Spectrum Brands

WE MAKE LIVING **BETTER** AT HOME™

2027 U.S. Union Employee Benefits

A MESSAGE FROM THE SPECTRUM BRANDS' BENEFITS TEAM

Welcome to your 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.

Your costs for vision, optional life insurance, and disability coverages will remain unchanged in 2027 unless you alter your coverage or move into a new life insurance age band. Employee contributions for dental coverage will increase slightly, ranging from approximately $0.23 to $0.64 per week, depending on your coverage tier. Employee contributions for your medical/Rx plan will also increase. Depending on your medical plan and coverage tier, your contribution will increase between $1.84 and $12.95 per week. These increases reflect the continued rise in medical and prescription drug costs, increased utilization of our health plans, and the cost of maintaining our comprehensive medical, prescription drug, and dental benefits.

Given the cost increases to our medical/Rx plan options in 2027, this open enrollment period is the perfect time to evaluate your, and your family's healthcare needs. Remember that during open enrollment you can elect to change your health plan coverages as well as which family members you cover based on 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.

While it is not required for you to update your annual Health Savings Account (HSA) election each year, we encourage you to assess if you want to increase your HSA contribution to the maximum allowable contribution as allowed by the IRS. Refer to the Health Savings Account page to determine the maximum amount you can contribute to your HSA.

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

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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 2027

For 2027, we've made very few changes to our benefits program.

Our goal is to continue providing comprehensive, competitive benefits while keeping your coverage familiar and easy to understand.

The only changes for 2027 are updated employee contributions for the medical and dental plans. There are no changes to plan designs, covered services, or the vision, life insurance, or disability benefits offered through the plan.

Even if you don't anticipate changes to your health care needs, Open Enrollment is a great opportunity to review your benefit elections and determine which medical plan best meets the needs of you and your family. Taking a few minutes to compare your options can help ensure you're enrolled in the coverage that's the best fit for the coming year.

Review Your Personal Information and Beneficiaries

While you're enrolling, please take a few moments to review your personal information and make any necessary updates. Confirm that your mailing address, phone number, and email address are current so you receive important benefit communications throughout the year.

We also encourage you to review and update your beneficiary designations for your life insurance, Health Savings Account (HSA), and retirement plan, if applicable. Keeping your beneficiary information current helps ensure your benefits are distributed according to your wishes.

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.

Medicare is the primary payer for domestic partners with large employer group health plan coverage if a domestic partner can get Medicare due to their age and has group health plan coverage through their partner's current employer.

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.

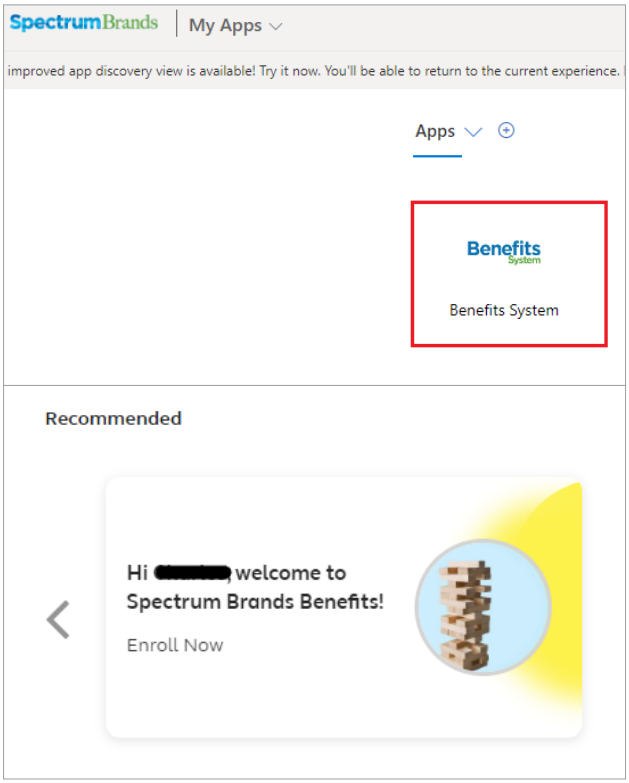
Click to play video

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

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 2027 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 via email and regular mail at your home address 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/PRECRIPTION DRUG PLANS

You pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible has been met. All three medical plans are administered by Anthem Blue Cross Blue Shield. Pharmacy benefits are administered by CVS Caremark.

	Gold PPO		Gold HSA - HDHP		Silver PPO	
	Embedded deductible		Non-embedded deductible		Embedded deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	General Plan Information					
Deductible (Individual/Family)	$1,000/ $3,000	$2,000/ $6,000	$2,500/ $5,000	$5,000/ $10,000	$3,000/ $6,000	$6,000/ $12,000
Co-insurance	20%	40%	20%	50%	20%	50%
Out-of-Pocket Maximum	$3,000/ $9,000	$6,000/ $18,000	$3,400/ $6,800	$6,800/ $13,600	$5,000/ $10,000	$10,000/ $20,000
Employer HSA Contribution	N/A		EE Only: ($500) $125 quarterly Family: ($1,000) $250 quarterly		N/A	
	Professional Services					
Preventive Care	$0 (deductible waived)	40%	$0 (deductible waived)	50%	$0 (deductible waived)	50%
Primary Care Office Visit	20% (deductible waived)	40%	20%	50%	$30 copay	50%
Specialist Office Visit	20% (deductible waived)	40%	20%	50%	$60 copay	50%
Telemedicine/ Virtual Visit LiveHealth Online	20% (deductible waived)	N/A	20%	N/A	$30 copay	N/A
Diagnostic, X-Ray, Lab	20%	40%	20%	50%	20%	50%
	Hospital Services					
Inpatient	20%	40%	20%	50%	20%	50%
Outpatient	20%	40%	20%	50%	20%	50%
	Emergency Room and Urgent Care					
Emergency Room	20% (after in-network deductible)		20% (after in-network deductible)		$150 copay (first visit only)	
Urgent Care / Walk-in Clinic	$60 copay	40%	20%	50%	$75 copay	50%
	Therapeutic Services					
Chiropractic Care (30 visits per year)	20% (deductible waived)	40%	20%	50%	20%	50%
Acupuncture (up to $500 per year)	20% (deductible waived)	40%	20%	50%	20%	50%
Therapy (Physical, Occupational, Speech - 30 visits per year)	20% (deductible waived)	40%	20%	50%	20%	50%

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

MEDICAL/PRESCRIPTION DRUG PLANS

You pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible has been met. All three medical plans are administered by Anthem Blue Cross Blue Shield. Pharmacy benefits are administered by CVS Caremark. **Prescription drugs are not covered out-of-network.**

	Gold PPO	Gold HSA - HDHP	Silver PPO
	In-Network	In-Network	In-Network
	Prescription Drugs		
Retail (30-day supply) Tier 1 (Typically Generic) Tier 2 (Typically Preferred Brand) Tier 3 (Typically Non-Preferred)	 $10 $45 $70	 20% ($40 max) 25% ($70 max) 35% ($110 max)	 $10 $50 $100
Mail Order/Retail 90 (90-day supply) Tier 1 (Typically Generic) Tier 2 (Typically Preferred Brand) Tier 3 (Typically Non-Preferred)	 $20 $90 $140	 20% ($80 max) 25% ($140 max) 35% ($220 max)	 $20 $100 $200
Tier 4 (Typically Specialty)	20%	20%	20%
Preventive Rx	100% (deductible waived)	100% (deductible waived)	100% (deductible waived)

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

Retail 90 Program

You may purchase up to a 90-day supply of maintenance medication at a retail CVS Pharmacy. Please note that the ability to fill a prescription up to 90 days at a retail pharmacy is subject to federal and state regulations. The copayment and coinsurance amounts above for mail order are also applicable to the Retail 90 program.

Medical Contact Information:

Anthem

- (855) 206-8436
- www.anthem.com

Prescription Drug Contact Information:

CVS Caremark

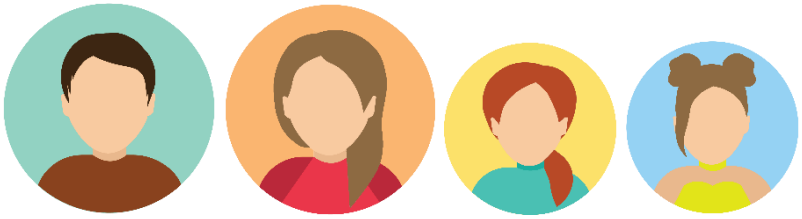
- (844) 431-4885
- www.caremark.com

Enhanced Breast Cancer Screening

- Starting January 1, 2027, Anthem will include coverage for additional Breast Cancer imaging services. These services will be covered when an initial screening mammography yields inconclusive results, ensuring a thorough and complete Breast Cancer Screening Process.

DEDUCTIBLES: EMBEDDED OR AGGREGATE?

The Smith family (Michael, Camille, Ingrid, & Tiana) is trying to decide between electing the Spectrum Brands Gold PPO or Gold HSA plans and aren't sure about the deductibles. They want to know how much they are going to have to pay for their procedures, visits, and prescriptions this year.



If the Smiths choose the **Gold PPO Plan**, they will be subject to an embedded $3,000 family deductible with $1,000 individual deductibles. This means that once one of them meets their $1,000 individual deductible, they only pay 20% coinsurance until they meet the $3,000 individual out-of-pocket maximum.

If the Smiths choose the **Gold HSA - HDHP Plan**, they will be subject to an aggregate $5,000 family deductible. This means that all of their expenses must add up to $5,000 in order to satisfy the deductible. Once one or all of them meet the $5,000 family deductible, then they pay 20% coinsurance until they meet the $6,800 family out-of-pocket maximum.

Example: Let's assume that Michael needs a procedure that costs $5,000.

If Michael and his family were enrolled in the **Gold PPO plan**, Michael would pay his individual deductible of $1,000 and then coinsurance until he reaches the OOP Max. The family would not satisfy the $3,000 family deductible until they had met a combination of $3,000 in total deductible expenses.

If Michael and his family were enrolled in the **Gold HSA plan**, Michael would pay the full $5,000 family deductible. After that procedure, any other medical or prescription drug expenses incurred by Michael or his family members would only be subject to coinsurance until they reach the OOP Max.

EMPLOYEE MEDICAL CONTRIBUTIONS

Employee Weekly Contribution (52 Deductions)			
		Non-Tobacco User	1 Tobacco User
Gold PPO	Employee	$58.66	$85.20
	Employee + Spouse	$125.74	$152.28
	Employee + Child(ren)	$97.78	$124.32
	Family	$174.83	$201.37
Gold HSA - HDHP	Employee	$35.02	$61.56
	Employee + Spouse	$84.43	$110.96
	Employee + Child(ren)	$65.76	$92.30
	Family	$117.10	$143.64
Silver PPO	Employee	$24.86	$51.39
	Employee + Spouse	$61.24	$87.77
	Employee + Child(ren)	$47.48	$74.02
	Family	$85.33	$111.87

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.

HEALTH SAVINGS ACCOUNT (HSA)

ARE YOU ELIGIBLE?

You're eligible for the Spectrum Brands HSA only if you are:

1. Enrolled in the Gold HSA - HDHP – a qualified High-Deductible Health Plan (HDHP).
2. Not enrolled in other non-HDHP medical coverage, including Medicare[1], Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a health care Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

[1]: You cannot contribute to an HSA once Medicare coverage begins. If you sign up for Medicare after age 65, some coverage(s) can become retroactive for up to six months. To prevent accidental excess contributions during this period, consider stopping HSA contributions six months before you plan to enroll in Medicare or apply for Social Security.

Remember to evaluate your current HSA contribution!
Ensure you are contributing the maximum amount to your HSA for 2027.

Customer Identification Program (CIP)
Optum may ask you to validate your identity. If you receive a CIP request from Optum, you have 30 days to resolve. Employer contributions will not be made while pending CIP.

CA & NJ Residents
California and New Jersey do not offer state tax favored status for HSAs. Please consult a qualified tax professional on how your HSA dollars should be taxed in your state.

A Personal Savings Account for Health Care

A Health Savings Account (HSA) is an easy way to pay for health care expenses that you have today and save for expenses you may have in the future. You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

How the HSA works

- Your HSA is set up with Optum Financial after you enroll in the Gold HSA medical plan.
- You must complete the Customer Identification Program with Optum to finalize your HSA.
- To help you get started, Spectrum Brands will make quarterly contributions to your HSA:
  Individual coverage: $500 ($125 per quarter)
  Family: $1,000 ($250 per quarter)

2027 IRS Contribution Limits (includes Spectrum Brands' Contribution)	
Individual	$4,500 per year
Family	$9,000 per year
Age 55 or older?	An additional $1,000 per year (Remember to stop contributing to your HSA 6 months before you enroll in Medicare.)

2027 Spectrum Brands HSA Contribution Schedule

Hire Date	Enrolled By Date	Funding Date/ Pay Date
January 1 or before	January 1, 2027	January 8, 2027
January 2 to April 7	April 7, 2027	April 16, 2027
April 8 to June 30	June 30, 2027	July 9, 2027
July 1 to October 6	October 6, 2027	October 15, 2027
October 7 to December 1	No 2027 Employer HSA Contribution	

Advantages of a Health Savings Account

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Investment gains and withdrawals are also tax-free as long as they're for eligible health care expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Boosts retirement savings.** After you retire, you can use your HSA for health care expenses tax-free.
4. **Investing your HSA.** To start investing your HSA, you just need a minimum balance of $100 then you can begin saving for the future.

Find out more:

- Eligible HSA Expenses and Ineligible HSA Expenses
- Manage your account at www.optumfinancial.com

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 Contribution	Weekly (52 deductions)
Employee	$7.44
Employee + 1	$13.87
Family	$20.32

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	$200 Allowance	Up to $50
Featured Frame Brand Allowance	$250 Allowance	Up to $50
Standard Lenses		
Single	$25 Copay	Up to $30
Bifocal	$25 Copay	Up to $50
Trifocal	$25 Copay	Up to $60
Contacts (Elective)	$200 Allowance	Up to $100
Contacts (Medically Necessary)	$25 Copay	Up to $210
Frequency		
Exam	Calendar Year	
Lenses or Contact Lenses	Calendar Year	
Frames	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)
Employee	$1.62
Employee + Spouse	$3.23
Employee + Child(ren)	$3.49
Family	$5.58

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 Insurance

Basic Life Insurance Paid in full by Spectrum Brands	
Benefit Amount – Employee	$40,000
Benefit Amount – Child	$2,000

Learn More about Basic Life Insurance

More benefit details can be found on the Basic Life Summary and the AD&D Summary

UPDATE YOUR BENEFICIARIES

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

VOLUNTARY SHORT-TERM DISABILITY (STD) INSURANCE

Learn More about Voluntary Short-Term Disability Insurance

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

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

Voluntary STD Benefits

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

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

Eligible employees are eligible to enroll in the Short-Term Disability insurance plan following 60 days of continuous employment.

You pay the cost of this coverage.

Voluntary Short-Term Disability Plan	
Weekly benefit amount	60% of covered earnings based on your hourly rate up to a maximum of $500 per week.
Benefits begin	After 14 days of disability, benefits begin on the 15th day of disability
Maximum payment period	Up to 11 weeks

401(k)

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

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) 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.

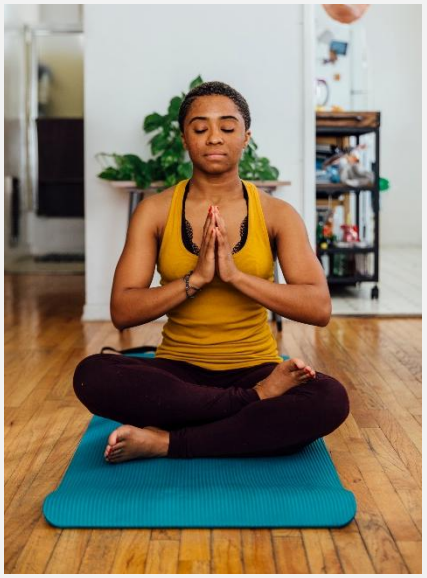
Visit the Vanguard website at vanguard.com/retirementplans to manage your account, investments and contributions.

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 $23,500 per year.** If you're age 50 or over, save an additional $7,500 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 each pay period. This match is available on any combination of pre-tax and Roth contributions you choose.
Secure 2.0 Catch Up Contributions	Beginning in 2027, 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.

WELLBEING BENEFITS

We understand that life can be stressful and wellbeing priorities are different for everyone. With the different benefits offered by Spectrum Brands, you can focus on whatever is most important to you.



1 - Emotional/Mental

- ✓ Employee Assistance Program

5 – Job Satisfaction

- ✓ Performance rewards
- ✓ Employee recognition and service awards
- ✓ Professional development

2 - Physical

- ✓ Medical – LiveHealthOnline, 24/7 Nurseline, Building Healthy Families, Condition Care
- ✓ Dental & Vision – Programs for people with chronic conditions
- ✓ Points to earn gift cards up to $325 in gym membership reimbursements and up to $185 for meeting wellness goals
- ✓ Tobacco cessation
- ✓ Preventive care covered at 100% in network

4 - Social

- ✓ Inclusion networks[1] – BEGIN, WIN, PRISM, MAIN
- ✓ Volunteer time off
- ✓ Charitable support and local diversity celebrations
- ✓ Paid holidays

3 - Financial

- ✓ 401(k) retirement plan with employer match
- ✓ Financial consultation
- ✓ Discount vendor
- ✓ Tax advantaged Health Savings Account
- ✓ Life insurance
- ✓ Disability insurance

[1] BEGIN – Black Inclusion Network, WIN – Women Inclusion Network, PRSIM - LGBTQ+ Inclusion Network, MAIN – Military and Auxiliary Inclusion Network

ADDITIONAL RESOURCES

LiveHealth Online

- LiveHealth Online connects you with a board-certified doctor for a video visit using your smartphone, tablet or computer. Doctors can answer your questions and assess illnesses such as sore throats, ear infections, pinkeye and the flu. They can even send a prescription to your pharmacy.
- Get started by going to livehealthonline.com or downloading the free app.
- LiveHealth Online therapists are available seven days a week to discuss anxiety, depression, stress, grief, eating disorders and other mental health concerns. Call (888) 548-3432 if you need help with the app or website. Costs could apply for certain provider interactions.

24/7 Nurseline

- Staffed by registered nurses who are available 24 hours a day, 7 days a week to ask basic questions and address concerns at no cost to you. Call (800) 700-9184.

Building Healthy Families

- Anthem's free, all-in-one program can help your family grow strong whether you're trying to conceive, expecting a child, or raising young children.

ConditionCare Health Support

- ConditionCare, offered at no cost to you, can help you or your covered family members manage conditions such as:
  - High cholesterol, high blood pressure, high blood sugar, and weight problems
  - Coronary artery disease (CAD) and heart failure
  - Diabetes
  - Asthma and chronic obstructive pulmonary disease (COPD)
  - Low back pain, arthritis, hip and knee replacement, and osteoporosis

- Based on your needs when you sign up for ConditionCare, the program provides:
  - Telephone access to healthcare professionals who can answer questions and work with you to optimize your health.
  - Continued guidance from care managers, nurses, pharmacists, dietitians, and other healthcare professionals who work together to help you reach your health goals.
  - Educational guides and tips to help you learn more about your condition.
  - To find out more about the ConditionCare program, call Anthem at (866) 962-0963.

Tobacco Cessation Program

- Available for you and your spouse/domestic partner. A tobacco user is defined as someone who has used tobacco within six months prior to enrollment in the medical plan. To enroll, Employees and Spouses can enroll at any time contacting the UBreathe program at (888)-882-5462 or via email at coaching@mywellportal.com. Participation is completely free and 100% confidential. Once the participant completes the 6-week program and meets standard requirements, the participant is eligible to receive the full tobacco surcharge as a reimbursement.

24-Hour Travel Emergency Assistance

- Additional protection provided via New York Life when traveling. New York Life Secure Travel can aid in pre-trip planning, traveling assistance, and emergency assistance. From anywhere globally, call +1 (347) 708 -1824.

MY BENEFITS LIFE

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

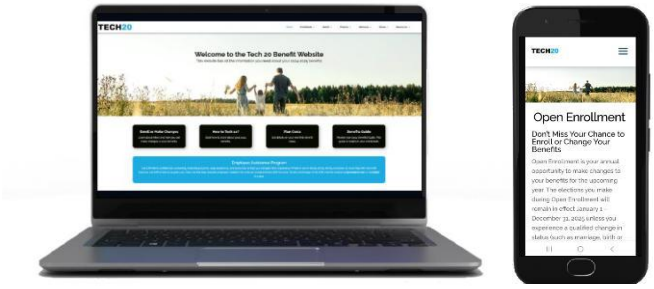
The easy way to get benefits info

You can do just about anything online these days. Why should accessing your benefits information be any different? MyBenefits.Life is a website that gives you access to the benefits information you need, when you need it.

You get 24/7 access to all your benefits information including open enrollment details, tips for new hires, perks, time off, and more.

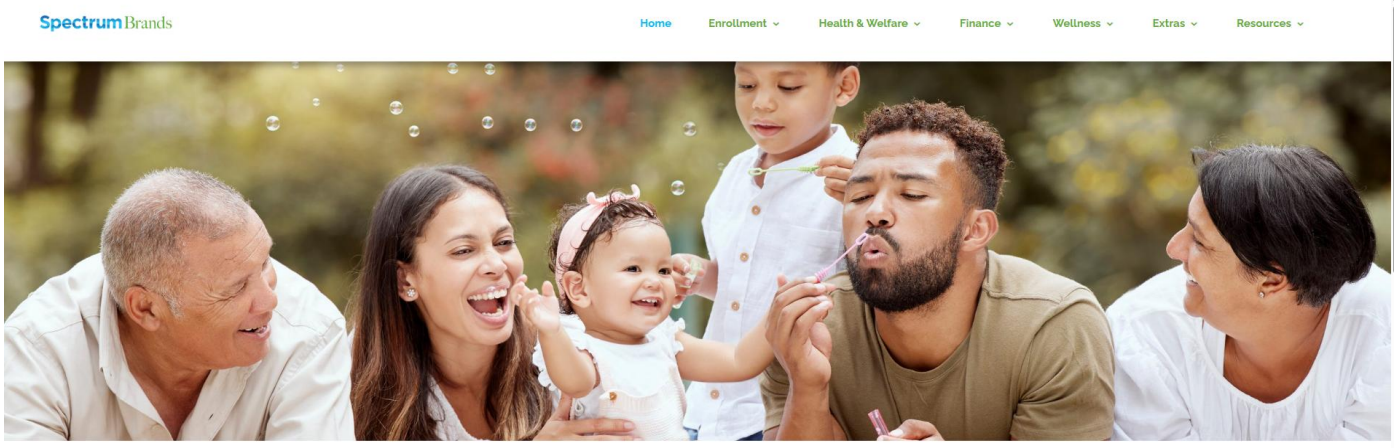
Access to:

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

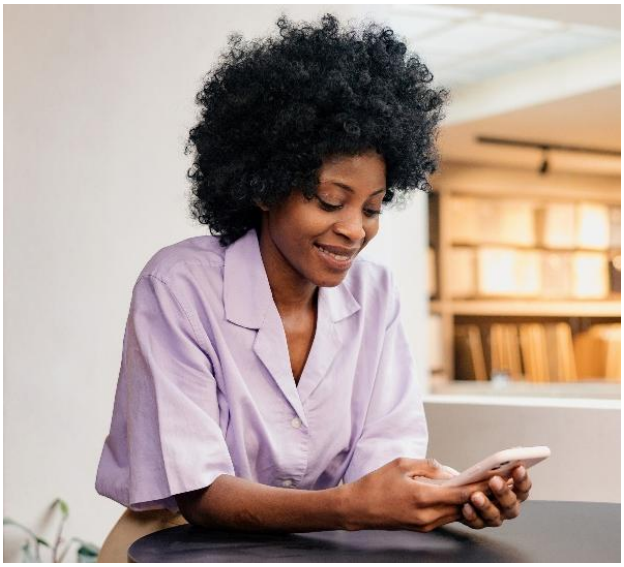


Site Features:

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



SYDNEY HEALTH APP



Download the Sydney Health app

Use the app anytime to:

- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.

Scan the QR code with your phone's camera to download the app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

Use Sydney Health to keep track of your health and benefits — all in one place. The app gives you 24/7 access to your benefits, claims information, and health plan ID card. You can also use it to find doctors, set up virtual care visits, and order prescriptions.

Find Care

Search for doctors, hospitals, and other care providers in your plan's network and compare costs. You can filter care providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Find news on health topics that interest you, tips for health and wellness, and personalized action plans to help you reach your goals. My Health Dashboard also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

Use Sydney Health to ask questions about your benefits, get help finding information, or chat with a Member Services representative.

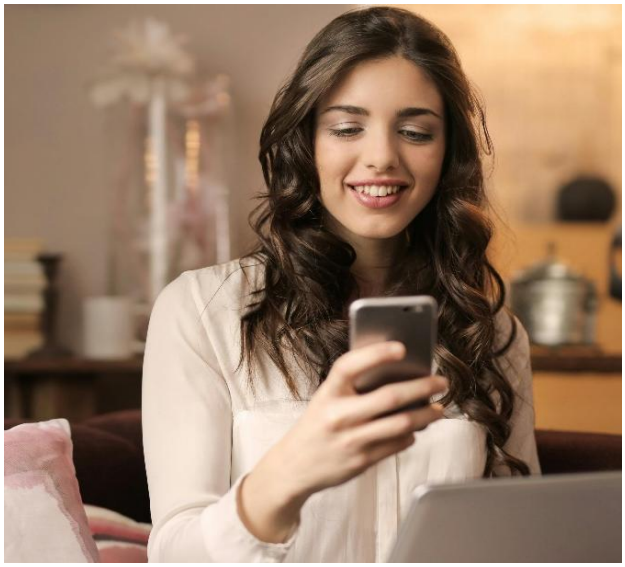
Virtual Care

Access care from the convenience of home. You can assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

Use this resource center to connect with organizations offering special benefits at no additional cost and get help finding food pantries, home maintenance, utility assistance, and other resources.

TOBACCO CESSATION PROGRAM - UBREATHE



Tobacco Cessation Program: UBreathe (through SupportLinc)

UBreathe is a confidential, one-on-one tobacco cessation program through SupportLinc. UBreathe is designed to help employees quit smoking or using tobacco through certified health coaches trained in tobacco cessation.

What is Considered Tobacco Usage?

Tobacco/Nicotine products include, but are not limited to, those products with tobacco including cigarettes, cigars, pipes, all forms of smokeless tobacco, and any other smoking device that use tobacco, such as hookahs and e-cigarettes.

A tobacco user is defined as someone who has used tobacco within six (6) months prior to enrollment in the medical plan.

How the Program Works

1. **Enroll in UBreathe –** Open to employees and spouses at no cost.
2. **Initial Coaching Session an Assessment** – Connect with a certified Tobacco Cessation Coach.
3. **Personalized Quit Plan** –Customized to your lifestyle, preferences, and needs.
4. **Integration with Other Employee Assistance Programs**–Includes help with nutrition, stress, physical activity, and chronic conditions.
5. **Progress Tracking and Outcomes** – Coaches monitor your progress and celebrate milestones
6. **Tobacco Surcharge Reimbursement** – Complete six (6) sessions and meet the required standards to receive the full tobacco surcharge as reimbursement.

Important Deadlines

- Last date to enroll in the program is October 1
- Programs completed by November 30 will be refunded the tobacco surcharge retro to the beginning of that calendar year.
- Programs started in one calendar year and completed in the next plan year will get refunded the tobacco surcharge to the beginning of the calendar year in which it was completed.

Enrollment is Easy!
Call (888)-882-5462 or email coaching@mywellportal.com.

supportlinc EMPLOYEE ASSISTANCE

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 10 paid holidays per year. The holiday schedule can be viewed on My Benefits Life.

Additional paid time off is available for vacation and illness, jury duty, bereavement leave, and parental leave. Review your collective bargaining agreement to determine the number of hours and days provided to you for vacation time.

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

Bereavement Leave
In the event of the death of a spouse, child, step-child, brother, sister, step- parent or parent [not more than two (2)], present mother-in-law, present father-in-law, grandparent, or grandchild of any employee, said employee shall have up to three (3) consecutive working days off with pay at the employee's base rate, provided that the employee attends the funeral and furnishes proof thereof if requested by the Spectrum Brands. Payment for Funeral Leave will not be processed until the proof of relationship to the deceased is provided to Spectrum Brands.

Parental Leave
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)

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

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.

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

English translation

Spanish translation

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

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).
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.
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.

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 the My Benefits Life.

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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 the My Benefits Life.

- GOLD PPO
- GOLD HSA - HDHP
- SILVER PPO

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.

CARRIER CONTACT INFORMATION

BENEFIT PLAN	VENDOR	WEB ADDRESS	PHONE
Medical	**Anthem** Group Number: 210037	www.anthem.com	(855) 206-8436
Prescription	**CVS Caremark** Group Number: RX0470 BIN: 004336 PCN: ADV	www.caremark.com	(844) 431-4885
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
Health Savings 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	**New York Life**	www.mynylgbs.com	(888) 842-4462
401(k)	**Vanguard**	vanguard.com/retirementplans	(800) 523-1188
Employee Assistance Program	**SupportLinc**	www.supportlinc.com Group code: spb	(888) 881-5462
Wellness	**Personify Health**	join.personifyhealth.com/spectrumbrands	(888) 671-9395

September 1, 2026