

FULL DETAILS ONLINE AT
[SIPBENEFITS.COM](https://www.sipbenefits.com)

2027 Benefits Guide



Here for you. Year after year.



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Resources & Contact Information

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

Benefit Resources & Support		Website	
		Online at: SIPBENEFITS.COM Email us at: benefits@stateindustrial.com	
Benefit/Option	Carrier	Website	Phone
Medical/Rx Essential & Consumer HSA	 UnitedHealthcare®	myuhc.com	866.314.0335
Medical/Rx UHC Surest Copay Plan	 surest™ A UnitedHealthcare Company	surest.com	866.683.6440
Dental	 DELTA DENTAL®	deltadentaloh.com	800.524.0149
Vision	 vsp™	vsp.com	800.877.7195
Flexible Spending Accounts	 BASIC®	cda.basiconline.com	800.372.3539
Health Savings Accounts	 Optum Bank® Member FDIC	optumbank.com	866.234.8913
Life, Disability & Voluntary Benefits	 The Hartford	thehartford.com	800.523.2233
Work/Life Support	 COMPSYCH® GuidanceResources® Worldwide	guidanceresources.com	800.964.3577

How to Enroll

AFFORDABLE COVERAGE.
STEADY COMMITMENT.



LEARN ABOUT THE PLANS

Review the benefits guide and attend a Benefits Townhall or watch the overview on your schedule at SIPBENEFITS.COM.



REVIEW YOUR OPTIONS

Consider your healthcare needs, compare costs, and decide which plan is the best fit for you and your family.



SELECT COVERAGE IN DAYFORCE

Current elections roll over for 2027, except FSAs. Log in to Dayforce November 2-13 to elect a 2027 FSA or change your coverage.

About Our Benefits

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

Here for you. Year after year. State remains committed to consistent, quality coverage and meaningful value for you and your family. For 2027, familiar choices continue, with support to help you use them well.

We're strengthening that commitment: all benefit-eligible employees receive company-paid LTD after 12 months, and BASIC will administer FSAs beginning January 1. Review this guide together and choose what fits your family.

Explore your options at SIPBENEFITS.COM. Depending on your plan and eligibility, rewards, premium discounts and Consumer HSA funding can total up to \$2,825.

NEW FOR 2027
Company-Paid LTD
All benefit-eligible employees qualify after 12 months of employment.
More protection. No employee premium.

Comprehensive Coverage. A Steady Commitment to You.



Learn, Enroll & Save

-  Read this guide for highlights of what's new and what's changing for 2027.
-  Throughout this guide, look for videos and links to learn more about coverage.
-  Attend a benefits townhall and use the online plan comparison tools.
-  Go to **SIPBENEFITS.COM** for all the details.

Don't Forget!

Open enrollment is from November 2nd to November 13th, 2026.

This year, it's passive enrollment. All current elections roll over for 2027, except for Flexible Spending. **You must log in to Dayforce to enroll in 2027 FSA, or update your coverage.**

About Our Benefits

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

COVERAGE RULES

WHO'S ELIGIBLE

You are eligible for benefits if you are an active, full-time employee.

You may also cover members of your family, including:

- Spouse or domestic partner – verification and other-coverage surcharge rules apply
- Children up to age 26 – regardless of student, marital, or tax-dependent status. This includes stepchildren, legally adopted children, and children for whom you are the legal guardian
- Children over age 26 – if they are deemed physically or mentally unable to care for themselves

ELECTING COVERAGE

You can sign up for benefits or change your elections at the following times:

- During the Company's designated Annual Open Enrollment
- Within 30 days of your hire date
- Within 30 days of a Qualified Life Event, such as marriage, divorce, birth/adoption of a child, change in dependent's status, divorce or legal separation, gain/loss of access to coverage elsewhere

Benefits will begin on the 1st of the month following satisfaction of the waiting period.

TERMINATION OF COVERAGE

Your benefits coverage will end on the earliest of the following:

- Midnight on your last day of employment
- The date you no longer meet the eligibility requirements
- The date your benefit contribution payments are not received
- While you are on an unpaid leave of absence (unless otherwise required by law)
- The date any benefit plan is terminated by the company
- The date you enter the armed forces on active, full-time duty (except as provided under USERRA)

COVERING A SPOUSE OR PARTNER

Employees who enroll a spouse or partner who has access to other medical coverage will be charged a \$300 monthly surcharge in addition to the plan's standard premium rate.

This applies if your spouse or partner is eligible for coverage elsewhere—such as through their own employer, Medicare, or a retiree plan—but you choose to include them on the SIP medical plan instead.

If you enroll a spouse or domestic partner in our medical coverage, you will be required to provide supporting documentation (for example, a recent tax return or other proof of eligibility) to confirm eligibility.

Medical/Rx Overview

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

THE COST OF HEALTHCARE AFFECTS ALL OF US

As a self-insured employer, every healthcare service used, and every dollar spent directly influences the cost of coverage. Rising costs impact both the company and the premiums you and your family pay.

That's why it's essential to have a partner who encourages high-value care, promotes prevention, and delivers innovative programs—so together we can keep coverage affordable and benefits strong for everyone.

STAYING THE COURSE IN 2027

We're maintaining our coverage through UnitedHealthcare because they share our commitment to keeping care affordable and accessible.

With a broad network, high-value providers, and a focus on affordable, accessible care, UHC helps us manage costs and improve the member experience—ensuring strong, sustainable benefits for all.

CONSISTENT COVERAGE.

Meaningful value for 2027:



Essentials premiums stay the same. Consumer and Surest premiums increase slightly.



Up to \$2,825 in combined discounts, Consumer HSA funding and rewards may be available. Amounts depend on coverage and participation.

WHAT THIS MEANS TO YOU

With UnitedHealthcare, SIP offers access to a broad network of providers and medications.

If you're new to our program, or are considering a different option for 2027, we know change can be a bit overwhelming.

Which is why we've built tools and resources to help you easily confirm that your providers remain in-network and your prescription therapies remain covered. Partnering with UHC ensures you'll have the support you need for a smooth transition and peace of mind.

For your convenience, transition support and UHC resources are centralized at our benefits hub - [SIPBENEFITS.COM](https://www.sipbenefits.com).



1

MEDICARE ELIGIBLE? YOU MAY HAVE A BETTER OPTION

Did you know?

Medicare is often more affordable than our plan—and may even provide better coverage. We've partnered with Allsup to help Medicare-eligible participants compare options and find the best fit.

If you are Medicare eligible, click the option or see Page 8 to learn more.

OPTION #1

**ALLSUP
MEDICARE
SUPPORT**

OPTION #2

**UNITED
HEALTHCARE**

2

NOT MEDICARE ELIGIBLE? REVIEW YOUR PLAN OPTIONS WITH UHC

We're excited to maintain three plan options in 2027 – to maintain our commitment to coverage and value.

The Essential Plan delivers affordable protection at the lowest premium.

Qualify for SIP's Wellness Incentive? The Consumer HSA remains a great option where enrollees can get up to \$1,000/year in HSA contributions – tax-free!

Finally, with UHC | Surest – you have access to a \$0 deductible option that offers many common services like virtual care at no cost throughout the year!

OPTION #1

(\$)
ESSENTIALS

OPTION #2

(\$\$)
**CONSUMER
HSA**

OPTION #3

(\$\$)
**UHC | SUREST
COPAY**

3

WANT TO GET THE MOST FROM YOUR COVERAGE? SELECT NETWORK PROVIDERS AND TIER 1 MEDICATIONS

Our goal is to make accessing care as seamless as possible. To quickly look up participating providers and covered medications—or if you need help with ongoing treatment, you'll find support online.

SIPBENEFITS.COM



Allsup Medicare Support

AFFORDABLE COVERAGE.
STEADY COMMITMENT.



SIP COVERAGE MAY NOT BE THE BEST FOR EVERYONE.

Clear Answers. Confident Decisions. Seamless Transition.

SIP is partnering with Allsup Benefits Coordination to give Medicare-eligible employees and family members a free resource for comparing coverage options—so you can decide whether our benefits or Medicare are the best fit for you.

With Allsup, you gain support for:

SEAMLESS TRANSITIONS

Allsup makes it easy to compare coverage and move from our plan to Medicare.

EXPERT GUIDANCE

Certified specialists provide one-on-one support with clear, practical advice about your benefits.

PERSONALIZED SUPPORT

Your age, income, family size, health, and lifestyle all matter—Allsup will take the time to understand your situation and help you find coverage that fits your needs.

ABOUT ALLSUP

Since 1984, Allsup has provided nationwide support in Social Security disability, veterans appeals, return-to-work programs, and healthcare benefits services.

Specialized Support for Participants 65 and Older

Your health, finances, and lifestyle are all shaped by the healthcare coverage you choose. Their services are designed especially for employees and spouses 65 or older who may have unique and specialized needs.

With support from Allsup Benefits Coordination, you'll have the information and guidance you need to make a confident, informed decision about the coverage that's right for you.



**Explain How
Medicare Works**



Assess Your Needs



Compare Your Options



Assist with Enrollment

***Smarter choices start here.
Make your appointment for a
health plan review today!***

Call 888-271-1173
(M-F 9:30-4:00 ET)

Visit SIPBENEFITS.COM/ALLSUP

Medical/Rx Features

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

UHC | SUREST PPO OPTION

Easy to Understand. Even Easier to Use.

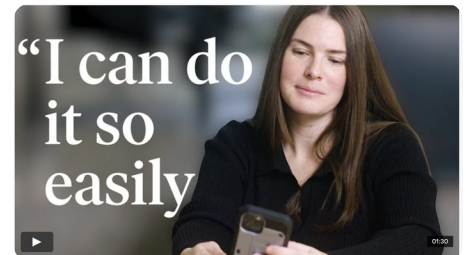
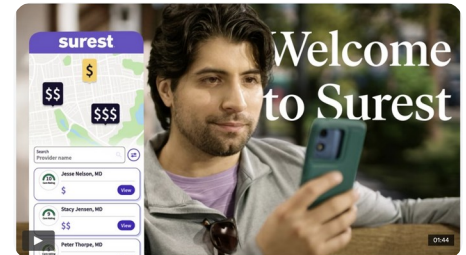
With Surest, participants pay a higher premium to enroll; however, the average consumer is able to select higher value care that significantly reduces their out of pocket expense.

SEARCH AND SEE COSTS BEFORE MAKING AN APPOINTMENT

No deductibles. No coinsurance. No hard math to figure out. Just clear, transparent prices you can see in advance.

COMPARE CARE OPTIONS

Members have access to UnitedHealthcare's Choice Plus network of 1.8M+ health care providers and 5,600+ hospitals nationwide.



SIPSTRONG WELLBEING BENEFITS

Instant Discounts. Big Time Rewards.

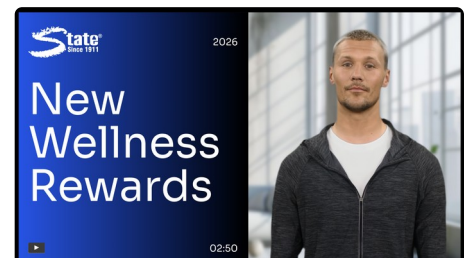
GET UP TO \$600 PER YEAR IN PREMIUM DISCOUNTS & \$500 OR \$1,000 IF YOU ENROLL IN THE CONSUMER HSA

Earn up to \$50/month off your medical premium by completing a preventive wellness screening by October 31, 2026, or attending an onsite event in Hebron or Cleveland.

Participants in the Consumer HSA Plan also receive tax-free HSA contributions—\$500 for single coverage or \$1,000 for family coverage.

EARN UP TO \$1,225 MORE IN HEALTHY REWARDS

Once you're enrolled, earn up to \$1,225 a year for you—and your spouse or partner—by completing quick wellbeing activities like your annual screening, daily fitness goals, or sleep tracking. It's an easy way to stay healthy and earn extra cash.



Medical/Rx Highlights

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

Recap for 2027

SPOUSAL ELIGIBILITY REQUIREMENTS

The monthly spousal/domestic partner surcharge remains \$300. This applies if your spouse or partner has access to other medical coverage—such as through their own employer, Medicare, or a retiree plan—but you choose to cover them at SIP.

SAME COVERAGE - SAME OPTIONS

We're maintaining our existing structure for 2027. While providers may change status and the Prescription Drug List updates each January 1st, the rest of our coverage remains unchanged.

CONFIRM YOUR PROVIDERS

Visit **[SIPBENEFITS.COM/providers](https://sipbenefits.com/providers)** then select:

- >> Medical Directory
- >> Employer and Individual Plans
- >> Choice Plus

CONFIRM YOUR MEDICATIONS

Visit **[SIPBENEFITS.COM/rx](https://sipbenefits.com/rx)** to review cost and coverage requirements like preferred medications and prior authorization requirements.

Plan Features

Network and Out of Network Coverage

Receive the highest coverage levels when choosing UHC Choice Plus PPO providers.

Health Savings Account Compatible

Pair with an Optum HSA to cover eligible expenses using tax-free dollars.

What You Will Pay for In-Network Services

Preventive Care

Virtual Visits with UHC Virtual Providers

Deductible (Individual | Family)

Primary Care Office Visit | Specialist Office Visit

Urgent Care | Emergency Room

All Other Inpatient | Outpatient Facility Services

Prescription Drug Coverage

Tier 1 Medications

Tier 2 Medications

Tier 3 Medications

Specialty Medications

Maximum Out of Pocket Limit (Individual | Family)

Monthly Premium to Enroll

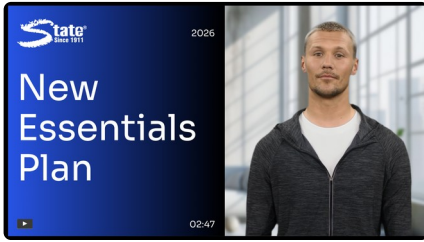
Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Tobacco Surcharge



Essentials



Essentials

\$0 Copay

\$0 Copay

\$5,000 | \$10,000

30% After Deductible

30% After Deductible

30% After Deductible

Retail | Mail

30% After Deductible

30% After Deductible

30% After Deductible

30% After Deductible

\$8,300 | \$16,600

STANDARD
RATE

WELLNESS
RATE

\$76

\$51

\$160

\$135

\$137

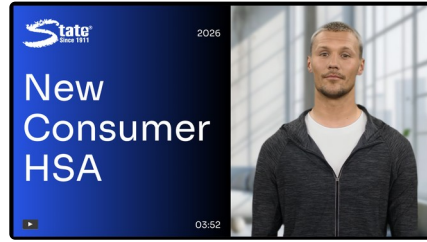
\$112

\$213

\$188

+\$100

+\$100



Consumer HSA



Consumer HSA

\$0 Copay

\$0 Copay

\$3,500 | \$7,000

10% After Deductible

10% After Deductible

10% After Deductible

Retail | Mail

10% After Deductible

25% After Deductible

50% After Deductible

50% After Deductible

\$6,500 | \$13,000

STANDARD
RATE

WELLNESS
RATE

\$222

\$172

\$466

\$416

\$399

\$349

\$621

\$571

+\$100

+\$100



Surest Copay



Surest Copay

\$0 Copay

\$0 Copay

None

\$0 to \$150 Copay

\$110 | \$1,200 Copay

\$80 to \$6,500 Copay

Retail | Mail

\$10 | \$25 Copay

\$60 | \$125 Copay

\$90 | \$225 Copay

\$10, \$150 or \$300 Copay

\$8,000 | \$16,000

STANDARD
RATE

WELLNESS
RATE

\$322

\$272

\$676

\$626

\$580

\$530

\$902

\$852

+\$100

+\$100

Health Savings (HSA)

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

Optum Bank[®]
Member FDIC

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a powerful way to save money for your healthcare costs—today and in the future. If you enroll in the Essential Plan or Consumer HSA, you are eligible for the HSA through UHC Optum Bank.

WHY ENROLL?

IT'S A TRIPLE TAX SAVER!

- **Tax-Free Contributions** – Your contributions go in before taxes, lowering your taxable income.
- **Tax-Free Growth** – Any money you don't use stays in your account and can be invested for your future.
- **Tax-Free Withdrawals** – Pay for qualified medical, dental, and vision expenses with no tax.

YOU OWN IT, FOREVER!

The money is yours to keep—even if you change jobs or retire. Unlike an FSA, there's no "use it or lose it" rule.

FLEXIBILITY FOR TODAY AND TOMORROW!

Use funds for immediate healthcare costs or let your account build as a long-term savings tool for future medical expenses—even into retirement.

SIP's Health Savings Accounts are administered by **Optum Bank**, an affiliate of United Healthcare.

2027 CONTRIBUTION LIMITS

IRS MAXIMUMS

\$4,500 (single) \$9,000 (family)

CONSUMER HSA WELLNESS INCENTIVE

\$500 (single) \$1,000 (family)

If you qualify for the wellness incentive, this amount counts toward the IRS maximum and reduces the amount you may contribute.

CATCH-UP CONTRIBUTIONS (AGE 55+)

\$1,000 in addition to the above amounts

KEYS TO CONSIDER

Register with Optum Bank before HSA funds can be deposited and accessed.



Optum Bank may request information to validate your account. You must respond within 90 days to avoid closure and loss of wellness reward deposits from SIP.



Simple, flexible, and always tax-free when used for qualified expenses.

Visit sipbenefits.com to learn how your HSA can help you save for eligible healthcare expenses—today and in the future. Review qualified expenses before using your account.

Flexible Spending (FSA)

AFFORDABLE COVERAGE.
STEADY COMMITMENT.



WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) helps you save money by paying for eligible healthcare and dependent care expenses – tax free. You decide how much to contribute each year and pay with a debit card or submit receipts to get reimbursed.

WHY ENROLL?

FSAs lower your taxable income—meaning more take-home pay for you—while helping you cover everyday healthcare and dependent care costs.

- 👍 You do not need to be enrolled in our medical plan to open an FSA, but IRS eligibility rules apply.

WHAT TYPES OF FSAs ARE AVAILABLE?

MEDICAL FSA (UP TO \$3,400*)

- Covers most out-of-pocket medical expenses
- For employees not making or receiving HSA contributions; account compatibility rules apply

LIMITED PURPOSE FSA (UP TO \$3,400*)

- Available if enrolled in the Essentials Plan, the Consumer HSA, or another High-Deductible Health Plan (HDHP)
- Covers dental and vision only (medical goes through your HSA)

DEPENDENT CARE FSA (MAX \$7,500/YEAR)

- Savings for childcare (under 13) or care for a disabled spouse/parent while you work
- Eligible expenses include daycare, preschool, after-school care, summer day camp, and elder care

New Vendor for 2027!

Beginning January 1, 2027, BASIC replaces Optum/UHC as our FSA administrator. Your HSA stays with Optum Bank. Re-enroll in Dayforce November 2-13 to participate in a 2027 FSA.

KEYS TO CONSIDER

Medical FSA reimburses any qualified healthcare expense.

Limited Purpose FSA reimburses only dental & vision costs not covered by insurance.

Once you enroll, you can't change your contribution mid-year unless you experience a Qualified Life Event such as marriage, divorce, or loss of coverage elsewhere.

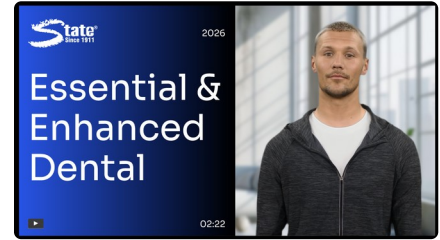
- ⚠️ Midyear changes due to a QLE must be consistent with the event, and IRS rules apply.

- ⚠️ *2027 limits await final confirmation. Unused funds may be forfeited after plan deadlines.



GREAT COVERAGE. BIG TIME SAVINGS.

With Delta Dental, care is simple and affordable. Preventive benefits help you stay ahead of problems, dentists file claims directly, and the Enhanced Plan continues to provide comprehensive care at affordable rates!



Plan Features	Essential Plan	Enhanced Plan
Network Coverage Only Coverage requires use of a Delta PPO network provider.	✓	
Network and Out of Network Coverage You may receive care from Delta PPO, Delta Dental Premier, and out-of-network providers – but staying in the PPO will lower your cost.		✓
Preventive Care Covered at 100% Preventive care is covered in full when you visit a Delta Dental PPO provider—there's no cost to you.	✓	✓
Orthodontic Benefit Enhanced Plan coverage helps pay for orthodontics.		✓

Coverage for Common Services in the Delta Dental PPO Network	Essential Plan	Enhanced Plan
Preventive Care Exams/Cleanings/X-Rays	No Cost	No Cost
Deductible Per Person/Family for Basic/Major Care	\$0	\$50/\$150
Basic Care Fillings, Extraction, Repairs	You Pay 20%	You Pay 20%
Major Care Crowns, Bridges, Dentures	Not Covered	You Pay 40%
Maximum Annual Benefit Limit Per Person	\$1,000	\$2,000
Orthodontic Benefit \$2,000 Lifetime Limit	Not Covered	You Pay 50%

Monthly Premium to Enroll	Essentials Plan	Enhanced Plan
Employee Only	\$25	\$42
Employee + Spouse	\$50	\$84
Employee + Child(ren)	\$60	\$95
Employee + Family	\$75	\$126

- Use of providers outside of Delta Dental PPO is NOT COVERED if enrolling in Essentials Plan.
- Use of providers outside of Delta Dental PPO results in ADDITIONAL 10% COPAY in Enhanced Plan. Non-Network service reimbursements are subject to Usual and Customary Allowance.

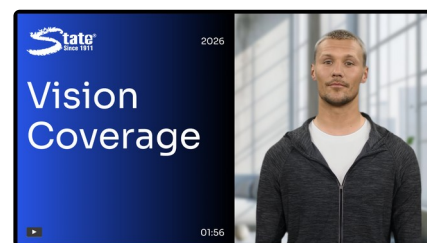
Delta Vision by VSP

AFFORDABLE COVERAGE.
STEADY COMMITMENT.



AFFORDABLE CARE THAT WORKS FOR YOU

Vision coverage is provided through the VSP network—the nation’s largest panel of eye care providers—making it easy to find a professional who fits your needs.



Plan Features

Delta Vision by VSP

Network and Out of Network Coverage

The highest levels of coverage come from selecting a VSP participating provider. Benefits at Non-Network providers are limited to the amount shown below.



Coverage for Common Services	VSP Provider	Non-Network
Annual Routine Eye Exam	\$10 Copay	Up to \$45
Frames Up to \$150 Allowed Every 24 Months	\$150	Up to \$70
Lenses Allowed Every 12 Months	\$25 Copay	Up to \$100
Elective Contact Lenses Instead of Lenses	\$25 Copay	Up to \$105
Non-elective Contact Lenses if Medical Necessary	\$0 Copay	Up to \$210

Monthly Premium to Enroll	Delta Vision with VSP
Employee Only	\$6.08
Employee + Spouse	\$12.16
Employee + Child(ren)	\$13.02
Employee + Family	\$20.81

- Use of providers outside of Vision Service Plans will likely result in ADDITIONAL COSTS and are subject to Usual and Customary Allowance.
- Consult Plan Certificate for full details.

Visit sipbenefits.com to learn more about coverage, find in network providers, and review important plan details.

DISABILITY COVERAGE

SHORT TERM DISABILITY (STD)

STD helps replace a portion of your income if you are unable to work due to an illness or injury, giving you financial support when you need it most.

After 6 months of employment, all full-time active employees (including commissioned sales representatives) become eligible for coverage.

This benefit provides 60% of your weekly income, up to a maximum of \$1,000 per week, for up to 26 weeks.

LONG TERM DISABILITY (LTD)

LTD helps protect your financial security by ensuring continued income during an extended illness or injury.

If you become disabled due to a non-work-related illness or injury and remain disabled for 180 days, you may be eligible to receive 60% of your monthly income (minus other deductible income sources) to a maximum benefit of \$10,000 per month.

For 2027, all benefit-eligible employees qualify for LTD at no cost after 12 months of employment. SIP pays the premium.

This expansion gives more employees a new company-paid benefit and removes the premium for employees who previously paid for LTD themselves.

LIFE AND AD&D COVERAGE

SIP PAID LIFE INSURANCE AND AD&D

Full-time active employees are eligible for:

- \$10,000 of coverage in your first year of employment; and,
- After one year of employment, 1x your annual base earnings, to a maximum of \$100,000

VOLUNTARY LIFE INSURANCE AND AD&D

SIP also provides access to additional coverage to help provide extra financial security for your family.

The following benefit options are available for employees and members of your family:

- Employee: \$50,000, \$100,000, \$150,000 or \$200,000
- Spouse: \$25,000
- Child(ren): \$10,000

Voluntary Benefits

AFFORDABLE COVERAGE.
STEADY COMMITMENT.



HOSPITAL INDEMNITY

Pays a cash benefit if you or a family member is hospitalized for a covered illness or injury. Even with health insurance, hospital stays can create significant out-of-pocket costs. Features include:

- Tax-free lump-sum cash benefit paid to you
- Can be used to pay for medical expenses (deductibles, copays, coinsurance) or non-medical needs (groceries, housing, car expenses)

 Earn \$75 each year when you complete an eligible health screening.

Premium Per Month:

- \$10.00 (employee)
- \$21.82 (employee + spouse)
- \$18.14 (employee + children)
- \$31.31 (family)

CRITICAL ILLNESS

Critical Illness coverage pays you a lump sum at first diagnosis, which you can use for treatment costs, deductibles, or everyday expenses like housing and utilities. Features include:

- Employee coverage: \$10,000 or \$20,000
- Spouse: 50% of employee, Children: \$5,000
- Tax-free lump-sum cash benefit paid to you

 Earn \$75 each year when you complete an eligible health screening.

Rates based on age/tobacco use - see Dayforce or [SIPBENEFITS.COM](https://www.sipbenefits.com) for details.

ACCIDENT COVERAGE

Accident Insurance helps protect you and your family from unexpected costs due to accidental injuries. Features include:

- Covers on or off job accidents and organized sporting activities
- Tax-free lump-sum cash benefit paid to you
- Coverage is portable if you leave SIP

 Earn \$75 each year when you complete an eligible health screening.

Premium Per Month:

- \$6.81 (employee)
- \$10.75 (employee + spouse)
- \$11.61 (employee + children)
- \$18.19 (family)

NOTICE

This benefit is offered as a convenience only. Participation is voluntary and solely the employee's decision—SIP does not endorse the coverage.

This page is a summary; for full plan details, including limits and exclusions, visit [**SIPBENEFITS.COM**](https://www.sipbenefits.com).

Work/Life Resources

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

COMPSYCH®
GuidanceResources®Worldwide

ACCESS SUPPORT BY PHONE OR ONLINE

Life comes with challenges—and sometimes the hardest part is knowing where to turn.

That's why State Industrial Products provides Ability Assist Counseling Services, offered through ComPsych. This program connects you and your family with professional, compassionate resources to help you manage stress, navigate problems, and find real solutions.

From everyday concerns like job pressure, relationship issues, or planning for retirement—to more difficult situations such as grief, loss, or the impact of a disability—Ability Assist is here for you.

Coverage is available to all SIP employees and members of your immediate family or household. Best of all, services are confidential, free of cost, and available anytime you need them.

Access Care When and Where It's Most Convenient.



LEGAL SUPPORT
& REFERRAL



FINANCIAL,
DEBT & BUDGET
PLANNING



COUNSELING,
CAREER & LIFE
COACHING



HEALTHCARE
ADVOCACY



UNLIMITED
TELEPHONIC SUPPORT
800.964.3577



UP TO 3
FACE-TO-FACE
SESSIONS PER ISSUE



ONLINE RESOURCES
& TOOLS @
[SIPBENEFITS.COM](https://www.sipbenefits.com)

Important Notices

AFFORDABLE COVERAGE.
STEADY COMMITMENT.

IMPORTANT PLAN NOTICES

This packet of notices related to our health care plan includes a notice regarding how the Plan's prescription drug coverage compares to Medicare Part D. If you or a family member is also enrolled in Medicare Parts A or B but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice from State Industrial Products About Your Prescription Drug Coverage and Medicare."

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 60-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources at 440.544.5127.

SECTION 125 INFORMATION

This plan is available if an employee enrolls in the health plan. A Section 125 Plan is a valuable benefit that allows employees to save tax dollars. Employees may choose this option when they enroll in the health plan. Employee contributions to the health plan will be deducted from their paycheck pre-tax unless they choose otherwise at enrollment.

By electing pre-tax coverage in the health plan, employees give State Industrial Products permission to deduct their premium contribution before tax. Once enrolled, changes can be made only on the plan's anniversary date or as a result of a qualifying event. In the event of a contradiction between the information in this overview and the Section 125 Plan Document, the Plan Document shall be considered the controlling document.

NOTICE OF AVAILABILITY OF THE State Industrial Products EMPLOYEE BENEFIT PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

The State Chemical Manufacturing Company Employee Benefit Plan (the "Plan") provides health benefits to eligible employees of State Industrial Products, (the "Company") and their eligible dependents as described in the Summary Plan Description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents while providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information.

To receive a copy of the Plan's Notice of Privacy Practices, you can contact Human Resources at benefits@stateindustrial.com, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

GINA WARNING FOR PROGRAM MATERIALS REQUESTING MEDICAL INFORMATION

In answering questions as part of The State Chemical Manufacturing Company Employee Benefit Plan, do not include any genetic information.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Important Notices

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WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

The State Chemical Manufacturing Company Employee Benefit Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The State Chemical Manufacturing Company Employee Benefit Plan provides medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please refer to your or contact Human Resources at benefits@stateindustrial.com.

NOTICE REGARDING WELLNESS PROGRAM

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at benefits@stateindustrial.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

State Industrial Products may elect to offer a voluntary wellness program that is available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual physical.

You are not required to complete the HRA or to participate in any additional screenings. However, employees who choose to participate in the wellness program may be eligible for an incentive. Although you are not required to complete the HRA or participate in the screenings, only employees who do so will receive the incentive.

Additional incentives may be available for employees participating in certain health-related activities or achieving certain health outcomes. If you cannot participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at State Industrial Products.

The information from your HRA and the results from your biometric screening will help you understand your current health and potential risks. They may also be used to offer you services through the wellness program. You are also encouraged to share your results or concerns with your doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and State Industrial Products may use aggregate information it collects to design a program based on identified health risks in the workplace, State Industrial Products will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information to provide you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those individuals who you specifically authorize to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used to make any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide while participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please get in touch with Human Resources at benefits@stateindustrial.com.

Important Notices

PROGRAM AND PARTICIPANT INFORMATION AND DISCLOSURE

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

IMPORTANT: CONTINUATION COVERAGE RIGHTS UNDER COBRA WITH State Industrial Products

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

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WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources at State Industrial Products by calling 440.544.5127 or sending written notice to State Industrial Products at 5915 Landerbrook Drive Suite 300, Mayfield Heights, OH 44124.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

State Industrial Products
Human Resources
c/o Plan Administrator
440.544.5127
benefits@stateindustrial.com

Important Notices

PROGRAM AND PARTICIPANT INFORMATION AND DISCLOSURE

Important Notice from State Industrial Products About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with State Industrial Products and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. State Industrial Products has determined that the prescription drug coverage offered by The State Chemical Manufacturing Company Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

ENROLLING IN MEDICARE—GENERAL RULES

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months before your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information, you should contact Medicare at the telephone number or web address listed below.

LATE ENROLLMENT AND THE LATE ENROLLMENT PENALTY

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty). If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

SPECIAL ENROLLMENT PERIOD EXCEPTIONS TO THE LATE ENROLLMENT PENALTY

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

COORDINATING OTHER COVERAGE WITH MEDICARE PART D

Generally speaking, if you decide to join a Medicare drug plan while covered under The State Chemical Manufacturing Company Employee Benefit Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under The State Chemical Manufacturing Company Employee Benefit Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

Important Notices

PROGRAM AND PARTICIPANT INFORMATION AND DISCLOSURE

If you do decide to join a Medicare drug plan and drop your State Industrial Products prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through State Industrial Products changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

Date:	1-Oct-25
Name of Entity/Sender:	State Industrial Products
Contact--Position/Office:	Human Resources
Address:	5915 Landerbrook Drive Suite 300 Mayfield Heights, OH 44124
Phone Number:	440.544.5127

Important Notices

PROGRAM AND PARTICIPANT INFORMATION AND DISCLOSURE

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

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PROGRAM AND PARTICIPANT INFORMATION AND DISCLOSURE

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

Important Notices

PROGRAM AND PARTICIPANT INFORMATION AND DISCLOSURE

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

FULL DETAILS ONLINE AT
[SIPBENEFITS.COM](https://www.sipbenefits.com)



This guide provides a high-level overview of benefit options.
For full details, refer to the official plan documents. If there is
any discrepancy, the official plan documents will govern.