



Welcome to your 2024 benefits

A Quick Review Guide for Stanley Black & Decker's
2024 Medical Options

Your whole health matters.



Cigna HealthcareSM 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
- Decision support from ALEX[®], your virtual benefits advisor
- 2024 plan comparison charts

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).

For coverage-related questions, call **Cigna Healthcare** 24/7 at **800.243.3280**.

Medical plan options

An at-a-glance view of the 2024 Stanley Black & Decker medical plan options through Cigna Healthcare

HSA (Health Savings Account) options

Basic HSA

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.*

Plus HSA

All the benefits of the Basic HSA option but with a lower deductible, higher payroll contributions and a larger company HSA contribution.

OAP (Open Access Plus) options

OAP

A lower deductible and higher payroll contributions than the HSA options.

LocalPlus OAP In-Network Only

This option offers in-network coverage only. That means you must only choose doctors and facilities that are in the LocalPlus® network. You'll pay full price for care outside of the LocalPlus network.

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.**

You pay for covered services with your HSA or personal funds.

Once you reach your combined medical and prescription deductible:

You pay coinsurance when in-network and then Stanley Black & Decker pays the rest.

If you reach the out-of-pocket maximum:

Stanley Black & Decker pays 100% of costs for covered services for the rest of the calendar year.

Your HSA account goes with you if you change medical options, leave Stanley Black & Decker, or retire.

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.**

If you pay a copay, Stanley Black & Decker pays the remaining portion.

Once you reach your deductible:

Covered expenses (individual or family member) will be paid based on the coinsurance amount.

If you reach the out-of-pocket maximum:

Stanley Black & Decker pays 100% of your costs for covered services for the rest of the calendar year.

Note: To find out if LocalPlus OAP is an option for you, visit the SBD Benefits Center Welcome Site at sbdbenefitscenter.com/welcome, click "Enroll Here" and then log in with your user credentials. Or use the ALEX decision support tool and enter your home zip code.

*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 and see what preventive care services your plan covers.

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 an HSA that is funded by you and Stanley Black & Decker.

HSA benefits

- When you elect an HSA medical option, you must complete an attestation to confirm eligibility for an HSA bank account per IRS regulations. An HSA account will be automatically set up with HSA Bank and a debit card will be mailed to you. 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. 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. You must complete the CIP verification process** prior to accessing funds in your HSA Bank account.
- 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 have increased for 2024. HSA maximum contributions have increased to \$4,150 for employee-only and \$8,300 for family coverage. Any employee contribution election amount will be deducted each pay period from your paycheck and deposited into your HSA Bank account.
- 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 both options, 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 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
In-Network Only

OAP plan options have the highest employee contributions and the option of a self-funded Flexible Spending Account (FSA).

OAP benefits

- 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.
- Option to add 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.
- A cost-effective solution for those who fall in an eligible zip code; it is designed to help you control health care costs without sacrificing the quality and convenience you want.
- Must check if your doctors, hospital and other providers are in the limited LocalPlus network before enrolling; if not, consider switching to providers that are part of LocalPlus.

To find out if LocalPlus OAP is an option for you, visit the SBD Benefits Center Welcome Site at sbdbenefitscenter.com/welcome, click “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.

Know before you go.

If you choose LocalPlus OAP, you will not be covered if you visit an out-of-network provider. Every time you need care, visit myCigna.com > Find Care & Costs to ensure you’re using LocalPlus providers and facilities near you.

*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

Plus easy-to-use tools and resources



All Stanley Black & Decker medical plan options include all the benefits and support you need to help you and your family stay healthy and well.

- **myCigna.com® and the myCigna® App** – Register and log in for instant access to cost estimator tools, personalized provider searches and a wide range of wellness resources.
- **100% preventive care coverage** – Receive in-network preventive wellness check-ups and screenings at no additional cost to you.**
- **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® virtual care** – MDLIVE preventive care services are covered at 100% under all Cigna Healthcare medical options. Medical urgent care, primary care, and behavioral health care – including therapy and psychiatrist visits – are also covered at 100%. Dermatology services are subject to your medical option's coinsurance (You do not need to meet the plan deductible for the HSA option).*** To get started, visit myCigna.com.
- **Health coaching** – Work one-on-one with a Cigna Healthcare health coach to help you understand your health needs and work toward achieving your health goals, all at no additional cost. Call **800.243.3280** to connect.



*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.

**Not all preventive care services are covered. For example, most immunizations for travel are generally not covered. Visit myCigna.com and see what preventive care services your plan covers.

***Cigna Healthcare 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.

Speciality support

Additional benefits from Cigna Healthcare



No matter where you are in life, Cigna Healthcare is right there with you.

- **Cigna Healthy Pregnancies, Healthy Babies® program** – Get support before and after the birth of a baby. To enroll, call **800.615.2906**. You can even earn a \$200–\$400 incentive if you enroll before the third trimester.¹
- **Quit for Life on Rally Coach** – Learn strategies to help you quit smoking or using tobacco. It's available at no additional cost, and 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).²
- **My Medical Ally** powered by Alight® (formerly ConsumerMedical) – Receive expert health care guidance, information and personalized support from a team of doctors, nurses and researchers. To connect, visit mymedicalally.alight.com (company code: sbd). Or call **888.361.3944**.
- **My Medical Ally Surgery Decision Support program** – Completing this program is a requirement prior to undergoing elective hip, knee, low back or weight loss surgery or an elective hysterectomy. A **\$400 penalty** will apply if you do not complete the SDS program at least 30 days before your scheduled surgery. If you participate in the program, you will avoid the penalty and may qualify for a **\$400 prepaid card**. For details call **888.361.3944**.
- **Livongo by Teladoc Health** – Manage diabetes, prediabetes, hypertension, weight loss, stress and more. To learn more or join, visit be.livongo.com/SBD-CIGNA/hi or call **800.945.4355** (registration code: SBD-CIGNA).³
- **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. Ready to put an end to joint pain? Starting 1/1/2024, visit CignaPathwellBoneandJoint.com or call **877.505.5875**.⁴
- **Cigna Pathwell Specialty®** – If you're using a specialty medication to treat a complex medical condition, Cigna PathwellSM helps make specialty medications more affordable and easier to manage. Our care managers are 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. Starting 1/1/2024, you can connect with a specialty care manager by calling **877.505.3681**.

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

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

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

4. When program participation requirements are met, the Pathwell Bone & Joint Surgery benefit applies to certain spine, hip, knee and shoulder surgeries. For non-HSA plans, your plan pays 100% of eligible expenses. For HSA plans, your plan pays 100% after deductible is met. All program costs are included with your insurance plan. If you visit with a health care provider, standard visit costs apply per your plan benefits.

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
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*
Less of a fit: Basic HSA, Plus HSA



The Patel family Married with young children

The Patels 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*
Less of a fit: Basic HSA, Plus HSA

*If you live in an eligible zip code for the LocalPlus OAP and are willing to only use providers and facilities in the LocalPlus network, you might also consider the LocalPlus OAP option.

Virtual benefits advisor

Get to know ALEX.



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. You can choose the full ALEX in-depth, animated audio-/visual-led experience, or use ALEX Go, a text-based mobile experience that is also available in Spanish.

Get the full ALEX experience.

Talking with ALEX is like having a conversation with a real person. ALEX explains all your benefits beyond medical and tax savings – and makes recommendations for key voluntary benefits. ALEX gives you a new, modern way to engage with all of your benefits information, particularly during annual enrollment. So you can get benefits decision support anytime, anywhere.

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. Always be sure to enter your home zip code to see all available coverage options. And it's completely confidential.*

Short on time? Use ALEX Go.

ALEX Go is a compact, text-based version of the ALEX Benefits Counselor. It's an interactive decision support tool that is faster and easier to use while still providing you with the answers you need. ALEX Go is available in English and Spanish.

Important to note:

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.

alex[®]



Get started today.

Visit <https://start.myalex.com/sbd>.

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

2024 payroll deductions

Medical (Pretax) – Tobacco-/Smoking-free rates*

Employee only

Annual Base Pay**	Basic HSA		Plus HSA		OAP		LocalPlus OAP In-Network Only	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Less than \$50,000	\$25	\$5.77	\$126	\$29.08	\$160	\$36.92	\$96	\$22.15
\$50,000–\$100,000	\$38	\$8.77	\$136	\$31.38	\$172	\$39.69	\$103	\$23.77
More than \$100,000	\$48	\$11.08	\$144	\$33.23	\$183	\$42.23	\$110	\$25.38

Employee + spouse/domestic partner (DP)***

Annual Base Pay**	Basic HSA		Plus HSA		OAP		LocalPlus OAP In-Network Only	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Less than \$50,000	\$202	\$46.62	\$328	\$75.69	\$414	\$95.54	\$248	\$57.23
\$50,000–\$100,000	\$236	\$54.46	\$355	\$81.92	\$445	\$102.69	\$267	\$61.62
More than \$100,000	\$265	\$61.15	\$377	\$87.00	\$475	\$109.62	\$285	\$65.77

Employee + child(ren)

Annual Base Pay**	Basic HSA		Plus HSA		OAP		LocalPlus OAP In-Network Only	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Less than \$50,000	\$132	\$30.46	\$214	\$49.38	\$271	\$62.54	\$163	\$37.62
\$50,000–\$100,000	\$155	\$35.77	\$231	\$53.31	\$290	\$66.92	\$174	\$40.15
More than \$100,000	\$173	\$39.92	\$245	\$56.54	\$310	\$71.54	\$186	\$42.92

Family including Spouse/DP*** and Child(ren)

Annual Base Pay**	Basic HSA		Plus HSA		OAP		LocalPlus OAP In-Network Only	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Less than \$50,000	\$256	\$59.08	\$416	\$96.00	\$526	\$121.38	\$316	\$72.92
\$50,000–\$100,000	\$300	\$69.23	\$448	\$103.38	\$564	\$130.15	\$339	\$78.23
More than \$100,000	\$336	\$77.54	\$477	\$110.08	\$603	\$139.15	\$362	\$83.54

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

** Annual base pay as of 10/1/2023 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 In-Network Only	
	Employee only	Employee + spouse/DP Employee + child(ren) Family	Employee only	Employee + spouse/DP Employee + child(ren) Family	Employee only	Employee + spouse/DP Employee + child(ren) Family	Employee only	Employee + spouse/DP Employee + child(ren) 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	No coverage	
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	No coverage	
Plan-year coinsurance (what the plan pays)								
In-network	70%		80%		80%		80%	
Out-of-network	50%		50%		50%		No coverage	

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

What's covered.

	Basic HSA		Plus HSA		OAP		LocalPlus OAP In-Network Only	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Office/Outpatient service (what the plan pays)²								
Adult preventive care	100%		100%		100%		100%	
Office visit	70%	50%	80%	50%	100% after \$25 copay	50%	100% after \$25 copay	No coverage
Specialist visit	70%	50%	80%	50%	100% after \$50 copay	50%	100% after \$50 copay	No coverage
Prenatal care	70%	50%	80%	50%	80%	50%	80%	No coverage
Chiropractic care	70%	50%	80%	50%	100% after \$50 copay	50%	100% after \$50 copay	No coverage
Outpatient therapy	70%	50%	80%	50%	100% after \$50 copay	50%	100% after \$50 copay	No coverage
Physical therapy	70%	50%	80%	50%	100% after \$25 copay	50%	100% after \$25 copay	No coverage
Well-child care	100%		100%		100%		100%	No coverage
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)	No coverage
Hospital care (what the plan pays)³								
Inpatient hospitalization	70%	50%	80%	50%	80% after \$200 copay	50%	80% after \$200 copay	No coverage
Outpatient surgery	70%	50%	80%	50%	80% after \$100 copay	50%	80% after \$100 copay	No coverage
Urgent care center	70%		80%		\$50 copay per visit		\$50 copay per visit	No coverage
Emergency room	70%		80%		80%		80%	80% ⁴
Ambulance	70%		80%		80%		80%	80% ⁴
Mental health and substance use (what the plan pays)⁵								
Virtual Care through MDLIVE (including primary care, urgent care and behavioral care)	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Inpatient (unlimited day maximum)	70%	50%	80%	50%	80% after \$200 copay	50%	80% after \$200 copay	No coverage
Outpatient	70%	50%	80%	50%	\$25 (doctor's office); 80% (outpatient/independent facility)	50%	\$25 (doctor's office); 80% (outpatient/independent facility)	No coverage
Hearing aid coverage								
Hearing aid equipment/devices	Up to \$3,000 max. every 3 years	No coverage	Up to \$3,000 max. every 3 years	No coverage	Up to \$3,000 max. every 3 years	No coverage	Up to \$3,000 max. every 3 years	No coverage
	Retail (30-day supply)	Retail 90 ³ and home delivery pharmacy (90-day supply)	Retail (30-day supply)	Retail 90 ³ and home delivery pharmacy (90-day supply)	Retail (30-day supply)	Retail 90 ³ and home delivery pharmacy (90-day supply)	Retail (30-day supply)	Retail 90 ³ and home delivery pharmacy (90-day supply)
Prescription medication highlights (what the plan pays)								
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](https://www.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.

5. All coinsurance percentages except 100% are after the deductible; Cigna Healthcare will process all claims with a primary mental health/substance use diagnosis under the MH/SU cost-share, regardless of the place of service.



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 Healthcare 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.

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 Healthcare–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 Healthcare is responsible for any aspects of the HSA services, administration and operation.

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