

YOUR MEDICAL OPTIONS

You may have up to four medical options through Cigna to choose from depending upon your home zip code. While all plans offer quality and affordable coverage, see below for how they compare.

Basic HSA	Plus HSA	OAP	LocalPlus OAP
<ul style="list-style-type: none"> • Lower payroll contributions • Special employee only contribution rates • Highest deductible - you pay deductibles and co-insurance • Combined Med & Rx deductible • Access to a Health Savings Account with HSA Bank 	<ul style="list-style-type: none"> • Moderate payroll contributions • Moderate deductible - you pay deductibles and co-insurance • Combined Med & Rx deductible • Access to a Health Savings Account with HSA Bank 	<ul style="list-style-type: none"> • Highest payroll contributions • Lowest deductible - you pay copay, deductible and coinsurance • No Rx deductible • Most traditional plan 	<ul style="list-style-type: none"> • Lower payroll contributions than the OAP option • Lowest deductible • No Rx deductible • In-network only plan – you must use a provider in the LocalPlus Network • No out-of-network coverage expect for emergencies

The LocalPlus OAP option is an in-network only option with a narrow network of providers and eligibility is zip code driven which sets this plan apart from the other Cigna medical options. Additional details on each option are below.

BASIC AND PLUS HEALTH SAVINGS ACCOUNT (HSA)

- You pay less in monthly payroll contributions compared to the OAP Plan, but more out-of-pocket for medical care until you meet your deductible.
- You must meet your deductible before the plan starts paying coinsurance (unless you are receiving preventive care, which is paid at 100%).
- After you meet your deductible, you share in the cost of care by paying coinsurance (30% in-network under the Basic HSA Plan and 20% in-network under the Plus HSA Plan for most covered services) up to the out-of-pocket maximum.

Both HSA plans feature an HSA Bank Account. The HSA Bank Account is a tax-advantaged way to save for current or future health care expenses and is portable, meaning you can take it with you into retirement or if you leave the company. The account is funded by Stanley Black & Decker and your contributions (if elected), which you can use to help pay for out-of-pocket expenses. You will receive full employer funding in your HSA by mid-January. That means you'll have access to all of Stanley Black & Decker's contributions in the beginning of the year, making it easier to plan for your medical needs. 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.

OPEN ACCESS PLUS (OAP)

- You pay more in monthly payroll contributions, but less out-of-pocket when you receive care.
- This plan covers some items and services even if you haven't yet met the deductible. In addition to preventative care, which is paid at 100%, you pay a flat copay for services like doctor's office visits or physical therapy. There is no deductible for pharmacy.
- For other services, like emergency room visits, you must meet your deductible before the plan starts paying coinsurance. After you meet your deductible, you share in the cost of care by paying 20% coinsurance up to the out-of-pocket maximum.

LOCALPLUS OAP

LocalPlus OAP works just like the OAP with a low deductible and lower contributions as compared to the OAP option in exchange for staying in a more limited network.

- Eligibility for this option is based upon ZIP code. If you reside in an eligible zip code, you will see this option during the election process on the SBD Benefits Center enrollment site.
- You must use doctors, hospitals and other providers/facilities in the narrow LocalPlus network if you choose the LocalPlus OAP option. Make sure to confirm that providers and facilities you use are in the LocalPlus network.
- This option does not have out-of-network coverage except in the case of emergencies. You will be responsible for paying for the full cost of any out-of-network care outside of emergencies.
- If you need care while away from your LocalPlus network area, you can access in-network providers or hospitals through Cigna's nationwide Away From Home Care feature.

To further compare these plans, visit ALEX at start.myalex.com/sbd. ALEX is a confidential, mobile-friendly, easy-to-use decision support tool that helps you consider which plans will be the best fit for you and your family based upon your anticipated health care needs.

CIGNA MAKES HEALTH CARE SIMPLER

Cigna offers personalized guidance and easy-to-use technology to anticipate your needs. Call Cigna at **1-800-243-3280**, visit myCigna.com or download the **myCigna App**. Cigna will help you:

- Find care and cost estimates
- Access support quickly -- Chat with a personal guide
- Access electronic ID cards for the entire family
- Access programs to help manage your health
- Manage and track claims
- View and manage your account and deductible balance
- Compare prescription drug prices
- Connect with Cigna Virtual Care (telehealth) options

MEDICAL COVERAGE AT-A-GLANCE

	Basic HSA		Plus HSA		OAP Plan ¹		LocalPlus OAP ²	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Employer Contribution to HSA	Individual: \$250 Family: \$500		Individual: \$500 Family: \$1,000		N/A		N/A	
Routine Preventive Care <i>(including preventive X-ray and/or lab services)</i>	100% No deductible		100% No deductible		100% No deductible		100% No deductible	N/A
Calendar Year Deductible: The amount you pay before the plan begins paying for most health care services.								
Individual	Applies only when individual coverage is selected		Applies only when individual coverage is selected		Applies to each covered individual, up to the family maximum listed below		Applies to each covered individual, up to the family maximum listed below	
	\$2,500	\$5,000	\$1,750	\$3,500	\$700	\$1,400	\$700	N/A
Family	Applies when more than one person is covered by the Plan		Applies when more than one person is covered by the Plan		Maximum amount a family would have to pay in deductibles before the Plan pays benefits		Maximum amount a family would have to pay in deductibles before the Plan pays benefits	
	\$5,000	\$10,000	\$3,500	\$7,000	\$1,400	\$2,800	\$1,400	N/A
Out-of-Pocket Maximum: The most you will pay toward the cost of eligible health care expenses for the year. Co-pays and co-insurance paid during the year also apply to the out-of-pocket maximum.								
Individual	Applies only when individual coverage is selected		Applies only when individual coverage is selected		Applies to each covered individual, up to the family maximum listed below		Applies to each covered individual, up to the family maximum listed below	
	\$5,500	\$11,000	\$4,500	\$7,000	\$3,500	\$7,000	\$3,500	N/A

	Basic HSA		Plus HSA		OAP Plan ¹		LocalPlus OAP ²	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Family	Applies when more than one person is covered by the Plan		Applies when more than one person is covered by the Plan		Maximum amount a family would have to pay before the Plan pays benefits		Maximum amount a family would have to pay before the Plan pays benefits	
	\$11,000 ³	\$22,000	\$9,000 ³	\$14,000	\$7,000	\$14,000	\$7,000	N/a
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	N/A
Covered Services (what the Plan pays)								
Primary Care Office Visit <i>(including mental health/substance abuse visits and physical therapy)</i>	70%after deductible	50%after deductible	80%after deductible	50%after deductible	100%after\$25 copay; no charge after the copay if only X-ray and/or lab services performed and billed	50%after deductible	100%after\$25 copay; no charge after the copay if only X-ray and/or lab services performed and billed	N/a
Specialist Office Visit <i>(including OB/GYN)</i>	70%after deductible	50%after deductible	80%after deductible	50%after deductible	100%after\$50 copay; no charge after the copay if only X-ray and/or lab services performed and billed	50%after deductible	100%after \$50 copay; no charge after the copay if only X-ray and/or lab services performed and billed	N/a
Emergency Room	70%after deductible	70%after deductible	80%after deductible	80%after deductible	80%after deductible	80%after deductible	80%after deductible	80% ⁴
Urgent Care	70%after deductible	70%after deductible	80%after deductible	80%after deductible	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Hospital Services	70%after deductible	50%after deductible	80%after deductible	50%after deductible	\$200 per admission copay, then 80% after deductible	50%after deductible	\$200 per admission copay, then 80% after deductible	N/A
Outpatient Facility	70%after deductible	50%after deductible	80%after deductible	50%after deductible	\$100 copay, then 80% after deductible	50%after deductible	\$100 copay, then 80% after deductible	N/A
Outpatient Therapy⁵	70%after deductible	50%after deductible	80%after deductible	50%after deductible	100%after \$50 copay	50% after deductible	100%after \$50 copay	N/A
Physical Therapy⁵	70%after deductible	50%after deductible	80%after deductible	50%after deductible	100%after \$25 copay	50% after deductible	100%after \$25 copay	N/A
Cigna Virtual Urgent Care through MDLive	100% (no copay)	N/A	100% (no copay)	N/A	100% (no copay)	N/A	100% (no copay)	N/A
Hearing Aid Equipment/Devices	Up to \$3,000 maximum every 3 years ⁶	N/A	Up to \$3,000 maximum every 3 years ⁶	N/A	Up to \$3,000 maximum every 3 years ⁶	N/A	Up to \$3,000 maximum every 3 years ⁶	N/A
Most other services	70%after deductible	50%after deductible	80%after deductible	50%after deductible	80%after deductible	50%after deductible	80%after deductible	N/a

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

¹ 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.

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.

PRESCRIPTION DRUG COVERAGE AT-A-GLANCE

In-Network	Basic HSA	Plus HSA	OAP	LocalPlus OAP
Pharmacy Deductible	Included in annual Medical Plan deductible; Rx copays and coinsurance amounts below are after Basic and Plus HSA Plan deductible. ¹ Deductibles waived for specified Preventive Medications.		No deductible	No deductible
Retail (30-day supply)				
Generic ²	All plans: \$12			
Preferred Brand Name	All plans: 25% (\$35 min, \$95 max)			
Non-Preferred Brand Name	All plans: 35% (\$55 min, \$115 max)			
Retail 90 Program and Express Scripts Pharmacy, Cigna's Home Delivery Pharmacy (90-day supply)³				
Generic	All plans: \$24			
Preferred Brand Name	All plans: 20% (\$70 min, \$190 max)			
Non-Preferred Brand Name	All plans: 30% (\$110 min, \$230 max)			

¹The deductible is waived for specified Preventive Medications in the Cigna Preventive Plus Medication Program. See the 2023 Prescription Drug List on the SBD Benefits Center website.

²You pay the actual cost or the copay, whichever is less.

³ 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. The Retail 90 Program offers the option to fill maintenance medications at certain participating retail pharmacies — including CVS, Kroger and Walmart — instead of through home delivery. To learn which in-network pharmacies participate in the Retail 90 Program, visit cigna.com/Rx90network.

To learn more about specific medication coverage, including what medications may be covered under the HSA medical options without having to meet the plan deductible first and if step-therapy applies, refer to Cigna's Prescription Drug List on myCigna.com or sdbenefitscenter.com/welcome. Keep in mind that the Prescription Drug List can be changed several times a year. Estimate your medication costs and review lower-cost options using the Prescription Drug Price Quote Tool available on myCigna.com.