

**Benefit
Together.**



2026 EMPLOYEE
BENEFITS GUIDE



Welcome to Your 2026 Employee Benefits Guide

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Employees like you are our greatest asset. You are what makes Standard Motor Products succeed—and we care about your well-being.

That's why we offer a comprehensive and flexible benefits program designed to support your health, financial well-being, and life outside of work.

Take some time to explore your Employee Benefits Guide and learn about your benefit options, wellness programs, and support resources. Because when it comes to benefits, we succeed when we **Benefit Together**.



Here at SMP, our employees are family. And part of caring for our family is offering you tools to support your physical, financial, and mental health.

Eric P. Sills
*Chairman of the Board, Chief Executive Officer
& President*



Your benefits site just got a major overhaul—now built to take you where you need to go.

We heard you want clear, easy-to-find benefits information in one place—and our newly enhanced benefits website delivers. Visit SMPbenefits.com (or scan the QR code with your mobile device) to explore anytime, anywhere. You'll find detailed information about all benefit plans in this guide, including full Summary Plan Descriptions.



If you have questions about your personal situation, you can always email benefits@SMPcorp.com.

Eligibility & Enrollment

Who Is Eligible for Coverage

You are eligible for the benefits described in this Guide if you regularly work at least 30 hours per week. (Temporary and seasonal employees are not eligible for benefits.)

You may also cover dependents under many of our benefits, including medical, dental, and vision plans.

Eligible dependents include:

- Your legal spouse
- Your natural, adopted, foster, or stepchildren

Dependent children can be covered up to December 31 of the year they reach age 26 (for medical, dental, vision, and voluntary life insurance).

In addition, children of any age who become mentally or physically disabled before age 26 and are totally dependent on you can remain covered under your benefits as long as they were covered under your plan when their disability began.

When Benefits Begin

Enrolling as a New Hire. You must enroll or waive coverage within 30 days of your hire date. When you enroll during this period, your coverage for most benefits is effective right on your first day of employment with Standard Motor Products. There is no waiting period. The only exception is the retirement plan: You are eligible on the first day of the next quarter after you complete 30 days of service.

Enrolling during annual Open Enrollment. Employees should review their benefits each year during the Open Enrollment period, typically held in the fall. When you make changes during Open Enrollment, your new benefits will be effective the following January 1.

How to Enroll

Whether you're a new hire, reviewing your options during Open Enrollment, or making a change as a result of a qualified life event, you will use our HRIS system, **Dayforce**. For questions or help with Dayforce, contact your SMP Human Resources representative.

MAKING CHANGES DURING THE YEAR

You can make changes to your benefits outside of the Open Enrollment period **within 30 days of a qualified life event** such as:

- Marriage
- Divorce or legal separation
- The birth or adoption of a child
- Gaining or losing coverage elsewhere (for example, your spouse's employer)
- Death of a spouse or dependent
- Shift from part-time to full-time employment status (or vice versa) by you or your spouse
- Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP), or for a premium assistance subsidy under these programs (60-day special election period).

You have 30 days from the date of your qualified life event to change your coverage. Your coverage will begin on the date of the qualified event, as long as you submit any required documentation.

ACTIVE ENROLLMENT REQUIRED!

You must enroll during Open Enrollment to have coverage in 2026. If you do not take action, you will have **no benefits coverage** next year.



Scan this QR code to view your benefits materials on SMPbenefits.com



Go to DayforceHCM.com to enroll by **November 14**

Medical & Prescription Drug Coverage

We offer you three medical plan options. Each plan has a different premium (monthly contributions that come out of your paycheck) and out-of-pocket costs (what you pay when you receive care throughout the year). Here are key things to know about your medical plan options:

- 1 They are administered by Anthem BCBS.** Our three medical plans use the same Anthem BCBS national network of doctors, hospitals, pharmacies, and other providers. All plans give you the choice to go to any doctor or hospital you wish, but you will generally pay more for care when you go outside of the network.
- 2 Preventive care is free when you receive services in-network.** There are no copays, coinsurance, or deductibles to meet. So, get your annual physicals and routine screenings like blood pressure and cholesterol, breast cancer and prostate cancer, as well as age-based immunizations, for \$0.
- 3 All three plans have a deductible.** A deductible is the amount you must pay before you and the plan start sharing in the cost of certain services. (The exception is preventive care, which as noted above is 100% covered in-network.) The deductible amounts vary across all three plans.
- 4 Our two HDHP options come with a Health Savings Account (HSA).** The HSA is a special type of account that helps you save for medical costs today and into the future. Learn more about the HSA on page 12.

When it comes to choosing the right medical plan, we all have different needs and priorities. There is no such thing as the “better” plan; each medical plan has features that make it the “best” fit for employees based on their individual and/or family situation.



UNDERSTANDING THE BASICS

Here are some terms to help as you review the medical plan options:

- **Premium:** Monthly contributions that are deducted from your paycheck before taxes.
- **Deductible:** The amount you’re responsible for before your plan begins to pay each year.
- **Coinsurance:** The portion you pay for services after you meet your deductible.
- **Copay:** The set amount you pay for a covered service at the time you receive it. Please note copays *do not* apply to your deductible, but they *do* apply toward your out-of-pocket maximum.
- **Out-of-pocket costs:** The amount your medical plan does not cover, which you must pay. For example, a copay is an out-of-pocket cost.
- **Out-of-pocket maximum:** The most you will pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% for all covered care you receive for the rest of the calendar year.

GET CARE FROM ANYWHERE!

With Anthem’s **Sydney Health App**, you can see doctors from anywhere. **Need urgent care?** Choose LiveHealth Online for 24/7 visits without an appointment. **Need ongoing care?** Choose Virtual Primary Care for regular check-ups and support with ongoing health needs. Go to sydneyhealth.com to download today!

Medical Plan Comparison

The table below compares in-network benefits for all three plans. You may use any provider, but costs are higher outside Anthem's network. For out-of-network benefit details, visit [SMPbenefits.com](https://www.smpbenefits.com).

	PPO PLAN	HDHP BASE PLAN	HDHP VALUE PLAN
In-Network Benefits			
Deductible (individual/family)*	\$1,300/\$2,400	\$2,200/\$4,200	\$4,000/\$8,000
Coinsurance after deductible	You pay 10%	You pay 10%	You pay 20%
Out-of-pocket maximum (individual/family)	\$2,400/\$4,600	\$3,950/\$7,700	\$6,350/\$12,700
Physician and Hospital Services			
Preventive care	You pay \$0	You pay \$0	You pay \$0
Office visit (primary care and specialist)	\$25 primary care \$40 specialist	You pay 10%, after deductible	You pay 20%, after deductible
Virtual visits			
General Health	\$0	\$50, after deductible	\$50, after deductible
Dermatology	\$40	\$40, after deductible	\$40, after deductible
Mental Health (psychiatrist)	You pay 10%, after deductible	\$200 first visit, \$100 ongoing visits, after deductible	\$200 first visit, \$100 ongoing visits, after deductible
Mental Health (psychologist or therapist)	\$0	\$90, after deductible	\$90, after deductible
Urgent care	You pay 10%, after deductible	You pay 10%, after deductible	You pay 20%, after deductible
Emergency room	\$250 copay	You pay 10%, after deductible	You pay 20%, after deductible
Inpatient hospital care***	You pay 10%, after deductible	You pay 10%, after deductible	You pay 20%, after deductible
Outpatient hospital care***	You pay 10%, after deductible	You pay 10%, after deductible	You pay 20%, after deductible
Labs, X-rays, and diagnostic imaging**	You pay 10%, after deductible	You pay 10%, after deductible	You pay 20%, after deductible
Prescription Drug Coverage****			
Retail pharmacy (30-day supply)		All non-preventive prescriptions are subject to deductible and coinsurance. There are several preventive drugs available for free under the following categories: Birth Control, Diabetes, Heart Health, High Blood Pressure, High Cholesterol, and Smoking Cessation. A complete list of covered drugs is available under the Document Library at SMPbenefits.com .	
Generic (Tier 1)	\$5 copay		
Preferred Brand (Tier 2)	\$30 copay		
Non-Preferred Brand (Tier 3)	\$60 copay		
Specialty Medication (Tier 4)	\$75 copay		
Mail order (90-day supply)			
Generic (Tier 1)	\$7.50 copay		
Preferred Brand (Tier 2)	\$45 copay		
Non-Preferred Brand (Tier 3)	\$90 copay		
Specialty Medication (Tier 4)	\$112.50 copay		

* Under both HDHPs, the family deductible is combined. If you cover dependents, all claims count toward the total deductible, which must be met before coinsurance begins. Once met, the entire family pays coinsurance.

** High-tech imaging (MRI/CT) requires prior authorization, or a \$50 penalty applies. Have your doctor call 1-888-953-6703 (on your Medical ID card).

*** Member cost share under the PPO plan is waived when using Lantern (see page 17). Member cost share under the HDHP plans is waived after the minimum IRS deductible.

**** There is a Tiered Pharmacy Surcharge for using a Level 2 Pharmacy (see page 8).

A Closer Look at the Health Savings Account (HSA)

The HDHP Base Plan and HDHP Value Plan both come with an HSA. Let's take a closer look at all the advantages of an HSA.

It offers a triple tax advantage.

Even more tax advantages than a 401(k) plan! Money is tax-free when it goes in, through the convenience of payroll contributions, lowering your taxable income. It's tax-free as it grows, as any interest or investment earnings aren't subject to taxes. And it's tax-free when you spend it on qualified health care expenses. That means you're saving money on things like your medical, dental, and vision coinsurance and deductibles.

Your contributions are flexible.

You choose the tax-free amount you want to contribute for 2026 when you enroll, but you're not locked into that decision. In fact, unlike an FSA, you can change this amount at any time during the year as often as you'd like as your needs and budget change. You can even transfer funds directly from your checking account! The more you can save, the more your money will grow over time, but you don't have to make any minimum contribution.

It's easy to use.

In addition to being able to manage your account online, there are multiple ways to use your HSA to pay for expenses. You can use the HSA debit card, use the website to send money to your provider electronically, or reimburse yourself from your HSA for claims paid in cash earlier in the year.

It's always your money.

Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical plans, leave SMP, or retire. There's also no "use it or lose it" rule like a Flexible Spending Account (FSA). What's more, you're in complete control of how you spend the money in your HSA. You can use the funds each year to help cover today's costs, or save for the future, building your account balance over time. You can even use your HSA to pay premiums for medical coverage in retirement.

HSA CONTRIBUTIONS FROM SMP!

If you enroll in one of the two HDHP medical options, SMP will contribute to your HSA. Learn more about the HSA on page 12.

AM I ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT (HSA)?

You can enroll in an HDHP and contribute to the HSA if you are:

- Not covered by any other health plan, including a Health Care Flexible Spending Account (FSA) provided through Standard Motor Products or your spouse's employer
- Not enrolled in Medicare (A, B, or D)
- Not claimed as a dependent on another individual's tax return

Understand Your Care Options

Knowing where to go for care can save you time and money. The emergency room, hospital, and urgent care each serve different needs, and choosing the right option helps you get the right care at the right cost. Use the guide below to see when each setting makes the most sense.

	EVERYDAY CARE		URGENT (BUT NOT LIFE THREATENING)	SERIOUS OR LIFE-THREATENING EMERGENCY
Examples	Cold or flu, manageable pain, sore throat or cough, allergies, headache, pink eye, rash, suspected infection		Emergencies that require care within 24 hours (e.g., cuts, minor burns, sprains, joint pain, allergic reactions, respiratory infections)	Chest pain, difficulty breathing, sudden dizziness, weakness, severe pain, uncontrolled bleeding, seizure, compound fracture, broken bone
Provider	Telehealth or Virtual Care	Primary Care Visit	Urgent Care Center	Emergency Room
Cost				
Convenience				

24/7 Support with LiveHealth Online

If you’re enrolled in a Standard Motor Products medical plan, you and your covered dependents have access to LiveHealth Online—an easy-to-use, virtual urgent care service with no appointments or long wait times. Board-certified doctors can assess your condition, give medical advice, and send prescriptions to your pharmacy. Support in Spanish is available seven days a week through Cuidado Médico on LiveHealth Online. Talk to a LiveHealth Online doctor—as well as psychologists, dermatologists, lactation consultants, and more—through the virtual care section of the Sydney Health app or livehealthonline.com. Member cost share applies.



Prescription Drug Benefits

When you enroll in an Anthem BCBS medical plan, you have prescription drug coverage through CarelonRx. CarelonRx has programs in place to help you and the company better manage drug costs.

- **Prior Authorization:** Your doctor must get approval from Anthem when prescribing certain medications to be sure drugs are being used as recommended by the FDA.
- **Preferred Generic:** Members must buy the generic equivalent of a brand-name drug unless your doctor received prior authorization for the drug to be filled as a brand name. If you choose a brand name when a generic is available without prior authorization, you will pay the difference between the brand name cost and the generic cost.
- **Step Therapy:** If your doctor prescribes a specific medication, you may need to try one or more other drugs before Anthem will cover the medication your doctor ordered.
- **Exclusive Specialty Program:** You must fill specialty medication prescriptions through CarelonRx Specialty Pharmacy.
- **Tiered Pharmacy Surcharge:** Members can fill prescriptions at Level 1 and Level 2 pharmacies. If you go to a Level 2 pharmacy, you will pay a surcharge (PPO: \$10 / HDHPs: 10%). Log on to [anthem.com](https://www.anthem.com) to find a Level 1 pharmacy near you.
- **Quantity Limits:** Members may not exceed the covered amount of medication (number of pills) filled in a certain time period.
- **Mail Order Program and 90-Day Supply Options at Retail Pharmacies:** SMP requires that you fill maintenance drugs using CarelonRx home delivery mail order, which will save you and the company money!¹ You receive a 90-day supply of maintenance medications at home instead of going to the pharmacy every 30 days. With mail order, you may save approximately 33% on the cost of the medications. In addition, with the Carelon Retail 90 Network, you can get a 90-day supply of maintenance medication for the same cost as the mail order program at more than 26,000 retail pharmacies nationwide (including **Walmart** and CVS).
- **Cost Relief:** This feature combines an innovative specialty copay plan design strategy with an improved member experience to help optimize savings from available manufacturer assistance programs—reducing member and company specialty drug costs.

¹ For members in Oklahoma, SMP follows applicable state legislation regarding mail order and retail pharmacy requirements.

SMP Wellness Program

We offer a wellness program through Anthem to help employees in our medical plans stay healthy and save money. The wellness program gives you the chance to lower your medical premiums by taking just **one, simple step** to care for your health: an annual preventive care exam. Preventive care and routine screenings are the best way for you to stay on top of your health and prevent bigger health problems down the road.

You (and your spouse, if covered under our medical plan) must complete your annual preventive exam by October 15, 2026 to avoid an increase in premiums in 2027. The date of your exam can be between October 16, 2025 and October 15, 2026. **Please note:** Our medical plan allows for one annual physical per year; it does not require 12 months between appointments.

If you were hired on or after July 15, 2026, you do not have to complete the program to lower your premiums.

Log into [anthem.com](https://www.anthem.com) or access the Sydney Health app. Then, go to My Health Dashboard > My Rewards.

Monthly Medical Plan Premiums

Monthly, pre-tax employee contributions for medical coverage are based on salary bands.

1 First, find your salary band:

BAND	MINIMUM	MAXIMUM	BAND	MINIMUM	MAXIMUM
1	—	\$30,000	9	\$90,001	\$100,000
2	\$30,001	\$35,000	10	\$100,001	\$110,000
3	\$35,001	\$40,000	11	\$110,001	\$120,000
4	\$40,001	\$50,000	12	\$120,001	\$130,000
5	\$50,001	\$60,000	13	\$130,001	\$140,000
6	\$60,001	\$70,000	14	\$140,001	\$150,000
7	\$70,001	\$80,000	15	\$150,001	\$1,000,000
8	\$80,001	\$90,000			

2 Then, find your band in the rate charts for each medical plan option:

BAND	PPO PLAN				HDHP BASE PLAN				HDHP VALUE PLAN			
	EE Only	EE + Spouse	EE + Children	Family	EE Only	EE + Spouse	EE + Children	Family	EE Only	EE + Spouse	EE + Children	Family
1	\$114	\$254	\$246	\$322	\$69	\$184	\$179	\$230	\$32	\$87	\$85	\$108
2	\$147	\$304	\$290	\$387	\$100	\$233	\$223	\$293	\$48	\$110	\$105	\$140
3	\$152	\$311	\$301	\$398	\$105	\$240	\$232	\$304	\$50	\$114	\$110	\$144
4	\$162	\$325	\$318	\$416	\$114	\$254	\$249	\$323	\$55	\$120	\$118	\$153
5	\$173	\$343	\$336	\$440	\$125	\$272	\$266	\$345	\$60	\$129	\$126	\$164
6	\$186	\$365	\$354	\$470	\$139	\$291	\$282	\$373	\$66	\$139	\$135	\$177
7	\$199	\$384	\$372	\$495	\$150	\$311	\$302	\$397	\$72	\$147	\$143	\$188
8	\$210	\$403	\$387	\$520	\$162	\$328	\$316	\$421	\$76	\$156	\$150	\$199
9	\$223	\$423	\$404	\$546	\$174	\$348	\$332	\$446	\$82	\$165	\$157	\$211
10	\$237	\$442	\$418	\$573	\$186	\$366	\$346	\$472	\$88	\$174	\$164	\$223
11	\$246	\$458	\$432	\$593	\$195	\$383	\$361	\$493	\$93	\$181	\$170	\$234
12	\$257	\$474	\$446	\$614	\$207	\$398	\$374	\$514	\$98	\$188	\$177	\$243
13	\$270	\$495	\$460	\$641	\$220	\$418	\$388	\$539	\$104	\$197	\$183	\$256
14	\$280	\$510	\$474	\$662	\$230	\$433	\$403	\$560	\$108	\$205	\$190	\$266
15	\$285	\$517	\$488	\$673	\$235	\$442	\$416	\$572	\$111	\$209	\$197	\$271

Wellness Surcharge: If you were hired prior to July 15 and/or had a spouse covered under our medical plan, but did not complete the wellness program, \$50 per month will be added to your monthly medical plan contribution in the following year.

Dental Coverage

Oral health is an important part of total health. You can take care of your smile with the Delta Dental PPO Plus Premier Plan. Just like our medical plans, you can visit any provider you wish. However, care will almost always cost less when you use dentists within the Delta Dental network, and you won't have to send claims for reimbursement.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50 per person, up to \$150 per family	
Annual Benefit Maximum	\$2,000 per person	\$2,000 per person
Lifetime Orthodontia Maximum	\$2,000 per child	
Preventive Care 2 exams, 2 cleanings, and 2 sets of X-rays (bitewing and full mouth) per calendar year, and sealants for children up to age 16	Plan pays 100%	Plan pays 80%
Basic Services Fillings (amalgam and composite resin)	Plan pays 80%	Plan pays 80%
Major Services Crowns, bridges, dentures, oral surgery, root canal, periodontal maintenance, periodontal surgery	Plan pays 60%	Plan pays 60%
Orthodontia Dependent children only, through age 18	Plan pays 50%	Plan pays 50%
Implants (Separate calendar year maximum)	\$3,000 per person	\$3,000 per person

Monthly Dental Plan Premiums

Below are the monthly, pre-tax employee contributions for dental coverage.

Employee	\$10
Employee + Spouse	\$25
Employee + Children	\$27
Employee + Family	\$36

Vision Coverage

Your eyes are critical to your overall health. Take advantage of our vision coverage through Anthem Blue View Vision. You may select any eye care provider you choose, but your out-of-pocket costs will be less if you use network providers.

ANTHEM BLUE VIEW VISION PLAN	FREQUENCY	IN-NETWORK	OUT-OF-NETWORK
Vision Exam	Once every calendar year	\$10 copay	\$40 allowance
Prescription Lenses	Once every calendar year	\$10 copay	\$25 allowance
• Single Vision		\$10 copay	\$40 allowance
• Lined Bifocal		\$10 copay	\$50 allowance
• Lined Trifocal			
Frames	Once every calendar year	\$130 allowance + 20% off remaining balance	\$45 allowance
Contact Lenses (in lieu of glasses)	Once every calendar year	No charge	\$210 allowance
• Medically Necessary		\$130 allowance + 15% off remaining balance	\$105 allowance
• Contact Lenses Elective Conventional		\$130 allowance (No other discount)	\$105 allowance
• Contact Lenses Elective Disposable			

Monthly Vision Plan Premiums

Below are the monthly, pre-tax employee contributions for vision coverage.

Employee	\$6.65
Employee + Spouse	\$13.11
Employee + Children	\$12.43
Employee + Family	\$20.36



Tax-Advantaged Accounts

Our Health Savings Account (HSA) and Flexible Spending Account (FSA) options with Fidelity help you save money by allowing you to pay for out-of-pocket health and dependent day care expenses with pre-tax dollars.

Health Savings Account

If you choose one of our two HDHP medical options, you'll gain access to an HSA. The HSA is a savings account in which you can put aside your own pre-tax dollars to pay for qualified health care expenses—think of it as a personal bank account that works with your medical plan. While you can use your HSA to offset health care costs now, you can also use it as a longer-term savings account and roll over your balance year to year. Once you have \$1,000 in your HSA, you can begin to invest in mutual funds. When you invest the money from your HSA, there are no investment transaction fees.

HSA Contributions

The IRS sets limits each year on how much you can contribute to your HSA. If you enroll in one of the HDHP options, SMP will contribute to your account to help you get started. The amount the company contributes is based on which plan you choose and who you cover, as shown below.

	SMP CONTRIBUTIONS	YOUR CONTRIBUTIONS	2026 IRS MAXIMUM
HDHP Base Plan			
Employee	\$500	\$3,900	\$4,400
Employee Plus Any Dependents	\$1,000	\$7,750	\$8,750
HDHP Value Plan			
Employee	\$1,000	\$3,400	\$4,400
Employee Plus Any Dependents	\$2,000	\$6,750	\$8,750

Note: If you are 55 or older in 2026, you can contribute an additional catch-up contribution of \$1,000.

THE POWER OF TAX-FREE SAVINGS

Experts say the average couple will need \$300,000 for medical expenses in retirement. Setting aside a little bit of money in an HSA now can add up to significant funds over time. Here's an example of how much you could accumulate with an HSA if you start at age 40, contribute to age 64, and do not make any withdrawals prior to age 65:

YOUR ANNUAL CONTRIBUTION	ANNUAL TAX SAVINGS	HSA BALANCE AT AGE 65	TOTAL TAX SAVINGS AT AGE 65
\$900	\$252	\$71,100	\$26,400
\$1,800	\$504	\$142,200	\$39,800
\$2,400	\$672	\$189,600	\$52,800

This example is for illustrative purposes only and does not take into account variable factors like the rate of compound interest or potential investment returns over time. Consult a financial professional for more information about how tax-free savings may affect your HSA balance based on your personal savings and investment strategies.

Flexible Spending Accounts (FSAs)

HEALTH CARE FSA	DEPENDENT CARE FSA
A Health Care FSA allows you to set aside pre-tax dollars to pay for health care costs not covered by insurance. The maximum contribution is \$3,400 for 2026.* You can use your Health Care FSA to pay for health care expenses that are not covered by your medical, dental, and vision plans, including copayments, coinsurance, and deductibles. FSAstore.com is your one-stop destination for tax-free spending with over 6,000 guaranteed eligible essentials. Shop everyday items from sunscreen to baby care, feminine care products, and over-the-counter medicines from pain relief to cold and flu. <i>If you enroll in one of the HDHP options, you are not eligible to enroll in the Health Care FSA, according to IRS rules.</i>	A Dependent Care FSA allows you to set aside pre-tax dollars to pay for certain dependent care costs. The maximum contribution set by the IRS is \$7,500. For married couples filing separately, the limit is \$3,750 per spouse. You can use your Dependent Care FSA to pay for dependent care services that enable you and your spouse to work or look for work. Expenses must be for the care of a dependent who is either under age 13 and entitled to a dependent tax deduction, or a person of any age who is mentally or physically incapable of self-care. In the latter case, the person must live in your house at least eight hours per day, be fully dependent upon you, and be claimed as a dependent on your tax return. Eligible dependent care expenses include: • Nursery school • Summer day camps • Licensed day care centers • In-home care for a dependent incapable of self-care

WHEN IS FSA MONEY AVAILABLE?

Your **Health Care FSA** can be reimbursed up to the total amount you have elected to deposit for the year.

Your **Dependent Care FSA** can be reimbursed up to the total amount you have deposited when you submit the claim.

ROLLING OVER FSA CONTRIBUTIONS

It's important to use your balance or file claims for expenses no later than March 31 of the following year. However, at the end of 2026, up to **\$680** of an unused Health Care FSA balance will automatically roll over to 2027. Any balance above **\$680** does not carry over and is subject to the "use it or lose it" rule, so plan contributions carefully. (This does not apply to the Dependent Care FSA, which does not allow rollovers.)*



*These amounts represent the 2025 contribution limit and rollover maximum. As of the date of publication, 2026 IRS FSA amounts have not been released; these amounts may change for 2026.

Financial Protection Benefits

Life Insurance

Life insurance through The Standard offers peace of mind by providing financial protection to your loved ones in case of your death. If you have family members who depend on you for financial support, this benefit can protect them and help them through an otherwise difficult time of loss. Don't forget to designate a beneficiary on DayforceHCM.com.

For questions regarding your coverage, call The Standard at 1-800-628-8600 or email lifebenefits@standard.com.

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

We provide basic life and AD&D insurance coverage of 1.5 times your base salary, up to a maximum of \$1,000,000, at no cost to you. With AD&D, a percentage of your benefit is payable to you in case of a severe injury as a result of a covered accident. The percent of benefit depends on the severity of the injury.

These benefits reduce by 25% at age 70 and 50% at age 75.

Optional Life Insurance

You may buy more life insurance coverage through payroll deductions. If you buy coverage for yourself, you may also buy coverage for your dependents (if applicable).

EVIDENCE OF INSURABILITY (EOI)

EOI is a medical questionnaire to decide whether an applicant will be approved for coverage. If enrolling in supplemental life coverage, The Standard may need EOI before some or all of your coverage is effective.

You will have to answer health questions if:

1. You don't elect coverage when it's first available to you and you want to elect at a later date;
2. You request an amount higher than the Guaranteed Issue amount; or
3. You want to increase coverage at a later date.

FOR YOURSELF	FOR YOUR SPOUSE	FOR YOUR CHILD(REN)
Choose 1x or 2x times your base salary up to a maximum of \$1,000,000. The Guaranteed Issue amount is \$550,000. As with basic life insurance, your benefit reduces by 25% at age 70 and 50% at age 75.	Choose one of these options: • Flat \$50,000 • If you elect 1x your base salary: 50% of your life insurance benefit • If you elect 2x your base salary – Option 1: 25% of your life insurance benefit – Option 2: 50% of your life insurance benefit not to exceed \$250,000 The Guaranteed Issue amount is \$50,000.	Elect \$10,000 for children between age 6 months and age 19 (26 if full-time student). A reduced benefit is payable for children less than six months old.

If your life and AD&D coverage ends because your employment is terminated or membership in an eligible class is terminated, you can convert to an individual policy. You must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Disability Insurance

Disability benefits provide valuable financial protection in the event you become injured or ill for a period of time and cannot work. Disability benefits are provided through The Standard. **For questions regarding your benefits, call The Standard at 1-866-756-8116 or email absence@standard.com.**

Short Term Disability (STD)

You may be eligible for Short Term Disability (STD) if you are absent from work for more than three days in a row due to an illness or injury that keeps you out of work. If your disability is approved, the benefit payable is \$170 per week for up to 26 weeks.

Salary Continuation

SMP will continue your salary while out of work on STD. The number of weeks you receive **100% of your pay** depends on your years of service:

After your 100% pay period ends, **all employees receive 60% of their salary through week 26**, when Long-Term Disability (LTD) benefits begin for eligible employees.

YEARS OF SERVICE	NUMBER OF WEEKS AT 100%	NUMBER OF WEEKS AT 60% Through Week 26
Hourly and Salaried Employees		
6 months of service	3 weeks	23 weeks
1 year of service	5 weeks	21 weeks
3 or more years of service	6 weeks	20 weeks

For information about your salary continuation benefit, contact your local Human Resources representative.

Voluntary Short Term Disability

The cash benefits you receive from these plans can be used any way you choose. For plan information and rates, visit DayforceHCM.com.

ADDITIONAL RESOURCES

The Standard provides online will preparation, estate planning, and more—at no cost to you.

Long Term Disability (LTD)

If your disability continues beyond the STD benefit period, you may be eligible for Long Term Disability (LTD). If you are approved to continue receiving disability benefits, your benefit will begin after 180 days of disability.

You are eligible to receive up to 60% of your monthly covered earnings. The maximum monthly benefit is \$15,000. **(Note:** Your benefit may be reduced by other income you may be receiving during your disability period.)

SMP will keep you active as an employee on benefits for up to six (6) months. If you are unable to return to work following this time, this may result in your termination.

Family and Medical Leave

In addition to any disability benefits, you may be eligible for up to 12 weeks of job-protected, unpaid leave under The Family and Medical Leave Act (FMLA) for certain family and medical reasons. **To file a disability or FMLA claim, contact The Standard at 1-866-756-8116.**



Voluntary Benefits

If you experience an accident, hospitalization, or critical illness, you may have expenses like travel, childcare, and other costs not covered by a medical plan. Voluntary benefits through Anthem provide added financial protection and are paid through convenient payroll deductions. **If you're enrolled in a Standard Motor Products medical plan, Anthem will proactively review your medical claims to identify when a voluntary benefit may apply. You will receive a notification so you can quickly file a claim and receive payment.** If you are not enrolled in an SMP medical plan, your claims are not connected to Anthem, so you'll need to submit a claim form directly in order to receive payment.

- **Accident Insurance:** Pays for treatments or injuries resulting from a covered accident. It can help you pay for rehab, transportation, travel, or other out-of-pocket costs.
- **Critical Illness Insurance:** Provides a lump-sum benefit for diagnosis of a covered critical illness or event like a heart attack or stroke. It can help cover travel, room and board, transportation, and more.
- **Hospital Indemnity:** Pays benefits after a qualified hospitalization.

The cash benefits you receive from these plans can be used any way you choose.

For plan information and rates, visit DayforceHCM.com. To file a claim, visit supplemental-health.anthem.com, download a mail form on SMPbenefits.com, or ask your Human Resources representative. Call the Supplemental Health Anthem line at 888-828-2432.

Permanent Life Insurance + Long Term Care

Life insurance helps protect the ones you love should something unexpectedly happen to you. However, preparation doesn't end there. Injury or illness can lead to significant long-term care expenses, potentially affecting your savings. SMP offers an employee-paid voluntary benefit that gives you two benefits in one policy. Permanent Life Insurance + Long Term Care includes:

Permanent Life Insurance

- Permanent coverage
- Can be used to pay final expenses
- Helps protect your financial legacy

Long Term Care (LTC)

- Relieve your family from becoming full-time caregivers
- Cash benefits for home care and/or residential care
- Maintain control and decide where and from whom you receive care

Your rates are based on your age at the time your coverage begins and will never increase as long as you own the policy. If you apply for coverage, your spouse is eligible to apply and has access to the same discounted, group premiums.

Enrollment note: Coverage for this benefit is offered during a separate enrollment window in the spring. You will receive more information in advance of that opportunity.



Hospital Indemnity Insurance is not medical coverage. Please see page 23 for an important disclosure about Hospital Indemnity Insurance.

Personal & Well-Being Benefits

Emotional Support from Spring Health

Taking care of your mental health is more important than ever. Spring Health offers you high-quality support when you need it—at no cost to non-union, full-time employees and their dependents.

Our Spring Health benefit includes access to four free therapy sessions (for you and your family members ages 6 and older) and four free coaching sessions (for you and your family members ages 18 and older) per year. You also have access to personalized care, diverse providers, self-guided mental wellness exercises, work-life services, medication management, substance use support, and more.

Activate your benefit and get started by calling 1-855-629-0554, visiting SMPcorp.springhealth.com, or emailing careteam@springhealth.com.

Hinge Health Virtual Physical Therapy

Get back to feeling your best with the support of Hinge Health, SMP's partner in virtual physical therapy. The program is designed to address chronic back, knee, hip, neck, or shoulder pain, as well as women's pelvic health and menopause support. The program is available at no cost to you and your dependents, age 18 and older, who are enrolled in a Standard Motor Products medical plan.

Hinge Health gives you the tools to recover from injuries and stay healthy and pain-free. You'll be assigned a personal care team—including a physical therapist and health coach—who will guide you through a personalized program of exercises and stretches to address your chronic pain.

Because Hinge is completely virtual, you can complete your exercise therapy anytime, anywhere. The Hinge Health app is easy to use, and most sessions take 15 minutes or less.

You can enroll in Hinge Health after January 1, 2026, by visiting the Programs page on anthem.com, the Sydney Health app, or by calling Hinge Health Member Support at 1-855-902-2777.

Lantern for Complex Care

We understand that navigating complex care—whether it's a planned surgery or a serious diagnosis—can feel overwhelming. SMP's new partner, Lantern, is here to make it easier. This benefit connects you with top-rated, carefully vetted surgeons and specialists for planned surgeries and complex care needs such as joint and spine procedures. You'll work 1-on-1 with a dedicated Care Advocate who will help you understand your options, secure faster access to appointments, and feel supported every step of the way.

For planned, non-emergency surgeries, your Lantern benefit could help you save money.* Your Care Advocate will match you with the best surgeon in Lantern's network for your needs, answer your questions, and guide you through the entire process. Lantern covers more than 1,500 planned procedures, and many members can receive care close to home.

If you are enrolled in a Standard Motor Products medical plan, you and your covered family members, age 18 and older, are eligible for Lantern support. **You can connect with Lantern after January 1, 2026, by visiting the Programs page on anthem.com, the Sydney Health app, or by calling Lantern at 1-855-317-4883.**

* Actual savings vary depending on your medical plan and the procedure. Lantern will review the specifics with you.

Menopause & Midlife Care from Progyny

Progyny puts you and your health in focus, providing virtual care for all stages of menopause and all the unique symptoms that come with it. Their expert network combines evidence-based solutions with a personalized care plan so you can feel your best—using a combination of hormonal and non-hormonal treatments, nutrition and weight management, sleep support, mental health care, and more. Contact Progyny at 1-833-212-8719 to verify your eligibility for these support programs, enroll, and get connected to experts in your area.

Family Planning Support from Progyny

We understand that there is no single path to parenthood. Progyny is a premier fertility benefit designed to provide all-inclusive comprehensive coverage for cutting-edge fertility treatments to assist any Standard Motor Products medical plan participant wishing to have a child.

Progyny's program includes a credentialed provider network and a personalized concierge-style member support team (Patient Care Advocates) who offer education, support, and coordinated care. **Note:** Progyny's program does not require a medical diagnosis of infertility in order to access fertility treatment services.

Through Progyny's benefit, members have access to a full suite of fertility treatment options including:

- Artificial Insemination (IUI)
- Cryopreservation of oocytes and sperm
- Fresh IVF Cycle
- Frozen Embryo transfer (FET)
- Frozen Oocyte Transfer (includes fertilization of previously frozen oocytes and transfer)
- IVF Freeze-All
- Donor tissue (eggs and sperm) purchase

If you have any questions about these benefits, call your dedicated Progyny Patient Care Advocate or the Progyny General Enterprise line at 1-844-470-1752.

PROGYNY PREGNANCY & POSTPARTUM

With Progyny's Pregnancy and Postpartum program, you are supported every step of the way. Receive ongoing one-on-one support from a dedicated Pregnancy and Postpartum Coach (PPC) and unlock access to exclusive resources that empower you with knowledge and confidence for the many milestones to come—at no cost to you.

Time Off Benefits

Make time for what's important in life. We offer several types of leave to give you time off to bond with a new child. This benefit is available to all full-time employees regularly scheduled to work at least 30 hours per week (excluding temps, interns, and seasonal employees).

TYPE OF LEAVE	PAID TIME OFF
Maternity Leave (child-bearing parent)	16 weeks
Parental Leave (non-child-bearing parent)	8 weeks
Adoption Leave	12 weeks
Foster Leave	1 week

We also offer 10 days of paid Miscarriage Leave for any employee who experiences a loss.

Maternity Leave is granted on the date of birth of the child for 16 weeks and will run concurrently with Disability and FMLA. SMP will reduce your pay by the amount of any benefit approved by The Standard for Disability. Paid maternity leave will not reduce any salary continuation benefit available to you for disability outside of the covered 16-week maternity benefit timeframe.

For Parental Leave, you do not have to take the leave concurrently, however, you have up to one year from the birth to use the leave in its entirety.

Proper documentation will be needed to confirm a family leave including a birth certificate, or proof of adoption or fostering. Failure to provide proper documentation may result in disciplinary action and/or termination.

See your Human Resources representative for a copy of our policy and to request a leave with your manager.

Fidelity Retirement Benefits

Knowing your goals for retirement—and what it will take to reach them—is key to creating a strategy that works for you. SMP provides a very competitive retirement plan through Fidelity Investments, which includes a 401(k) plan and an Employee Stock Ownership Plan (ESOP).

401(k) Plan

The 401(k) plan helps you set aside your own money for retirement through convenient payroll deductions, and also benefit from SMP contributions to your account. Here are the highlights:

Eligibility	Full-time employees who have completed 30 days of service with SMP are eligible to enter the plan on the first day of the next calendar quarter. Part-time employees who have completed 1,000 hours of service are eligible to enter the plan on the first day of the next calendar quarter. When you become eligible, you are automatically enrolled.
Your Contributions	You are automatically enrolled at a pre-tax rate of 6% of your eligible pay. Your contributions will automatically increase by 2% for every year you are contributing less than 12%. However, you can choose to contribute at a different rate.
SMP Contributions	Standard Motor Products makes a 3% 401(k) company contribution based on your compensation, regardless of your contributions. The company will also make an additional profit-sharing contribution based on our performance each year. The contribution is deposited on March 15 of the following year.

SAVING FOR THE FUTURE

If you are turning 50 or older in 2026 and your 2025 wages (Box 3 on your W-2) is \$145,000 or more, your catch-up contribution must be made as an after-tax Roth contribution. Learn more on [SMPbenefits.com](https://www.smpbenefits.com).



ESOP

The ESOP gives you the opportunity to have ownership in SMP through company contributions of stock to individual accounts set up for each employee. Here are the highlights:

Eligibility	Full-time employees who have completed 30 days of service with SMP are eligible to enter the plan on the first day of the next calendar quarter. Part-time employees who have completed 1,000 hours of service are eligible to enter the plan on the first day of the next calendar quarter. When you become eligible, you are automatically enrolled.
SMP Contributions	Each year, SMP may make a discretionary contribution to the ESOP. The amount is then divided among eligible participants for that Plan Year. Your "share" of the contribution is based on your years of service plus the compensation you received during the year (compared to the compensation received by other eligible participants). Company contributions are reflected in your account on or about March 15 of the following year.
Vesting	SMP ESOP contributions are vested as follows: Less than 2 years service 0% 2 years service. 20% 3 years service. 40% 4 years service 60% 5 years service. 80% 6 years service. 100%

- Additionally, you will become 100% vested should any of the following conditions occur:
- Death or disability (as defined by the Plan) while employed by SMP
 - Termination of the ESOP
 - Attainment of normal retirement age of 65

Find What Fits

With a range of benefit plans and options to choose from, you can find the benefits that fit your life. Need a little inspiration? Explore how people like you find the most value from SMP benefits.



Meet Erin

Erin is in her late 20s, single, and generally healthy. Outside of her annual physical and flu shot, she rarely needs medical care, though she does occasionally stop into

urgent care or speak with a **LiveHealth Online** doctor for minor issues.

Erin decides to enroll in the **HDHP Value Plan and Health Savings Account** so she can build a little “health care emergency fund” for the few times she does need care. She starts small, but plans to increase her contributions each year as her pay increases.

Erin chooses dental coverage, too, to get her annual cleanings and check-ups. But with 20/20 vision, she decides not to spend money on **vision coverage**. **Basic Life and AD&D insurance** feels like enough, since she doesn't have anyone depending on her for financial support.

Mental health is important to Erin, especially as she balances work, friends, and finances. She makes a note to herself to contact **Spring Health** for up to four free therapy sessions if she ever needs extra support. Know she has easy, confidential access to professional help gives her peace of mind and a sense of security in her benefits.



Meet Michelle

Michelle is married with two children away at college on athletic scholarships. She covers her entire family and also cares for her elderly father, who lives with them. With

retirement on the horizon, she wants to protect her financial goals and prepare for future health care needs.

Michelle chooses the **HDHP Base Plan** so she can contribute to an HSA and save for health expenses in retirement. Having been on the plan for a few years, she pays for most care out of pocket and has already built a strong HSA balance.

Michelle is already contributing the IRS maximum in the **401(k) plan**, but she wants to explore SMP's **Permanent Life Insurance + Long Term Care** option. She knows long term care can be a huge cost when she and her husband get older.

With kids in competitive college sports, she buys **Accident Insurance**. With a benefit for each covered injury, it gives her peace of mind knowing things like trips to the ER, fractures, and dislocations won't mess up her monthly budget. As she recovers from her own knee injury, Michelle connects with **Hinge Health** for virtual physical therapy. Her care team guides her through a personalized program of exercises and stretches to ease pain and help her stay active.



Meet Harrison

Harrison and his wife are expecting their second child. He plans to add the baby to their medical coverage, but also knows he should consider other benefits that may help his growing family.

Harrison was grateful for all of the support they received from **Progyny** for fertility treatments, and he's glad he can now take advantage of eight weeks of **Parental Leave** to be home with his wife, toddler, and newborn. Looking ahead, he chooses the **PPO Plan** for its predictable copays, even though it costs more up front.

To strengthen his family's financial security, Harrison enrolls in **Supplemental Life Insurance** for the first time. He also sets aside pre-tax dollars in a **Dependent Care FSA** to help cover child care expenses once he and his wife return to work with two young children at home.

With his oldest daughter recently diagnosed with autism spectrum disorder, Harrison is especially thankful for **Anthem's Autism Spectrum Disorder Program**. The program connects his family with a dedicated team of clinicians who provide specialized case management, treatment guidance, and ongoing support—giving him peace of mind that his daughter has access to the right care and resources.

Contact Information and Resources

BENEFIT	PROVIDER	PHONE NUMBER	WEBSITE OR EMAIL	MOBILE APP
Medical	Anthem BlueCross BlueShield	1-866-802-0510 (member support) 1-800-700-9184 (24/7 NurseLine)	anthem.com	Sydney Health
Prescription Drugs	CarelonRx	1-833-280-4172 (member services) 1-833-236-6196 (mail order) 1-833-255-0645 (specialty pharmacy)	anthem.com carelonrx.com	Sydney Health
Telemedicine	LiveHealth Online	1-888-548-3432	livehealthonline.com	LiveHealth
Dental Benefits	Delta Dental	1-800-932-0783	deltadental.com	Delta Dental
Vision Benefits	Anthem Blue View Vision	1-866-723-0515	anthem.com	Sydney Health
Health Savings Accounts (HSA)	Fidelity	1-800-544-3716	netbenefits.com	NetBenefits
Flexible Spending Accounts (Health Care & Dependent Care)	Fidelity	1-833-299-5089	netbenefits.com	NetBenefits
401(k) Retirement Services	Fidelity Investments	1-800-835-5095	netbenefits.com	NetBenefits
Optional Life & AD&D Insurance	The Standard	1-800-628-8600	standard.com	The Standard - My Account
Disability/FMLA	The Standard	1-866-756-8116	standard.com	The Standard - My Account
Critical Illness, Accident, and Hospital Indemnity Insurance	Anthem	1-888-828-2432	anthem.com	Sydney Health
Voluntary Short Term Disability	The Standard	1-866-756-8116	standard.com	The Standard - My Account
Long-Term Care	AGIS	1-877-485-2318	SMPltc.com	N/A
Family Planning & Menopause	Progyny	1-833-212-8719	progyny.com	Progyny
Wellness Program	Anthem	1-866-802-0510	anthem.com	Sydney Health
Mental Health Benefits	Spring Health	1-855-629-0554 Always call or text 988 in an emergency	SMPcorp.springhealth.com	Spring Health
Medicare Guidance	Brown & Brown Medicare Advocates	1-833-830-2386	medicareeligibility@bbabsence.com	N/A
Virtual Physical Therapy	Hinge Health	1-855-902-2777	hingehealth.com	Hinge Health
Specialty and Complex Care	Lantern	1-855-317-4883	my.lanterncare.com	Lantern Care
Commuter Benefits (NY Employees Only)	Edenred Benefits	1-800-531-2828	myccsupport@commuterbenefits.com	Edenred Benefits

Contact your local Human Resources representative or email benefits@SMPcorp.com for questions on how to enroll in your benefits.

Important Legal Notices

Your Prescription Drug Coverage and Medicare

If you have Medicare or will become eligible for Medicare in the next 12 months, a 2006 Federal law gives you more choices about your prescription drug coverage. The Company has determined that the prescription drug coverage offered to its associates is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. A full copy of the Medicare Part D Notice is included with your enrollment materials. For additional copies, please contact your HR Representative.

Newborns' & Mothers' Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife or physician's assistant) after consultation with the mother, discharges the mother or newborn earlier. Plans and issuers may not select the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification.

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

HIPAA requires that you be informed of your Special Enrollment rights when you and/or your eligible dependents decline health care coverage during the initial enrollment period. If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in the medical plan provided that you request coverage after your other coverage ends within the specified time frame. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or a court order, you may be able to enroll yourself and/or your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption or the court order.

If you are declining health coverage for yourself or your dependents (including your spouse) and you are not currently covered under a medical plan, you will be considered a late applicant. HIPAA allows a late applicant to enter a medical plan only during an open enrollment period.

Women's Health & Cancer Rights Act

This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, treatment of physical complications of all stages of mastectomy, including lymphedemas. This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

HIPAA Notice: Smoker Surcharge Reasonable Alternatives

The full reward (the non-smoker rate) must be available to individuals who qualify by satisfying a reasonable alternative standard. Plans have flexibility to determine how to provide the portion of the reward corresponding to the period before an alternative was satisfied (e.g., payment for the retroactive period or pro-rata over the remainder of the year) as long as the method is reasonable and the individual receives the full amount of the reward. In some circumstances, an individual may not satisfy the reasonable alternative standard until the end of the year. In such circumstances, the plan or issuer may provide a retroactive payment of the reward for that year within a reasonable time after the end of the year, but may not provide pro-rata payments over the following year (a year after the year to which the reward corresponds).

Mental Health Parity Act (MHPA)

The Mental Health Parity Act of 1996 provided that a health care plan or policy may not provide separate lower annual or lifetime dollar maximums (considered financial maximums) on mental health benefits as compared to medical benefits. With the passage of the Emergency Economic Stabilization Act and its inclusion of the Mental Health Parity and Addiction Equity Act of 2008 (Mental Health Parity Act or MHPA), the original act was extended to include the same provisions for substance abuse disorders, not just mental health disorders. Further, the MHPA also disallows more restrictive treatment limitations (number of covered office visits, inpatient days of coverage, etc.) for both disorders.

These, along with other revisions and clarifications are effective for plan years beginning after December 31, 2009. For the Company, MHPA plan compliance will be effective for our plan year beginning January 1, 2011.

Student Leave (“Michelle’s Law”)

Michelle’s Law protects a full-time, student-age dependent from losing medical coverage under the Benefits Plan if he/she is (1) a dependent child of a participant or beneficiary under the terms of the plan; and (2) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent open enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence. Michelle’s Law requires that the plan treat such a dependent as a full-time student for one year after the first day of the medically necessary leave of absence or until the date on which such coverage would otherwise terminate under the terms of the plan, whichever occurs first.

Children’s Health Insurance Program Notice

The Children’s Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states and funded jointly by states and the federal government to provide premium assistance. This notice provides information on these state programs.

Family Medical Leave Act

The Family and Medical Leave Act (FMLA) allows up to 12 weeks of unpaid, job protected leave for specific family emergencies such as serious illness or the birth or adoption of a child. FMLA eligible associates are eligible for up to 26 weeks of FMLA leave in a 12-month period for the care of a service member who is injured in the line of duty. This leave is only available to the service member’s spouse, son, daughter, parent, or next of kin. “Next of kin” is defined as the nearest blood relative of the service member. You are eligible for FMLA leave when you work at a location with 50 or more associates within a 75 mile radius, have been employed with the Company for at least 12 months and have worked a minimum of 1,250 hours in the prior 12-month period. Associates are eligible for FMLA if they meet the criteria listed above.

New York City’s Paid Safe and Sick Leave Law

Under NYC’s Earned Safe and Sick Time Act, employees working in NYC for more than 80 hours a year can earn up to 40 hours of safe and sick leave each year. Eligible employees have a right to safe leave, which can be used to seek assistance or take other safety measures if an employee or a family member may be the victim of any act or threat of domestic violence or unwanted sexual contact, stalking, or human trafficking. Eligible employees have the right to sick leave, which can be used for the care and treatment of yourself or a family member. Eligible employees have the right to be free from retaliation from your employer for using safe and sick leave. Eligible employees, have the right to file a safe and sick leave complaint by email, mail, telephone, or in-person. For more information, including Frequently Asked Questions, go to nyc.gov/PaidSickLeave or call 311 and ask for information about Paid Safe and Sick Leave.

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services. If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don’t elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit dol.gov/vets.

Hospital Indemnity Notice

This is a fixed indemnity plan, not health insurance. Since this policy does not have health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance. If you are looking for comprehensive health insurance, visit HealthCare.gov, call 1-800-318-2596 (TTY: 1-855-889-4325), or contact your HR Representative.

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.



**Benefit
Together.**