, no matter which medical option you're enrolled in.

The **Cigna Employee Assistance Program** offers access to in-person, virtual and text-based confidential counseling and life coaching. Receive up to five free EAP sessions, per member, per issue, per year. **Note:** We'll have a new EAP program in 2024.

Care.com (formerly LifeCare) offers a comprehensive suite of services designed to make your life easier, whether you're managing a major life event or dealing with daily tasks. Care.com provides 24/7 personalized assistance and informative tips, tools and events, plus major discounts on products and services nationwide. Access support through an online request or by phone.

NEW!

Your **Care membership** offers unlimited access to a large online network of background-checked caregivers for your family, pets, home and personal needs. SBD will pay your membership costs so you can find and book short- and long-term care based upon your needs and preferences. Whether you need a sitter while you're at work, housekeeping help, tutoring assistance or pet care, simply post a job, connect with local caregivers and easily book care online. Care.com's industry-leading safety standards include active site monitoring and a dedicated incidence response team.

Torchlight, by LifeSpeak Inc., a parenting and caregiving solution, helps support caregivers with a digital-first solution to resolve caregiving challenges quickly and efficiently, no matter the age, stage, crisis or concern.



To view the Cancer Guide, LGBTQ+ Guide, Parental
 Leave Guide and more information on all of the
 resources, visit sbdbenefitscenter.com/welcome and
 use the search feature.

Tobacco Cessation supports you in kicking the tobacco habit and can work wonders for your health and your wallet. You and your spouse or domestic partner have free access to Quit For Life® on Rally Coach[™]. If you complete the program, the \$50 monthly tobacco-user surcharge for your medical coverage will be removed. That's an extra \$50 per month in your pocket! Get started at **quitnow.net** or call **1-866-QUIT-4-LIFE** (**1-866-784-8454**; TTY 711).

WW (Weight Watchers) is here to help you achieve your weight-loss goals and improve your overall health. Learn more at **sbd.ww.com** or call **1-866-204-2885**. The employer ID is 12157, and your unique ID is your employee ID (shown on your MySBD profile or on your paycheck statement). Spouses/domestic partners can register with your name and employee ID with SWK on the end.

Cancer Guide offers care navigation, detailed benefits information and financial support resources for those facing a cancer diagnosis.

LGBTQ+ Guide offers additional resources and benefits to support your sense of belonging.

Parental Leave Guide provides all the SBD resources you'll need for your pregnancy and Parental Leave.

COMING IN 2024

Financial Well-being Guide offers tactical resources to help boost your financial resiliency and help you get or stay financially fit.



You have up to three dental options, depending on your home ZIP code.

The options differ in how you pay for care and which providers you can see.





Visit **cigna.com** and go to "Find a Doctor" to search for an in-network dentist or to check if your dentist is in-network. When you enroll on the SBD Benefits Center Enrollment Site, you will see which options are available to you.

Here's how the options work.



You are free to go to any dentist but will receive enhanced benefits with in-network providers. With the Basic PPO, you'll pay less in paycheck contributions but more when you receive care.



Cigna Dental Plus PPO

With the Plus PPO, you'll pay more in paycheck contributions and less when you receive care. The Plus PPO also covers orthodontia, which is not covered under the Basic PPO.



Cigna Dental HMO (in-network only)

Eligibility is based on your home ZIP code. This option only offers in-network coverage, which means you must use providers and facilities in the DHMO network to receive any dental coverage. A general dentist will be assigned to you after you enroll. You must see your general dentist to receive any coverage. You can change your general dentist at any time. Changes made by the 15th of the month will take effect at the start of the following month.

The DHMO has no annual deductible or maximums, with lower paycheck contributions than the Dental PPO options. The DHMO has fixed charges for services, making your out-of-pocket costs more predictable.

Coverage at a Glance

New for 2024!

Children are now eligible for sealants up to age 19.

Here's what you pay when you get care.	Cigna Dental Basic PPO ¹		Cigna Dental Plus PPO ¹		Cigna DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	
Network	Advantage Dental PPO		Advantage Dental PPO		Dental Access Plus (DCAP)	
Annual Deductible² Individual Family	\$100 \$200	\$200 \$400	\$50 \$100	\$100 \$200	None	
Class I: Preventive/Diagnostic³ (exams, cleaning, etc.)	\$0 no deductible		\$0 no deductible		\$0 You incur no charge for routine cleaning, X-rays, oral exams and topical fluoride	
Class II: Basic Restorative (fillings, root canals, etc.)	20% after deductible	30% after deductible	10% after deductible	20% after deductible		
Class III: Major Restorative (crowns, dentures, bridges, implants)	50% – after deductible		40% after deductible	50% after deductible	Set costs for services based on a Patient Charge Schedule (PCS), which is a list of fees for each covered	
Class V: TMJ					service. Learn more on the SBD Benefits Center website.	
Class IV: Orthodontia	*i-		40% after deductible	50% after deductible		
(children and adults)	Not co	overed		etime maximum d out-of-network)		
Calendar-Year Maximum	\$1,000		\$2,	000	None	

¹ You must use a DPPO Advantage dentist for in-network coverage.

² In- and out-of-network deductibles and maximums cross-accumulate. If you receive preventive dental care in a Plan Year, your annual dental maximum will increase by \$50 in the following year (up to a maximum of \$150 after three years). ³ Oral Health Integration Program (OHIP) is available to all Cigna Dental Customers under any SBD dental plan (you do not have to have medical coverage with Cigna). Cardiovascular disease, diabetes and maternity, head and neck cancer radiation, cerebrovascular disease (stroke), chronic kidney disease, and organ transplants are the qualifying conditions that make a member eligible for OHIP benefits. OHIP provides 100% reimbursement for coinsurance/copays for additional dental procedures that help to promote optimal oral health for patients with the identified medical conditions. A customer with a qualifying condition is auto-enrolled in the OHIP program. A customer may also choose to register if not auto-enrolled. The registration form is found on myCigna.com or by calling Cigna at **1-800-243-3280**.



You can enroll in our new vision coverage through Cigna.

You can see providers in or out of the Cigna network but will pay less when you stay in the Cigna network of providers.

What's New for Your Vision Coverage in 2024

There are enhancements to your vision coverage with Cigna for 2024:

- \$25 materials copay for lenses
- Increased frame allowance of \$200 for prescription lenses, plus a 20% savings on amount that exceeds frame allowance
- Contact lenses in lieu of lenses and frames
- **Polycarbonate lenses** for children under 19 years of age are fully covered without a copay
- Minimum 20% savings on all additional lens
 enhancements you choose for your lenses, including but
 not limited to: scratch/ultraviolet/anti-reflective coatings;
 polycarbonate (adults); all tints/photochromic (glass or
 plastic); and lens styles
- Safety Eyewear coverage provides you with coverage for prescription lenses and frames certified as safe for a work environment by meeting necessary ANSI (American National Standards Institute) standards and lens and frame performance test requirements.
- Network includes Costco, Sam's Club Optical and Wal-Mart, amongst others. America's Best will no longer be an in-network provider.



Coverage at a Glance

Coverage at a Glance		
Here's what you pay when you get care.	Out-of-Network ²	
Eye Exam (one per calendar year)	\$0	Charges above \$50
Lenses (one pair per calendar year)		
Single Vision	\$25 copay	Up to \$45 allowance
Lined Bifocal	\$25 copay	Up to \$65 allowance
Lined Trifocal	\$25 copay	Up to \$85 allowance
Lenticular	\$25 copay	Up to \$65 allowance
Lens Enhancements / Options		

Polycarbonate	 \$0 (for children under 19) \$25 copay (ages 19 and up) standard polycarbonate lens; Optional polycarbonate premium enhancements up to \$40 copay max out-of-pocket cost 	N/A
Standard and Premium Progressives	\$25 copay	Up to \$65 allowance
Standard Anti-reflective	\$45	N/A
Additional enhancements	20% off retail	N/A

Contact Lenses Allowances (one pair or single purchase per calendar year)

Elective	Charges above \$200	Charges above \$105
Therapeutic	\$0	Charges above \$200
Frames (one pair per calendar year)	Charges above \$200; you will get a 20% discount on amounts above \$200	Charges above \$65
Safety Eyewear³ (one pair per calendar year)	Charges over \$45 retail for safety frames permanently designated with a Z87-2 monogra the manufacturer's trademark \$0 for prescription lenses (single vision, bifocal or trifocal, glass, plastic or polycarbon materials with side shields) that meet ANSI standards for basic and/or high performance	

¹ Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

² Out-of-network reimbursement will be the lesser of the listed amount or the actual cost from the out-of-network provider. In certain states, you may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the Cigna Vision Network serviced by EyeMed (eyedoclocator.eyemedvisioncare.com/cigna/en) to determine which participating providers have agreed to the discounted rate. ³ Safety eyewear coverage will not supersede any local site support for prescription safety glasses; Employees should work with local HR for prescription safety glasses needs first.

Income Protection

There are a few other benefit programs that you need to enroll in to have coverage.

Think about your and your family's lifestyle and income needs as you consider these benefits.

Life and AD&D

Life and Accidental Death & Dismemberment (AD&D) coverage protects your income in the event of your death or a disability that prevents you from working. Your loved ones will have added financial security for medical bills, funeral costs and more.

You automatically receive Basic Life and AD&D coverage at no cost to you.¹ However, you will be taxed on the value of basic life coverage over \$50,000, as imputed income. You can choose to buy additional coverage—Supplemental Life and AD&D coverage—for yourself and eligible family members for an additional paycheck cost.

Basic Life Insurance Basic AD&D Insurance (You automatically receive this coverage.)	1.5x annual base pay, ² up to \$1 million
Supplemental	An amount that you elect in \$50,000
Employee Life and	increments—up to the lesser of 8x your
AD&D	annual base pay or \$1.5 million
Supplemental	\$25,000–\$250,000 in \$25,000
Spouse/Domestic	increments—up to 100 % of Employee
Partner Life and AD&D	Supplemental Life coverage
Supplemental Child Life and AD&D	NEW! \$15,000 coverage Default enrollment to single level of \$15,000 for 2024 if currently enrolled in 2023 Child Life and AD&D coverage.

 ¹ If your Collective Bargaining Agreement (CBA) states a flat dollar amount of Basic Life and AD&D insurance, the CBA governs. Also, certain employees covered by a CBA are not eligible for Supplemental Life and AD&D insurance. Basic Life Insurance values over \$50,000 will be taxed as imputed income.
 ² The benefit is based on your annual base salary as of October 1 of the previous year. If you are not actively at work on January 1 of the current plan year, any change in life insurance coverage due to a salary increase will not take effect until you return to work in the plan year. For new hires, or newly eligible employees, base pay is your salary at time of hire rounded up to the nearest \$1,000. For enrollment thereafter, it is recalculated for the new plan year using base pay as of October 1 of the prior year.



Need Help Choosing Life Insurance?

Benefit Scout, Securian Financial's online benefit decision support tool, can help you choose life insurance with confidence. By answering a few simple questions about your family and finances, you can determine coverage that meets your needs and budget. Go to **sbdbenefitscenter.com/welcome**.

Disability Insurance

Disability benefits protect your income if you are unable to work due to non-work-related illness or injury. You receive some coverage automatically, at no cost to you, and have the choice to buy additional Long-Term Disability coverage.

Short-Term Disability (STD). STD lasts for up to 180 days. Benefits vary based on whether you are an hourly or salaried employee. For more information, refer to the SBD Benefits Center website at **sbdbenefitscenter.com/welcome**.

Basic Long-Term Disability (LTD). Basic LTD replaces 40% of your income, up to \$15,000 per month. SBD pays for this coverage.

Buy-Up LTD. Buy-Up LTD replaces an additional 27% of your income above Basic LTD, so you'll have coverage for 67% of your income if you become disabled. You pay for coverage through paycheck contributions.

If you enroll in Buy-Up LTD for the first time, pre-existing limitations may apply and coverage is subject to actively at work provisions. Employees who enroll for the first time have to be actively at work on Jan. 1, 2024, for Buy-Up LTD coverage to begin on Jan. 1, 2024. Otherwise, coverage will take effect on the date you return to work.



• Select the "Overview" tab from the top navigation menu

beneficiaries for your Life and AD&D Insurance

• Select Beneficiaries

Check Your

Beneficiaries

Protect your loved ones by naming

If you enroll in a Health Savings Account, remember to designate a beneficiary for your spending account through HSA Bank. Log in to your **myCigna.com** account to connect to the HSA Bank Customer website to designate a beneficiary. Only 11% of employees enrolled in the HSA currently have listed beneficiaries.





Go to **sbdbenefitscenter.com/welcome** for disability coverage cost details and more information.

Your Financial Well-being

We know that your financial well-being is an important part of your overall well-being, and SBD can help.

NEW VENDOR!

LegalEASE

LegalEASE legal insurance provides support and protection for unexpected personal legal issues. LegalEASE offers more comprehensive benefits for less cost, in a single coverage option. Network attorney fees are paid in full for most covered matters. You will have access to a national network of over 20,000 attorneys who are matched to your specific legal needs, including: home buying, selling, foreclosure and tenant disputes; debt collection, collections, contracts; traffic matters and license suspensions; divorce, adoption, name change; and estate planning and wills.

Some of the notable enhancements include:

- Live and online concierge and case advocate support
- Coverage for you, your spouse, dependent children and elder parents
- Preference-based attorney-matching in two days or less
- In- and out-of-network coverage
- Auto and traffic offense protection, including for DUIs
- Full coverage for family matters, including both contested and uncontested divorce
- Full coverage for estate administration and estate planning

- ID theft insurance (coverage up to \$1 million) and full identity theft prevention, monitoring and recovery assistance up to 25 hours and 25% discount on additional hours
- Free financial resources, including online budgeting tools, webinars and certified financial coaching
- To have legal coverage for the 2024 plan year, you must enroll during Annual Enrollment, and if you are currently enrolled in ARAG legal insurance, your coverage will default to LegalEASE coverage.
- Visit legaleaseplan.com/sbd for more details.

Retirement Account Plan

Eligible employees may make retirement contributions through payroll deductions. The Company provides a 50% match on the first 7% of eligible pay you defer on a pre-tax or Roth basis per pay period, for a maximum match of 3.5%. For more information or to enroll at any time, visit **principal.com** or call **1-800-547-7754**.

Employee Stock Purchase Plan

Eligible employees have the opportunity to purchase shares of the Company's common stock at a minimum of a 15% discount, through payroll deduction, without brokerage fees or commissions.

Enrollment for the 2024 plan year is from November 16, 2023, through February 15, 2024, and an active election is required to participate. Changes after the close of the enrollment period are not permitted except to cancel. For more information, log in to MySBD (mysbd.stanleyblackanddecker.com) with your SBD network account ID and password.

Other Benefits to Support You

Enroll in or use these programs at any time.



Parking and Transit

Use pre-tax income to save on qualified mass-transit, vanpooling and parking expenses. You can contribute from \$1 to the IRS maximum of \$610. Visit **benefitslogin.wexhealth.com** to enroll.

Makers' Marketplace

Select coverage that fits your needs and pay for coverage through payroll deductions. Plus, access discounted products and services. Visit **sbdinc.corestream.com** to learn more about these benefits and enroll at any time.¹

- Auto, home, pet insurance (now covering exotic pets in certain states) and ID theft protection with negotiated group rates
- Life Insurance with Long Term Care provides greater security for your family.

IonTuition

The student loan payment pause officially ended on September 1, 2023, and interest has resumed accruing on federal student loans. As you prepare to start the repayment process, enlist the support of lonTuition, an expert in student loan repayment and college tuition planning.

IonTuition is a financial wellness advisory service available to all U.S.-based employees and their families to help manage the repayment of federal and private student loans. Visit **sbdbenefitscenter.com/welcome** for more information or log in to your MySBD account (**mysbd.stanleyblackanddecker.com**) with your SBD network account ID and password and head to Benefits > Well-being > Financial Health. You may also call **1-855-456-2656** to register and get started.

Principal® Milestones

Principal[®] Milestones can help you prioritize your goals and make more informed decisions by giving you access to financial resources in one convenient place at no additional cost to you. Visit **principal.com/milestones** to get started.

Mercer SmartConnect

Free access to Medicare resources, guidance and enrollment services for our Medicare-eligible employees. Call **1-877-374-2705** (TTY: 711) or visit **gps.smartmatch.com/mercer**.

¹ Certain eligibility requirements and program restrictions apply for voluntary benefits. Shopping discounts vary and are subject to change without prior notice.



You and SBD share the cost for your health care coverage, with the company paying most of the cost.

Weekly Costs¹

ANNUAL BASE PAY ³	Employee Only					Employee + Spouse/DP ²				Employee + Child(ren)				Employee + Family				
	HSA		ΟΑΡ		HSA		ΟΑΡ		HSA		ΟΑΡ		HSA		ΟΑΡ			
Medical	BASIC	PLUS	BASIC	LOCAL PLUS	BASIC	PLUS	BASIC	LOCAL PLUS	BASIC	PLUS	BASIC	LOCAL PLUS	BASIC	PLUS	BASIC	LOCAL PLUS		
Less than \$50,000	\$5.77	\$29.08	\$36.92	\$22.15	\$46.62	\$75.69	\$95.54	\$57.23	\$30.46	\$49.38	\$62.54	\$37.62	\$59.08	\$96.00	\$121.38	\$72.92		
\$50,000– \$100,000	\$8.77	\$31.38	\$39.69	\$23.77	\$54.46	\$81.92	\$102.69	\$61.62	\$35.77	\$53.31	\$66.92	\$40.15	\$69.23	\$103.38	\$130.15	\$78.23		
More than \$100,000	\$11.08	\$33.23	\$42.23	\$25.38	\$61.15	\$87.00	\$109.62	\$65.77	\$39.92	\$56.54	\$71.54	\$42.92	\$77.54	\$110.08	\$139.15	\$83.54		
Dental																		
Cigna DHMO	\$1.62				\$3.46					\$3	.23		\$6					
Cigna Dental PPO Basic	\$3				\$6.69					\$5	.77		\$11.08					
Cigna Dental PPO Plus	\$4.15				\$9.46				\$8.54				\$15.69					
Vision																		
Cigna	\$1.52				\$2.88				\$3.01				\$4.43					

¹ Costs are for tobacco-free users. There is a \$50 additional required monthly contribution for tobacco/smoking use (applies if any covered family members are tobacco users). If you are paid weekly, your paycheck deductions will be based on your weekly pay frequency. The tobacco surcharge may be removed upon completion of participation requirements in Quit For Life on Rally Coach program. If you are eligible for the Kaiser medical option, your rates are included with this guide. For HMSA rates, visit the SBD Benefits Center Enrollment Site.

² Coverage of domestic partners and their children will be subject to additional costs resulting from taxation of the company-paid benefit (e.g., imputed taxable income).

³ Your annual base pay as of Oct. 1, 2023.

The amount you contribute depends on the coverage you choose, the number of people you cover and whether or not you are a tobacco user. For medical coverage, your contribution amount is also determined by your base pay. You pay for medical, dental and vision with pre-tax money. That means the money used to pay for these benefits is deducted from your pay before Social Security, federal and, in most cases, state and local taxes are withheld.

Monthly Costs¹

ANNUAL BASE PAY ³	Employee Only				Employee + Spouse/DP ²					Employee + Child(ren)					Employee + Family				
	HSA		ΟΑΡ		HSA		ΟΑΡ			HSA		ΟΑΡ			HS	A C		AP	
Medical	BASIC	PLUS	BASIC	LOCAL PLUS	BASIC	PLUS	BASIC	LOCAL PLUS		BASIC	PLUS	BASIC	LOCAL PLUS		BASIC	PLUS	BASIC	LOCAL PLUS	
Less than \$50,000	\$25	\$126	\$160	\$96	\$202	\$328	\$414	\$248		\$132	\$214	\$271	\$163		\$256	\$416	\$526	\$316	
\$50,000– \$100,000	\$38	\$136	\$172	\$103	\$236	\$355	\$445	\$267		\$155	\$231	\$290	\$174		\$300	\$448	\$564	\$339	
More than \$100,000	\$48	\$144	\$183	\$110	\$265	\$377	\$475	\$285		\$173	\$245	\$310	\$186		\$336	\$477	\$603	\$362	
Dental																			
Cigna DHMO	\$7				\$15					\$14					\$26				
Cigna Dental PPO Basic	\$13				\$29					\$25					\$48				
Cigna Dental PPO Plus	\$18				\$41					\$37					\$68				
Vision																			
Cigna	\$6.59				\$12.46				\$13.06					\$19.18					

¹ Costs are for tobacco-free users. There is a \$50 additional required monthly contribution for tobacco/smoking use (applies if any covered family members are tobacco users). If you are paid weekly, your paycheck deductions will be based on your weekly pay frequency. The tobacco surcharge may be removed upon completion of participation requirements in Quit For Life on Rally Coach program. If you are eligible for the Kaiser medical option, your rates are included with this guide. For HMSA rates, visit the SBD Benefits Center Enrollment Site.

² Coverage of domestic partners and their children will be subject to additional costs resulting from taxation of the company-paid benefit (e.g., imputed taxable income).

³ Your annual base pay as of Oct. 1, 2023.



Take action from **November 8–22** to get the benefits you need in 2024.



Want to Go Mobile? Use EmpyreanGo

Search for "EmpyreanGO" in your mobile app store. Once the app is downloaded, search for SBD. Complete the registration process or log in using your enrollment site credentials. You have options when you're ready to enroll:

Visit

sbdbenefitscenter.com/welcome

and click "Enroll Here." Once on the Enrollment Site, if you have any questions, you can use the Secure Inbox Messaging feature at any time. Responses are provided within two business days.

Log in

(mysbd.stanleyblackanddecker.com). Once on the site, simply click on the yellow "MySBD Log In" button and the system will automatically log you in if you are on the SBD network, or it will prompt you for your SBD Access Account (network account) username (example, JMS0101) and password if you are at home on a personal device or not on the SBD network. Select My Benefits from the quick actions bar on the homepage for single sign-on to the Enrollment Site.

Call the SBD Benefits Center

at **1-800-795-3899**, 8am–8pm ET, Monday–Friday. The SBD Benefits Center has a "virtual hold" feature so you can elect to receive an automatic call back rather than wait on the line.

These benefits can only be added, dropped or changed during Annual Enrollment or if you have a qualified life event:

Medical

- Dental
- Supplemental Health Benefits
 (Accidental Injury, Critical
 Illness and Hospital Care)
- Vision
- Legal Insurance

Benefits that require a new election each year during Annual Enrollment:

- Flexible Spending Accounts (Health Care, Limited Purpose Health Care and Dependent Day Care). FSA elections can be changed during the year if you have a qualified life event.
- Health Savings Account contributions. HSA contributions may also be added or changed at any time throughout the Plan year.

Annual Enrollment is your once-a-year opportunity to elect benefits coverage.

You cannot make any changes to most of your benefit elections outside of Annual Enrollment unless you experience a qualified life event during the year such as marriage, divorce or birth of a child. You have 31 days after the qualified life event to make changes to your coverage.

What Happens if You Don't Enroll?

If you don't enroll, your 2023 benefits will continue in 2024 with the exception of FSA elections and HSA contributions, which you must actively select each year in order to have the benefit in place for the upcoming Plan year. **FSA elections must be actively selected during Annual Enrollment.** HSA contributions may be actively selected at any time.

Defaults

- If you are currently enrolled in child life insurance, you will default to the new \$15,000 level of coverage.
- If you are currently enrolled in **ARAG Legal Insurance**, you will default to the new LegalEASE insurance.
- If you are currently enrolled in **EyeMed vision coverage**, you will default to Cigna Vision at your current coverage level.

After You Enroll

Receive ID cards

If you enroll in a Cigna medical option, you will receive a new ID card for 2024, even if you had the same coverage in 2023. Please discard your 2023 ID cards when you receive the new ones. If you enroll in the Cigna Dental DHMO coverage and did not have that coverage in 2023, you will receive ID cards. If you continue coverage in the DHMO, you will continue using the ID cards you already have. Dental ID cards are not provided for the PPO options—just tell your provider that you are covered by Cigna. They may need your Social Security Number or your subscriber ID (if you have a medical ID card). You will receive vision ID cards if you enroll in Cigna vision. ID cards will mail out in mid-December.

Check out **myCigna.com** for your digital ID card, which you can access from anywhere.

Get confirmation

You will either receive a mailed confirmation statement or an email acknowledgment of your enrollment elections (emails sent to those with an email address on file). If you have an SBD email account, you will receive two confirmation statements—one immediately after you confirm your elections and one at the close of the Annual Enrollment period. Be sure to review your statement and your paycheck contributions to ensure proper benefits and contributions are reflected on the final confirmation statement. If any information is not accurate, call the SBD Benefits Center at **1-800-795-3899**.

Have Questions? We've Got Answers.

Choosing the right care for you and your family can be a big decision. We get it. So, if you have questions as you think about your choices, here's where you can go for more information.



1

SBD Benefits Center

sbdbenefitscenter.com/welcome

Find comprehensive benefits information and well-being programs available to you to support your health and safety, at work and at home. Find documents, tools to help you make your decisions, benefits videos and more. Plus, you can link to the Enrollment Site to make your benefit elections.

2

SBD Benefits Center Enrollment Site

sbdbenefitscenter.com (or SSO through MySBD > Quick Links > MyBenefits)

It's your first point of contact if you wish to enroll in SBD benefit coverage or need to make benefit changes due to a qualifying live event. If you have any questions regarding enrollment, call **1-800-795-3899**, Monday through Friday, 7 a.m. to 7 p.m. CT.

Ready to enroll?

Log in to MySBD (mysbd.stanleyblackanddecker.com).

Once on the site, simply click on the yellow "MySBD Log In" button and the system will automatically log you in if you are on the SBD network, or it will prompt you for your SBD Access Account (network account) username (example, JMS0101) and password if you are at home on a personal device or not on the SBD network. Select My Benefits from the quick actions bar on the homepage for single sign-on to the enrollment site.





Still have questions?

If you have questions about specific benefits as you make your enrollment choices, here's where you can find out more.

ALEX

Decision support

start.myalex.com/sbd

ALEX helps you consider which options will be the best fit for you and your family based on your anticipated health care needs.

Benefit Scout

Decision support

securian.com/sbd-insurance

Benefit Scout from Securian Financial can help you choose the right life insurance coverage for you and your family

Cigna

Medical, dental and vision

1-800-243-3280

Call to discuss coverage questions and/or check to see if providers are in the network.

- Medical networks:
 Basic HSA, Plus HSA and OAP: Open Access
 Plus w/Carelink; LocalPlus OAP: LocalPlus.
- Dental networks:

Basic PPO and Dental Plus PPO: Advantage Dental PPO; DHMO: Dental Access Plus (DCAP).

- You can also check if providers are in-network at **Cigna.com**. Click on "Find a Doctor" and search using your provider name and the network.
- Vision network: Visit eyedoclocator.eyemedvisioncare.com/ cigna/en

LegalEASE

Legal insurance

Legaleaseplan.com/sbd 1-800-248-9000

Find more information on our new legal plan. Reference Stanley Black & Decker when you call.

WEX

FSA, DCFSA and Commuter Spending Accounts

1-844-561-1337

For assistance on choosing the FSA, DCFSA and Commuter benefits for you.

Supplemental Health Benefits

Accidental Injury, Critical Illness and Hospital Insurance

1-800-351-9214

Call to find out more about the supplemental health benefits that might be right for you.



SBD Benefits Center

1-800-795-3899 M-F, 8-8 ET

Log in to MySBD (mysbd.stanleyblackanddecker.com) and select My Benefits from the quick

SBD Benefits Center website: sbdbenefitscenter.com/welcome

ARAG (through 12/31/2023) Legal Insurance

1-800-247-4184

actions bar

araglegal.com/myinfo Code: 14360sbd

Care.com (formerly LifeCare) *Work/life services and perks*

1-866-608-6618

MySBD, select LifeCare from the Pinned Apps for an integrated single sign-on experience

Cigna

Medical, Health Savings Account (HSA), Prescription, Dental, Vision, Behavioral Health and Health Coaching

1-800-243-3280

Home Delivery Pharmacy: 1-800-835-3784

myCigna.com

EAP Only: myCigna.com Code: sbd (through 12/31/2023)

Virtual Care through MDLIVE: 1-888-726-3171 Access MDLIVE on myCigna.com and click on Talk to a doctor, or the myCigna app

Cigna Supplemental Health Benefits

Critical Illness, Accidental Injury and Hospital Care Insurance

1-800-754-3207

Pre-enrollment line: 1-800-351-9214

supphealthclaims.com

Cigna Healthy Pregnancies, Healthy Babies

1-800-615-2906

ComputerShare

Employee Stock Purchase Plan

1-866-228-9623

www-us.computershare.com/ employee

HealthEquity | WageWorks

COBRA and direct billing

1-866-747-0039

mybenefits.wageworks.com

HMSA Medical/Rx for Hawaii residents 1-800-776-4672 (press 5)

hmsa.com

IonTuition

Student loan repayment management tools

1-855-456-2656

portal.iontuition.com/sbd

Kaiser

Medical/Rx for California residents in a Kaiser-eligible ZIP code

Main: 1-800-464-4000

Enrollment Services: 1-800-324-9208

Away from Home: 1-951-268-3900

kp.org/thrive

LegalEASE

Legal Insurance

1-800-248-9000

Reference Stanley Black & Decker when calling

legaleaseplan.com/sbd

Livongo by Teladoc Health

Chronic condition management for diabetes, hypertension and pre-diabetes

1-800-945-4355

join.livongo.com/sbd-cigna/ register Code: SBD-Cigna

Makers' Marketplace, powered by Corestream

Voluntary benefits and discount shopping

1-860-770-6639

sbdinc.corestream.com

Mercer SmartConnect

For actively working Medicare-eligible employees

1-877-374-2705 (TTY: 711)

M-F, 7:30am–5pm CT

gps.smartmatch.com/mercer

My Medical Ally, powered by Alight

Your medical ally and Surgery Decision Support

1-888-361-3944

mymedicalally.alight.com Code: SBD

New York Life Group Benefits Solutions Disability (STD/LTD/FMLA)

1-888-842-4462 or 1-866-562-8421 (Español)

mynylgbs.com

Principal Retirement Account Plan (401(k)) 1-800-547-7754 Monday–Friday, 8am–9pm ET

principal.com

Quit For Life on Rally Health

Tobacco cessation program 1-866-QUIT-4-LIFE (784-8454) **quitnow.net**

Rx Savings Solution

1-800-268-4476 TTY 1-800-877-8973 1-800-917-5572 (español) **Securian Financial**

Life & AD&D Insurance

Medical Underwriting: 1-800-872-2214

Claims: 1-888-658-0193 securian.com/sbd-insurance

SupportLinc by CuraLinc

(Employee Assistance Program) More information coming 1/1/2024

Torchlight, by LifeSpeak Inc.

Parenting and caregiving solution

1-844-693-3477

sbd.torchlight.care

WEX

Flexible Spending Accounts & Commuter Benefits

Enrollment Assistance: 1-844-561-1337

Participant Services: 1-866-451-3399

Submit a form: benefitslogin.wexhealth.com/login

WW (Weight Watchers)

1-866-204-2885

sbd.ww.com Company ID: 12157, Passcode: WW12157



myrxss.com

Annual Legal Notices

Stanley Black & Decker is required to provide you with annual legal notices concerning your rights under your health and group plans. For copies of these notices, please visit **sbdbenefitscenter.com/welcome** and search for Legal Notices.

Voluntary Self Identification Of Disability Form

Stanley Black & Decker does business with the government and is required to provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing a form online is voluntary, but we hope that you will choose to fill it out. Your answer will not be used against you in any way. To access the form on MySBD, search using the keywords "Disability Status."

Please note: This guide provides general benefit plan and enrollment information only. For specific details, conditions and exclusions, please refer to the plan documents. If there is a discrepancy between this Guide and the Summary Plan Descriptions (SPDs), the SPDs will govern. The SPDs are available on **sbdbenefitscenter.com**. This guide serves as a summary of material modifications (SSM) and/or a Summary of Material Reductions (SMR) and provides general benefit plan and enrollment information only. Summaries of Benefits and Coverage (SBCs) for 2024 are also available on the SBD Benefits Center Welcome Site. Note that if you opt out of coverage through Stanley Black & Decker and are not covered elsewhere, you may be

subject to the Affordable Care Act (ACA) penalty when filing your taxes. Additionally, receipt of this Guide does not guarantee employment or benefits eligibility with Stanley Black & Decker. The company expects to continue these plans but reserves the right to terminate, suspend, withdraw, amend or modify the plans at any time, with or without notice. The medical, prescription and dental information in this Guide does not apply to expatriates and eligible third country nationals who are eligible for the Cigna International Medical and Dental option. If you are covered by a Collective Bargaining Agreement (CBA), your CBA outlines your benefits eligibility and coverage provisions.

StanleyBlack&Decker