Spectrum Brands

WE MAKE LIVING **BETTER** AT HOME™

2026-2027 U.S. Hawaii Employee Benefits

A MESSAGE FROM THE SPECTRUM BRANDS' BENEFITS TEAM

Welcome to your 2026-2027 benefits guide. This guide highlights important benefits information available to you.

Spectrum Brands remains dedicated to building and investing in health and wellness programs that benefit you and your family. With you in mind, we continue to offer competitive programs and services to help you maintain a healthy lifestyle. Over the last several years, Spectrum Brands has maintained minimal cost increases to your benefit costs while continuing to provide consistent and competitive benefit offerings.

Open Enrollment is your annual opportunity to review and make changes to your benefits based on your personal and family needs for the upcoming year. This year's open enrollment is passive, meaning no action is needed if you want to continue your current benefit elections, except for the Flexible Spending Accounts (FSAs). The health care and/or dependent care FSAs require you to re-enroll each year.

For more information, please visit My Benefits Life to view materials for the 2027 Open Enrollment.

To receive assistance with your open enrollment questions, contact the Spectrum Brands' Benefits Team by:

- Email at benefits@spectrumbrands.com
- Phone at (800) 881-2562

CONTENTS

GETTING STARTED

MEDICAL, DENTAL & VISION

LIFE & DISABILITY

SUPPLEMENTAL HEALTH PLANS

WELLBEING & BALANCE

ADDITIONAL INFORMATION

Need Help? If you have any questions, contact the Spectrum Brands' Benefits Team at **benefits@spectrumbrands.com** or (800) 881-2562.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

WHAT'S NEW IN 2026/2027

Please note any change to the Spectrum Brands benefits offerings for July 1, 2026:

HMSA Contributions:

Effective July 1, 2026, HMSA assessed a 20% increase to the HMSA rates. Spectrum Brands will be absorbing most of this cost, but a small percentage will be passed onto employees. There will not be any significant changes to the plan design.

Outside of HMSA benefits, The only change for 2027 are updated employee contributions for the dental plans. There are no changes to plan designs, covered services, or the vision, life insurance, or disability benefits.

Review your personal information and beneficiaries

We encourage you to take a moment and ensure that your personal information is accurate and correct. Check your address, phone, email and update if necessary. Also, review your beneficiaries for life insurance, HSA, and retirement plans to ensure they are up to date.

WHO'S ELIGIBLE FOR BENEFITS

Spouse/Domestic Partner Carve-Out

If your spouse/domestic partner has access to another qualified group health plan, they are not eligible for the medical plan with Spectrum Brands.

Domestic partner notice

Please note that domestic partner coverage can differ from spouse coverage when Medicare eligibility is a factor.

If a domestic partner is eligible for Medicare due to their age and has group health plan coverage through their partner's current employer, then Medicare is the primary payer for the domestic partner.

Employees

You are eligible if you are a regular full-time employee scheduled to work 30 or more hours per week.

Eligible dependents

- Spouse or domestic partner (if they are not eligible under another medical plan)
- Biological, adopted, or step-children up to end of the month they turn age 26 (Domestic partner's child(ren) are eligible)
- Children age 26 or older who are incapable of self-support due to a mental or physical condition that existed prior to age 26 and who were eligible for coverage as dependents prior to age 26
- Children named in a qualified medical child support order (QMCSO)
- Children for whom the employee assumes legal guardianship

For additional coverage information, please refer to the Spectrum Brands' SPD.

If you add a dependent, you will be required to provide documentation certifying the eligibility of your dependents. Call the Dependent Verification Center at (800) 725-5810 or visit spectrumbrands.benefitsnow.com and click on Documentation Required for your dependents under To-Do's. You have 30 days from enrollment to verify your dependent(s) eligibility.

When you can enroll

New employees must enroll within 30 days of becoming eligible. **Benefits begin on your date of hire.**

Existing employees can enroll during the annual open enrollment period.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment period, unless you experience a qualifying life event.

CHANGING YOUR BENEFITS

Life happens

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

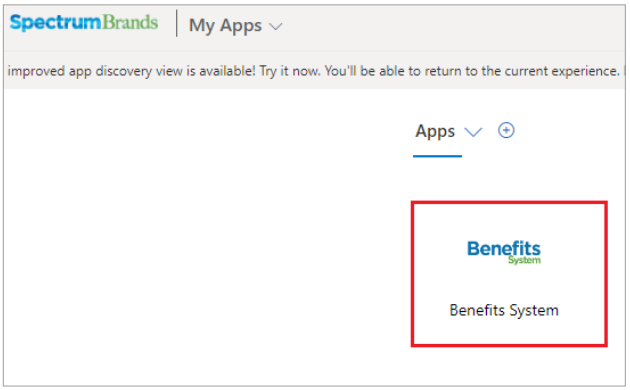
Click to play video

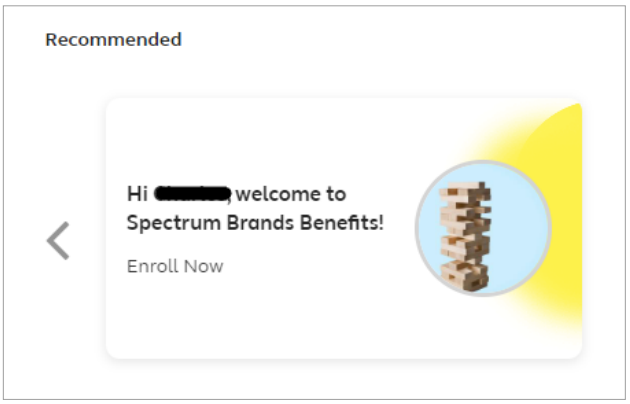
Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a life event change including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse/domestic partner, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's/domestic partner's coverage due to your spouse's/domestic partner's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 30 days of the event.

HOW TO ENROLL





Passive Open Enrollment for 2027

For employees who do not wish to make any changes to their current elections, most of your benefit selections will roll-over to the 2027 plan year automatically.

Flexible Spending Account (FSA) Plan elections do NOT roll-over to 2027

IMPORTANT: Employees must re-elect their Health Care FSA and Dependent Care FSA every year!

1. To start the enrollment process, log in to MyApps (myapps.microsoft.com) and click on **Benefits System**.
2. Click the blue **Enroll Now** button. Verify your personal information.
3. Ready to enroll? Once you've reached the Summary of Your Benefit Elections page, click the blue **Take Me Through Each Benefit** button to start selecting your 2026 benefits.
4. Review your elections and submit.
5. Don't forget to enter or review your beneficiary information by hovering over your name in the top right corner of the screen and clicking on Beneficiaries.
6. You will receive a confirmation statement of your 2027 benefit elections at your home shortly after enrolling.

Connect to your benefits on the go when you need them most.

- **Enroll in benefits**. Conveniently select the best coverage for you right from your tablet or smartphone.
- **Find benefits information.** Easy access to all your health and welfare benefits information.

Download the Alight Mobile App
Visit alight.com/app

Need Help? If you have any questions, contact the Spectrum Brands' Benefits Team at benefits@spectrumbrands.com or (800) 881-2562.

MEDICAL/Rx DRUG PLAN - HMSA

The HMSA plan renews each year on July 1 and is effective July 1, 2026 – June 30, 2027. You pay the deductible and copayment ($). The coinsurance (%) shows how much the plan pays after the deductible has been met. The medical and pharmacy plans are administered by HMSA.

	CompMED 730	
	In-Network	Out-of-Network
General Plan Information		
Deductible (Individual/Family)	$0	
Co-insurance	80%	
Out-of-Pocket Maximum	$2,500/$7,500 medical $3,600/$4,200 prescription	
Professional Services		
Preventive Care	100% covered	100% covered
Primary Care Office Visit	$14 copay	$14 copay
Specialist Office Visit	$14 copay	$14 copay
Diagnostic, X-Ray, Lab		
Outpatient	80%	80%
Inpatient	80%	80%
Hospital Services		
Inpatient	80%	80%
Outpatient	80%	80%
Hospice Care	$0	$0
Skilled Nursing	80%	80%
	Up to 120 days	
Home Health Care	80%	80%
	Up to 150 visits	
Emergency Room and Urgent Care		
Emergency Room	80%	
Urgent Care	$14 copay	$14 copay
Prescription Drugs		
Retail (1 month) Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	 $7 $30 $30 $100 $200	Not Covered
Mail Order (3 month) Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	 $11 $65 $65 Not Covered Not Covered	Not Covered

DENTAL & VISION PLANS - HMSA

If you elect HMSA for your medical plan option, the dental and vision plans will also be included as part of your medical HMSA election. The HMSA plan renews each year on July 1 and is effective July 1, 2026 – June 30, 2027.

HMSA Dental Plan	
General Plan Information	
Network	**HMSA Participating Dentist**
Annual Maximum	$1,500 per individual
Benefit	Your Responsibility
Exams	0%
Cleanings (2 per calendar year)	0%
X-Rays	0%
Fluoride Treatments (children <19)	0%
Space Maintainers (children <13)	30%
Sealants (children <16)	30%
Fillings - Amalgam and Resin	30%
Extractions	30%
Endodontics	30%
Periodontics	30%
Emergency Treatment	30%
Bridges (Crowns, Inlays, & Onlays)	50%
Implants	50%
Dentures	50%
Repairs and Adjustments to Bridges and Dentures	30%
Orthodontia (Braces)	Not Covered

HMSA Vision Plan		
	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Vision Examination	$10 copay	$40 reimbursement
Exam Frequency	Once every calendar year	Once every calendar year
Frames	$15 copay	$12 reimbursement
Frames Frequency	Once every other calendar year	Once every other calendar year
Lenses (Standard Plastic)		
Single	$10 copay	$16 reimbursement
Bifocal	$10 copay	$25 reimbursement
Trifocal	$10 copay	$25 reimbursement
Additional Lens Options	Not covered	Not covered
Lens Frequency	Once every calendar year	Once every calendar year
Contact Lens Fit and Follow-Up	Up to $45 copay	$20 reimbursement
Conventional / Disposable	$25 copay + $130 allowance	$50 reimbursement
Contact Lens Frequency	Once every calendar year	Once every calendar year

EMPLOYEE MEDICAL, DENTAL & VISION CONTRIBUTIONS - HMSA

Employee Weekly Contribution (52 Deductions)	
Employee Only	$11.49
Employee + 1	$23.14
Family	$34.35
Employee Bi-Weekly Contribution (24 Deductions)	
Employee Only	$24.88
Employee + 1	$50.14
Family	$74.43

The above contributions are valid from July 1, 2026 – June 30, 2027

Why does imputed income apply to domestic partners and what is imputed income?
Under IRS code, Spectrum Brands can provide certain benefits on a tax-exempt basis. Those benefits can be extended to spouses and dependents of those employees on the same tax-exempt basis. Domestic partner benefits are federally taxable because the federal tax code does not recognize a domestic partner in the same manner as a spouse. Imputed income is the value of the additional benefit coverage for domestic partners. Under IRS code, imputed income is generally treated as taxable income to the employee. Imputed income is separate from, and in addition to, your plan cost. Imputed income is subject to both federal and FICA taxes and will be included on your W2.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Spectrum Brands offers you two types types of Flexible Spending Accounts—a Health Care FSA and Dependent Care FSA. These accounts allow you to contribute pre-tax dollars from your paycheck to pay for qualified expenses.

Health Care FSA	Dependent Care FSA
This account lets you use pre-tax dollars to cover eligible, out-of-pocket health care expenses, such as medical, prescription drug, dental, or vision services that aren't covered by insurance (like your deductibles, copays, coinsurance). Go to irs.gov Publication 969 for a list of eligible FSA expenses. If you enroll in the Health Care FSA, you will receive a Optum debit card to use for eligible purchases. Save your receipts as you may be required to substantiate your FSA expenses.	This account allows you to use pre-tax dollars to pay for childcare and/or eldercare expenses when both parents work outside of the home or go to school full-time. For Dependent Care FSA, an eligible dependent is defined as a child under 13 or anyone you claim as an IRS tax dependent who lives with you and is unable to care for themselves (e.g., a disabled child over 13, disabled spouse, or elderly parent).

How much can I contribute?

Because these are tax-free accounts, the IRS limits how much you can contribute to these accounts annually. The 2026 limits are outlined below.

Health Care FSA	Dependent Care FSA
$100 Minimum $3,400 Maximum	$100 Minimum $7,500 Maximum

USE IT OR LOSE IT!

These accounts are "use it or lose it", which means any funds remaining at the end of the plan year are lost. Spectrum Brands has added a 2.5 month grace period to the plans, which means you can incur expenses through March 15, 2028, that can be used towards your 2026 FSA election. All claims must be submitted no later than March 31, 2028.

DENTAL PLAN

Spectrum Brands dental coverage is through Delta Dental of Wisconsin. Our plan covers both PPO and Premier dentists in the Delta Dental network, but there are financial advantages to choosing a dentist who belongs to the PPO network.

Diagnostic and preventive care is covered at no cost to you. For other services, you will pay the deductible and copayment ($). The coinsurance (%) shows what the plan pays after the deductible.
Visit www.deltadentalwi.com or call (800) 236-3712 for more information on your Dental Plan.

Spectrum Brands Dental Plan		
Network	**PPO Dentist (preferred)**	**Premier & Out-of-Network Dentist**
Deductible	$25 individual $75 family	$25 individual $75 family
Annual Maximum*	$1,500 per individual	$1,500 per individual
Diagnostic and Preventive Services Exams, cleanings, fluoride treatments, X-rays, space maintainer, sealants	100% (deductible does not apply)	100% (deductible does not apply)
Basic Services Extractions, endodontics, periodontics, crowns, inlays, onlays	80% (after deductible)	70% (after deductible)
Major Services Prosthetics, bridgework, dentures, implants	50% (after deductible)	40% (after deductible)
Orthodontia Eligibility	Adult & Child (Up to age 26)	
Orthodontia Coinsurance	50%*	40%*
Orthodontia Lifetime Max	$2,000 per individual	$2,000 per individual

This chart is a summary of benefits. Plan provisions are governed by the Plan Document or specific contractual agreement.

***The Spectrum Brands Dental Plan allows you to receive diagnostic and preventive dental services without those costs applying to the annual maximum - leaving more coverage for care needed throughout the year.**

Special Health Care Needs Benefit provides expanded dental coverage and support to make oral health care more accessible for members with special health care needs.

Offerings include:

- Additional visits, consultations, and/or exams
- Up to four cleanings per year
- Treatment delivery modifications, including extra chair time and limited anesthesia

Scan the code or visit deltadentalwi.com/SHCNB for additional resources

Evidence-Based Integrated Care Plan (EBICP)* provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications

- Diabetes
- Pregnancy
- Kidney Failure/Dialysis Treatment
- High-Risk Cardiac Conditions
- Periodontal Disease
- Suppressed Immune Systems
- Cancer Patients undergoing Chemo/Radiation

Scan the code or visit deltadentalwi.com/EBICP to learn more.

EBICP allows you to receive additional dental cleanings and fluoride treatments at no additional cost. In-network dentists should not require an exam for these additional cleanings and fluoride treatments. If your dentist requires an exam as part of these additional cleanings and fluoride treatments, the additional exam is not covered.

Employee Co	Employee Contribution	Weekly (52 deductions)	Bi-Weekly (24 deductions)
Employee	Employee	$1.89	$4.11
Employee + Spouse	Employee + Spouse	$3.79	$8.21
Employee + Child(ren)	Employee + Child(ren)	$2.98	$6.46
Family	Family	$5.41	$11.73

VISION PLAN

Spectrum Brands vision coverage is through VSP. Your vision checkup is fully covered after your Exam copay. The out-of-network amounts listed reflect how much you could be reimbursed. The following chart includes highlights of the plan.

Spectrum Brands Vision Plan – VSP Advantage Network		
Vision Care Services*		
	In-Network	**Out-of-Network**
Exam	$15 copay	Up to $45
Contact lens fit & follow-up	Up to $60 copay	N/A
Frames (Up to plan allowance, then 20% off for in-network) Retail Frame Allowance Featured Frame Brand Allowance	 $200 Allowance $250 Allowance	 Up to $50 Up to $50
Standard Lenses Single Bifocal Trifocal	 $25 Copay $25 Copay $25 Copay	 Up to $30 Up to $50 Up to $60
Contacts (Elective)	$200 Allowance	Up to $100
Contacts (Medically Necessary)	$25 Copay	Up to $210
Frequency Exam Lenses or Contact Lenses Frames	 Calendar Year Calendar Year Every Other Calendar Year	

*This chart is a summary of benefits. Plan provisions are governed by the Plan Document or specific contractual agreement.

Additional Vision Benefits Create an account at vsp.com	**TruHearing** Hearing aid discount program – up to 60%. Must mention VSP. Call (877) 396-7194
	Eyeconic Online shopping for contacts, glasses, and sunglasses – Applies your vision benefit through the website

Contact Information:

VSP

- (800) 877-7195
- www.vsp.com

You do not need an ID card to access your vision benefits.

Employee Contribution	Weekly (52 deductions)	Bi-Weekly (24 deductions)
Employee	$1.62	$3.50
Employee + Spouse	$3.23	$7.00
Employee + Child(ren)	$3.49	$7.56
Family	$5.58	$12.09

LIFE AND AD&D INSURANCE

Basic life insurance pays your beneficiary a lump sum benefit if you pass away. Accidental death & dismemberment (AD&D) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. This insurance is administered by New York Life.

Basic Life & AD&D Insurance

Basic Life & AD&D Insurance – Paid in full by Spectrum Brands	
Benefit Amount	1x your annual salary to a maximum of $500,000.

Learn More about Life Insurance

More benefit details and rates can be found on the Basic Life Summary Sheet and the Voluntary Life Summary Sheet

A Note About Taxes

Company-provided life insurance coverage over $50,000 is considered a taxable benefit. The value of the benefit over $50,000 will be reported as taxable income on your annual W-2 form.

UPDATE YOUR BENEFICIARIES

It's important to designate and update your life insurance beneficiaries. Update your beneficiaries in the Alight enrollment system.

Voluntary Life & AD&D Insurance

Voluntary life insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself. Voluntary AD&D is elected separately and is not subject to Evidence of Insurability.

Voluntary Life & AD&D Insurance – Paid in full by Employee	
Employee	Elect from $10,000 to $500,000 in $10,000 increments. Guaranteed issue of $150,000.*
Spouse	Elect from $5,000 to $500,000 in $5,000 increments. Cannot exceed 100% of the employee's voluntary life election. Guaranteed issue of $100,000.*
Child(ren)	Elect from $2,000 up to $20,000, in $2,000 increments. Guaranteed issue of $10,000.

*Amounts over Guaranteed issue are subject to evidence of insurability

Incremental Coverage Increase

During the fall Open Enrollment, you can increase your voluntary coverage amount by one increment of coverage without providing evidence of insurability up to the guaranteed issue amount during open enrollment only. For Qualifying Life events, you can elect up to the Guarantee Issue amount without completing Evidence of Insurability.

What Is Evidence of Insurability?

This is the additional information about your health status you will need to provide to the insurer to qualify for the coverage you elected that is over and above the guaranteed issue amount.

What Is Guaranteed Issue?

This is the maximum amount of coverage you can elect without needing to provide evidence of insurability.

SHORT-TERM DISABILITY (STD) INSURANCE

Short-Term Disability Benefits

Short-term disability (STD) insurance replaces part of your income for non-occupational, limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

Eligible employees are automatically enrolled in the Short-Term Disability insurance plan following 60 days of continuous employment.

Spectrum Brands pays the cost of this coverage.

Learn More about Short-Term Disability Insurance

More benefit details can be found on the Short-Term Disability Highlight sheet

Short-Term Disability Plan	
Weekly benefit amount	75% of base wage up to a maximum of $4,500.
Benefits begin	Immediately if disability is due to an injury, accident, or hospitalization. Otherwise, begin after 7 days for an illness without hospitalization.
Maximum payment period	Accident (injury): 16 weeks of benefit payments Sickness (Illness): 16 weeks of benefit payments

Contact Information
New York Life:
888-842-4462
http://www.mynylgbs.com

LONG-TERM DISABILITY (LTD) INSURANCE

Learn More about Long-Term Disability Insurance

More benefit details can be found on the Long-Term Disability Highlight sheet

Contact Information

New York Life:

- 888-842-4462
- http://www.mynylgbs.com

Long-Term Disability Benefits

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke

Eligible employees are automatically enrolled in the Basic Long-Term Disability insurance plan following 60 days of continuous employment.

If you qualify, LTD benefits begin after STD benefits end.

Spectrum Brands pays the cost of this coverage.

Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

Long-Term Disability (Basic)	
Monthly benefit amount	50% of your base wage to a maximum of $15,000
Benefits begin	After 90 days of disability, if disability is due to an injury, accident, or hospitalization.
Maximum payment period	End of disability or Social Security Normal Retirement Age (SSNRA)

Voluntary Long-Term Disability (Buy-up)	
Monthly benefit amount	67% of your base wage up to a maximum of $15,000
Benefits begin	After 90 days of disability, if disability is due to an injury, accident, or hospitalization.
Maximum payment period	End of disability or Social Security Normal Retirement Age (SSNRA)

New hires who enroll in the Voluntary Long-Term Disability (Buy-up) plan will not be required to complete an evidence of insurability (EOI) form. If you enroll in the Voluntary Long-Term Disability (Buy-up) plan after new hire enrollment, you will be required to complete an evidence of insurability (EOI) form.

SUPPLEMENTAL HEALTH

Supplemental Health Benefits are paid entirely by you via payroll deductions.

Accident Insurance

Accident insurance from New York Life helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray.

Critical Illness Insurance

Critical illness insurance from New York Life can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray.

Hospital Indemnity Insurance

Hospital indemnity insurance from New York Life can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

$50 Wellness Benefit

You can receive a $50 cash benefit if you receive a covered wellness screening during the calendar year. Wellness screenings include routine gynecological exams, general health exams, mammography, immunizations, and certain blood tests.

Applying for Reimbursement:

Easily file claims online at

www.mynylgbs.com

New York Life Contact Information:

Call (888)-842-4462 or online www.mynylgbs.com

401(k)

Vesting

Employee and employer contributions are immediately 100% vested, meaning all dollars invested in your 401(k) account belong to you as soon as they are deposited.

Elect a Beneficiary

One of the most neglected aspects of retirement planning is the beneficiary designation. Your beneficiary is the person or entity whom you designate to receive the money in your retirement account in the event of your death. Click the website link or call Vanguard to make sure you have designated a beneficiary for your 401(k).

401(k) Auto Increase

Your 401(k) contribution will automatically be increased by 1% on May 1 each year until you reach 10%. You may opt out of automatic increase at any time.

401(k) Match True-Up

At the end of the year, Spectrum Brands will conduct a "true-up match" process and may make additional matching contributions based on your total contributions made during the entire year.

401(k) Retirement Savings Plan

Our 401(k) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions and/or tax savings AFTER you retire through a Roth after-tax option. Note that the employer match does not count towards the annual contribution limit.

All regular employees are eligible to join the plan upon hire. If you do not make an active election or opt out of the plan within the first 45 days of employment, you will be auto-enrolled into the plan at a 7% pre-tax contribution rate. Your default investment will be a target date fund based on your normal retirement age.

Visit Vanguard at vanguard.com/retirementplans to manage your account, investments and contributions.

Vanguard offers a variety of quality investment options. You'll also have access to special services such as automatic account rebalancing and personal investment assistance from a licensed investment counselor.

Maximum annual contribution limit	**Currently, you can contribute up to $24,500 per year.** If you're age 50 or over, save an additional $8,000 per year. If you are age 60 – 63, the catch-up contribution limit is $11,250.
Spectrum Brands matching contributions	100% of the first 3% that you contribute, plus 50% of the next 2% you contribute, each pay period. Available on any combination of pre-tax and Roth contributions you choose, up to 5%.
Secure 2.0 Catch Up Contributions	Beginning in 2026, participants who are age 50 years and older and who had FICA wages that exceeded $145,000 in 2025 will be required to make their catch-up contributions on an after-tax Roth basis instead of pre-tax.

To begin participating or to change your elections and investments, contact Vanguard: investor.vanguard.com or (800) 523-1188

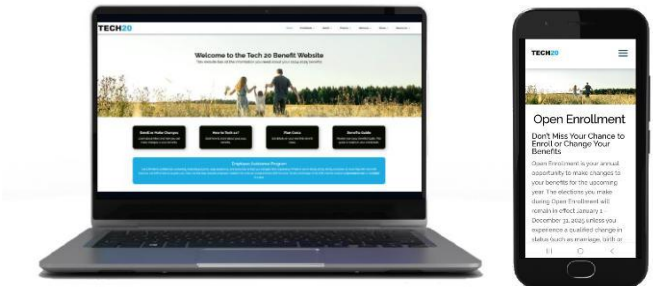
MY BENEFITS LIFE WEBSITE

Visit spectrumbrands.mybenefits.life or scan the code to get started.

Benefits – whenever, wherever

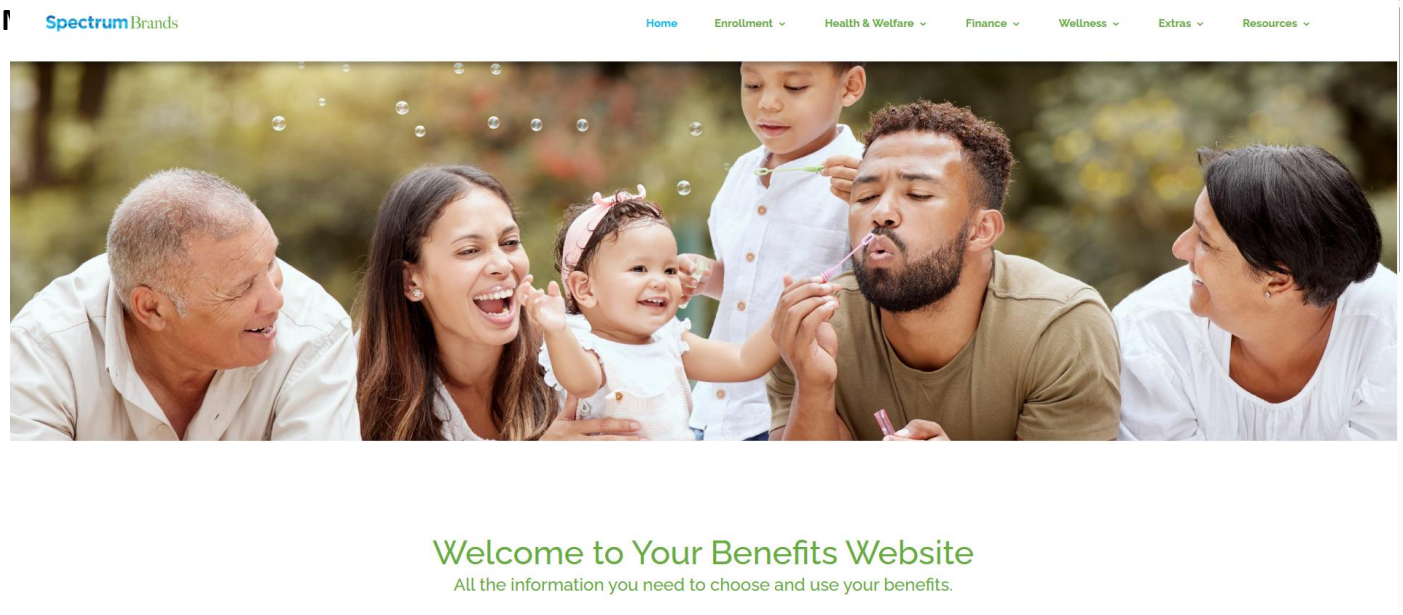
Spectrum Brands offers a benefits website that gives employees and their dependents 24/7 access to all their benefits information. Spectrum Brands' Benefit Website makes communicating benefits information easy, with benefit plan information, open enrollment details, tips for new hires, perks, time off, and more.

- Eligibility information
- Information on current benefit offerings
- Plan details, plan summaries, documents and more
- Provider contacts and web links
- Open Enrollment information



Site Features:

- No app to download
- Comprehensive content on all your benefit plans
- Easy access – no login to remember



EMPLOYEE ASSISTANCE PROGRAM (EAP)

CONTACT THE EAP

(888) 881-LINC (5462)

supportlinc.com
Company Code: spb

Getting Started is Easy

1. Visit supportlinc.com

2. Create a new account using **company code: spb**

To access services, call SupportLinc at (888) 881-5462 to help navigate your needs and personally arrange services to meet your end goal.

Download the mobile app

supportlinc

EAP resources for you and your household members at no cost

SupportLinc is a free, confidential, resource that helps you and your dependents 24/7 with life challenges. Every one of us experiences demands of our time and energy, both on and off the job. While striving to be successful at work, we also want to develop as a parent, grandparent, friend or partner; take better care of ourselves; solve legal and financial challenges, become more efficient; pursue personal interests and hobbies; maintain health family, social and work relationships; and learn how to balance it all.

Features include:

- **In-the-moment support.** Reach a licensed clinician by phone 24/7/365 when you call for assistance to help resolve work-related pressures, depression, stress, anxiety, grief, relationship problems, substance use or other emotional health concerns.
- **Short-term counseling** eight no-cost in-person or virtual (video) counseling sessions
- **Coaching** get five sessions with a Coach to boost your emotional fitness, learn healthy habits, establish new routines, build your resilience and more.
- **Work-life benefits** expert consultations for financial and legal issues and referrals for everyday needs such as child or elder care, pet care, home improvement, auto repair, education and housing needs.
- **Web portal and mobile app**
- **Text therapy**
- **Self-guided digital therapy**
- **Digital group support**
- **Mental Health Navigator**
- **And more!**

All requests for information or assistance are free and completely confidential. You can contact SupportLinc 24/7/365. Access support whenever needed, wherever it is most convenient for you.

WELLNESS PROGRAM

Member Support: Personify Health

- (888) 671-9395
- join.personifyhealth.com/spectrumbrands

Enhance your well-being at no cost!

Spectrum Brands strives to create a culture that supports well-being.

Wellness is a daily commitment to improving your body, mind and spirit. The Personify Health platform contains many tools that can help create a healthier you.

You can check out daily wellbeing tips, track Healthy Habits, take small steps with Journeys digital coaching, join your friends and coworkers in fun challenges, and so much more. And it's all available in one easy-to-use app so you always have what you need on the go. Connect devices, apps and activity trackers you already use to sync and automatically track health data like steps, sleep and mindful minutes.

All employees are eligible to join.

Great Perks with Personify Health

With Personify Health you will be eligible for gift cards up to $325 in gym membership reimbursements and up to $185 for being active on the Personify Health platform.

Personify Health is committed to help you make small, everyday changes for your well-being and focus on the areas you want to improve the most. Visit join.personifyhealth.com/spectrumbrands or scan the QR code below.

Download the app: Scan the code or visit the link: app.personifyhealth.com

EMPLOYEE DISCOUNT PROGRAM

PerkSpot

Scan the QR code to access PerkSpot discounts on the go!

Get Discounts On:

Appliances
Concert Tickets
Cell phone plans
Car Rentals
Clothing
Shoes
Electronics
Furniture
Pet Insurance
And Much More!

Discounts are available through PerkSpot!

Perks Near You
See all the discounts near you, wherever you are! Discounts can be filtered by category and distance.

Personalized Savings
Let us know what you're interested in and we'll show you more of the perks you'll most enjoy on the Home Page.

Brands Fit For Every Lifestyle
The Brands page is an easy and quick way to search for discounts on the brands you like.

Suggest a Business
Don't see what you're looking for? Head to the Suggest a Business page to suggest your favorite brands and local spots be added to your Discount Program.

Dedicated Customer Support
PerkSpot's customer support team is here to help with any questions. We've included important information regarding our availability should you need assistance!

Hours: Monday – Friday 8:00am – 6:00pm CST
Phone: (866) 606-6057
Email: cs@perkspot.com
Help Center: support.perkspot.com

Pet Insurance Available through Perkspot:

Liberty Mutual
MetLife
Nationwide
PetsBest
Lemonade
Wagmo and more!

You choose the carrier and coverage you want for your pet all with significant savings. Just login to PerkSpot and search "pet insurance".

Ready to save with PerkSpot?

Head to spectrumbrands.perkspot.com, click on "Create Your Account" and sign up with Access Code "SPB"!

TIME AWAY FROM WORK

Spectrum Brands offers 12 paid holidays per year. The holiday schedule can be viewed on My Benefits Life.

Sick Leave
All full-time, regular employees are provided with 5 paid sick days per year

Bereavement Leave	
Family Relationship	**Number of Days**
Spouse or Domestic Partner, Parent, Child, Sibling	Up to 5
Grandparent, Grandchild	Up to 3
In-Law Family (parent, child, sibling)	Up to 3
All other family	Up to 1

Paid Parental Leave
Provided at 100% of pay of up to 4 weeks to be used in 1-week increments within 6 months of birth, adoption or placement. This benefit is gender neutral (either parent can take Parental Leave)

VACATION POLICY - SALARIED

Spectrum Brands recognizes the importance of quality time with family and friends. To determine your management level, visit your Workday profile and click on the Job tab on the left side, view Job Details and then the Management Level.

Salaried Employees In Management Levels:		
M2 – Professional Supervisor, M1 – Team Leader, P3 – Professional Senior, P2 – Professional Experienced, P1 – Professional Entry, S4 – Paraprofessional Specialist, S3 – Paraprofessional Senior, S2 – Paraprofessional Experienced, S1 – Paraprofessional Entry		
Completed Years of Service with SPB	Number of Hours Provided per Year/Pay Period	Number of Days Provided per Year
0-4 years	120/4.62	15
5-9 years	144/5.54	18
10-14 years	168/6.47	21
15-24 years	192/7.39	24
25+ years	216/8.31	27

Salaried Employees In Management Levels:		
M5 – Director, M4 – Senior Manager, P5 – Professional Principal, M3 – Manager, P4 – Professional Specialist		
Completed Years of Service with SPB	Number of Hours Provided per Year/Pay Period	Number of Days Provided per Year
0-4 years	144/5.54	18
5-9 years	168/6.47	21
10-14 years	192/7.39	24
15-24+ years	216/8.31	27

Salaried Employees In Management Levels:		
E4 – NEO, E3 – BU President/Senior Vice President, E2 – Vice President, E1 – Division Vice President, M6 – Senior Director		
Completed Years of Service with SPB	Number of Hours Provided per Year/Pay Period	Number of Days Provided per Year
0-4 years	168/6.47	21
5-9 years	192/7.39	24
10-14+ years	216/8.31	27

SERVICE AWARDS & TUITION REIMBURSEMENT

Service Awards

Spectrum Brands values your commitment and contribution and shows that recognition with service awards for employees who have met significant milestones in their career with Spectrum Brands.

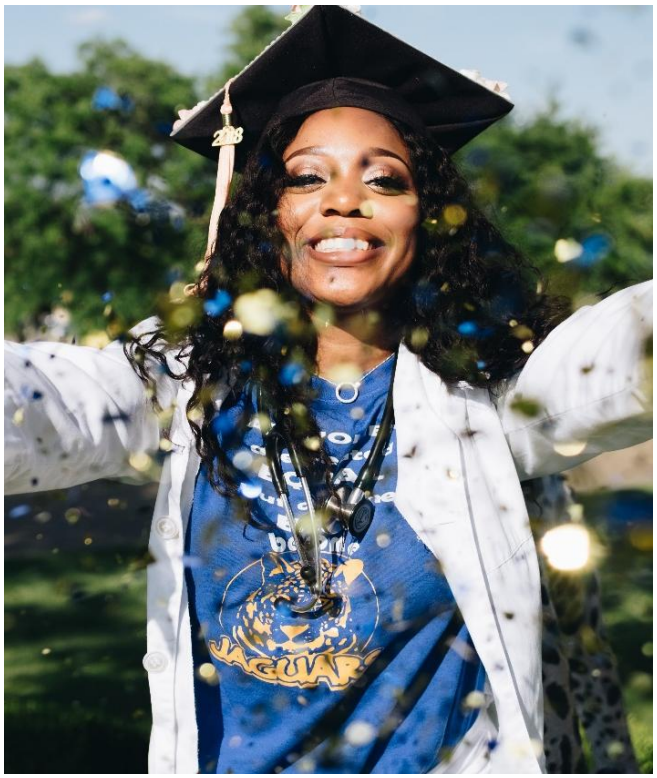
When celebrating a milestone of 1, 3, 5, 10, 15, 20 and so on years of service, employees will receive a framed certificate with a message from our CEO, David Maura. In addition to the framed certificate, employees celebrating 5+ years of service will receive a booklet with instructions on how to redeem a gift. Gift amounts have been approved by the tax department, so this program will not require any income reporting.

Awards Program administered by OC Tanner

Tuition Reimbursement

Spectrum Brands offers tuition reimbursement for degree and certification programs.

Employees with 6 months or more of employment are eligible to apply for Tuition Reimbursement Program. Planning and approvals for this needs to be done in advance of beginning education. More information can be located on My Benefits Life or by contacting your HR partner.



TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS

Alliant
MEDICARE SOLUTIONS
A Non-Government Entity

Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

alliantmedicaresolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

English translation

Spanish translation

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find Out More

Your Guide to Medicare

Medicare 101

Social Security Planning

GLOSSARY

AD&D Insurance	An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.
Allowed Amount	The maximum amount your plan will pay for a covered healthcare service.
Ambulatory Surgery Center (ASC)	A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.
Annual Limit	A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.
Balance Billing	In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance). **Note:** Beginning January 1, 2022 the "No Surprises Act" provides protections against surprise billing for emergency services, air ambulance services, and certain services provided by a non-participating provider at a participating facility. For these services, the member's cost are generally limited to what the charge would have been if received in-network, leaving any balance to be settled between the insurer and the out-of-network provider. Consult your health plan documents for details.
Beneficiary	The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.
Brand Name Drugs	A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.
COBRA	A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.
Claim	A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.
Coinsurance	Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.
Copayment	A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.
Deductible	The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.
Deductible – Aggregate	Family coverage may have an aggregate or embedded deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered.
Deductible – Embedded	Family coverage may have an aggregate or embedded deductible. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.
Dental Basic Services	Services such as fillings, routine extractions and some oral surgery procedures.
Dental Diagnostic & Preventive	Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.
Dental Major Services	Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

GLOSSARY

Dependent Care Flexible Spending Account (FSA)	An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.
Eligible Expense	A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.
Excluded Service	A service that your health plan doesn't pay for or cover.
Formulary	A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.
Generic Drug	A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.
Grandfathered	A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).
Health Care Flexible Spending Account (FSA)	A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.
Long Term Disability Insurance	Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.
Mail Order	A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.
Open Enrollment	The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.
Out-of-Network	Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees.
Out-of-Pocket Cost	A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.
Out-of-Pocket Maximum	Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year. Family coverage may have an aggregate or embedded maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.
Outpatient Care	Care from a hospital that doesn't require you to stay overnight.
Participating Pharmacy	A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.
Plan Year	A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year. The Spectrum Brands plan year is a calendar year and runs from January 1 – December 31.
Preferred Drug	Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non- preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

GLOSSARY

Preventive Care Services	Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.
Primary Care Provider (PCP)	The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.
Short Term Disability Insurance	Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery
Telehealth/ Telemedicine/Teladoc	A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.
UCR (Usual, Customary, and Reasonable)	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.
Urgent Care	Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.
Vaccinations	Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.
Voluntary Benefit	An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on My Benefits Life:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Availability of Alternative Standard for Wellness Plans:** Describes right to alternatives ways of participating in employer's wellness program

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available via My Benefits Life. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Spectrum Brands' Benefits Team at benefits@spectrumbrands.com or (800) 881-2562.

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. SPDs are available via My Benefits Life

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available via My Benefits Life.

- GOLD PPO
- GOLD HSA - HDHP
- SILVER PPO
- HMSA MED 730

Scan or click the QR code to visit the online benefits bookshelf.

SUMMARY OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

CONTACT HMSA

BY PHONE

Representatives are available
Monday through Friday, 8 a.m. to 5 p.m.,
unless otherwise noted

On Oahu	
PPO plans	948-6111
HMO plans	948-6372
Federal, state, and county plans	948-6499
EUTF plan Monday-Friday, 7 a.m. – 7 p.m.; Saturday, 9 a.m. – 1 p.m.	948-6499
HMSA Medicare Advantage plans Monday-Sunday, 8 a.m. – 8 p.m.	948-6000
The Queen's Health Care Plan	948-6161
Dental plans	948-6440
HMSA QUEST Integration Monday – Sunday, 24 hours per day, including holidays	948-6486 or 1-800-440-0640
ILWU	948-6079
Not sure which plan you have?	948-6079 or 1-800-776-4672

Neighbor Islands	
Kailua-Kona	329-5291
Kauai	245-3393
Maui	871-6295
Customer Relations	1-800-776-4672
Dental plans	1-800-792-4672
ILWU	1-833-678-9559

ONLINE

https://hmsa.com/askhmsa/

BY MAIL

HMSA Customer Relations
P.O. Box 860
Honolulu, HI 96808-0860

HMSA CENTERS

HMSA Center @ Honolulu

HMSA Building
818 Keeaumoku St.
Monday-Friday, 8 a.m. – 5 p.m.
Saturday, 9 a.m. – 2 p.m.

HMSA Center @ Pearl City

Pearl City Gateway
1132 Kuala St., Suite 400
Monday-Friday, 9 a.m. – 6 p.m.
Saturday, 9 a.m. – 2 p.m.

HMSA Center @ Hilo

Waiakea Center
303 Makaala St.
Monday-Friday, 9 a.m. – 6 p.m.
Saturday, 9 a.m. – 2 p.m.

HMSA Center @ Kahului

Puunene Shopping Center
70 Hookele St., Suite 1220
Monday-Friday, 9 a.m. – 6 p.m.
Saturday, 9 a.m. – 2 p.m.

NEIGHBOR ISLAND OFFICES

Representatives are available
Monday through Friday, 8 a.m. to 4 p.m.
Kailua-Kona, Hawaii Island
75-1029 Henry St., Suite 301
Lihue, Kauai
4366 Kuki Grove St., Suite 103

CARRIER CONTACT INFORMATION

BENEFIT PLAN	VENDOR	WEB ADDRESS	PHONE
Medical, Prescription, Dental & Vision	**HMSA**	See prior page	See prior page
Tobacco Cessation	**UBreathe (through SupprtLinc)**	coaching@mywellportal.com	(888)-882-5462
Dental	**Delta Dental of WI** Group Number: 50304	www.deltadentalwi.com	(800) 236-3712
Vision	**VSP** Group Number: 12298041	www.vsp.com	(800) 877-7195
Flexible Spending Account	**Optum Financial** Group ID: 102818	www.optum.com/financial-services.html	(877) 292-4040
COBRA	**Optum Financial**	www.cobra.optumfinancial.com	(855) 687-2021
Life Insurance	**New York Life**	www.mynylgbs.com	(888) 842-4462
Leave & Disability (including TDI)	**New York Life**	www.mynylgbs.com	(888) 842-4462
401(k)	**Vanguard**	vanguard.com/retirementplans	(800) 523-1188
Wellness	**Personify Health**	join.personifyhealth.com/spectrumbrands	(888) 671-9395
Employee Assistance Program	**SupportLinc**	www.supportlinc.com Group code: spb	(888) 881-5462
Supplemental Health: Critical Illness, Accident Insurance, Hospital Indemnity	**New York Life**	www.mynylgbs.com	(888) 842-4462

September 1, 2026