MTD
For A Growing World.



BENEFITS GUIDE

2022

GROWING TOGETHER

HEALTH & WELLNESS
MTD PRODUCTS INC

A Guide To Your 2022 Benefits

This booklet provides you with a summary of your benefits.
Please review it carefully so you can choose the coverage that's right for you.

Benefit Basics

As an MTD benefits eligible employee, you are eligible for benefits if you work at least 30 hours per week. Effective in 2022, Employees are eligible for benefits the first of the month following date of hire.

During open enrollment, you have the option to elect, change plans or waive coverage. You may also enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse (if your spouse has coverage available through their employer they can only enroll in MTD's medical plan as secondary)
- Your children up to age 26. (natural, step or adopted)

Your benefit elections become effective on January 1, 2022. You may only change coverage within 30 days of a qualifying life event (also known as change in family status). **Otherwise, your next opportunity to change your benefit elections will be during Open Enrollment next year in accordance with IRS laws.**

Overview of Your Benefits

MTD pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits you elect.

Qualifying Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event, including:

- Marriage, divorce, or legal separation
- Death of your spouse, or dependent child
- Birth, adoption of, or in the process of adopting a child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of the qualifying life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualifying event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).

For more information about your benefits, please refer to the full plan summaries.

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Medical Coverage - 2022 Plans

MTD offers a choice of medical plan options so you can choose the plan that best meets your needs – and those of your family. MTD offers two plan options: PPO and a consumer driven option to choose from through Anthem Blue Cross Blue Shield.

Both plans include 100% coverage for in-network preventive services.

PLAN PROVISIONS	PPO PLAN IN-NETWORK	PPO PLAN OUT-OF-NETWORK
Annual Deductible (Individual/Family)	$850/$1,700	$1,600/3,200
Out of Pocket Maximum Medical RX	 $3,500/$7,000 $3,350/$6,700	 $6,750/$13,500 $6,700/$13,400
Coinsurance	80% after deductible	60% after deductible
Primary Office Visit Specialist Office Visit	$25 copay $40 copay	60% after deductible
Well Child Care	100%	Not Covered
Preventive Care *For a list of services covered at 100% please visit www.anthem.com.	100%	Not Covered
Anthem LiveHealth Online	General Medical $20 copay Behavioral Health $25 copay	Not Covered
Inpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after deductible	60% after deductible
Routine Pediatric Immunizations	100%	60% after deductible
Mental Health Services	Office Visit: $25 copay inpatient and outpatient services: 80% after deductible	60% after deductible
Emergency Room Care	$200, then 80% after deductible (copay waived if admitted)	
Urgent Care	Pay at level of services billed	
Retail Prescription Drugs Generic (Mandatory) Formulary Brand Non Formulary Brand Mail Order Requirement Specialty Drug In-Network Only	30-day supply $16 copay $35 copay $80 copay After 2 maintenance Optum Specialty Program	In Network Only
Mail Order (90-day supply)	$21/$70/$150 Specialty (30-day supply) $150 up to $1,500 per year	In-Network Only

Important Notes:

This is a synopsis of coverage only, showing main plan provision categories; the benefits summary contains all plan provision categories, exclusions and limitations that may not be shown here. Please refer to the benefits summary for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on Maximum Allowable Charges (MAC).

OPTUM Rx® Anthem BlueCross BlueShield

Consumer Driven Health Plan (CDHP) Option
With Employer Contributions to Health Savings Account (HSA)

PLAN PROVISIONS	CDHP PLAN IN-NETWORK	CDHP PLAN OUT-OF-NETWORK
Annual Deductible* (Individual/Family)	$1,500/$3,000 **non-embedded accumulation**	$3,000/$6,000 **non-embedded accumulation**
Out of Pocket Maximum**	$3,700/$7,400 (an individual member within the Family will never need to meet more than $3,700) **embedded accumulation**	$7,400/$14,800 (an individual member within the Family will never need to meet more than $7,400) **embedded accumulation**
Coinsurance	80% after deductible	60% after deductible
Primary Office Visit Specialist Office Visit	80% after deductible	60% after deductible
Well Child Care	100%	Not Covered
Preventive Care *For a list of services covered at 100% please visit www.anthem.com.	100%	Not Covered
Anthem LiveHealth Online	General Medical $59; Behavioral Health $80 - $175 Fees apply to the deductible; after deductible is met, coinsurance applies	Not Covered
Inpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after deductible	60% after deductible
Routine Pediatric Immunizations	100%	Not Covered
Mental Health Services	80% after deductible	60% after deductible
Emergency Room Care	80% after deductible	60% after deductible
Urgent Care	80% after deductible	60% after deductible
Retail Prescription Drugs Generic (Mandatory) Formulary Brand Non Formulary Brand Mail Order Requirement Specialty Drug In-Network Only	30 day supply deductible then $16 copay deductible then $35 copay deductible then $80 copay After 2 maintenance fills Optum Specialty Program	In Network Only
Mail Order*** (90-day supply)	Deductible then $21/$70/$150 Specialty (30 day supply) $150 copay up to $1,500/year	In Network Only

* The entire deductible for family coverage must be met before a claim can be paid for any family member. If multiple family members have claims, the CDHP may begin to pay benefits once $3,000 in total claims is incurred.

** The in-network out-of-pocket maximum for an individual within a family unit is $3,700.

*** Copays apply after the deductible is met.

LOOKING FOR A DOCTOR?

1. Go to **anthem.com/find-doctor**
2. You can look for a doctor by using either:
   - Search as a member: Log in with a username and password or with the member number on your ID card.
   - Search as guest: Select a plan or network, or search by all plans and networks, to get started.
3. Once you log in, select the Find Care option on the welcome menu.
4. Next, choose who you'd like to see. You can search for a doctor nearby or use the doctor's name.
5. Select a provider to get details, like specialties, gender, languages spoken, training, map of their office location or phone number

OPTUMRx® Anthem BlueCross BlueShield

Medical Coverage Rate Information

* TOBACCO RATES (PRE-TAX)		
BI-WEEKLY RATES (pre-tax)	**PPO PLAN**	**CDHP PLAN**
Employee	$87.67	$43.43
Employee + Spouse	$167.94	$75.19
Employee + Child(ren)	$142.65	$65.70
Family	$224.22	$93.99

NON TOBACCO REWARD RATES (PRE--TAX)		
BI-WEEKLY RATES (pre-tax)	**PPO PLAN**	**CDHP PLAN**
Employee	$64.59	$20.35
Employee + Spouse	$144.86	$52.11
Employee + Child(ren)	$119.58	$42.63
Family	$201.14	$70.92

*Tobacco-user rates add $23.07 per bi-weekly pay. Your health is important to us. If you find this requirement unreasonably difficult, there may be an alternative standard for you to complete to qualify for the premium discount. Please contact HR for more details.

A lower MTD Products Inc healthcare contribution will apply to all employees who certify that they and their spouse covered on the Medical Plan do not use and have not used tobacco products for at least six months prior to January 1, 2022. After January 1, employees must indicate that they have not used tobacco products for at least 6 months prior to notifying HR of their intent to qualify for the non-tobacco contribution. This certification will include all forms of smoking (cigars/cigarettes/ pipes), chewing, dipping, and smokeless cigarettes (e-cigarettes).

Health Savings Account

MTD partners with HealthEquity's Health Savings Account (HSA) program to make the Consumer Driven Health Plan (CDHP) benefit option a more effective way to pay for healthcare.

- MTD is empowering your healthcare choice by making a pretax contribution to your HealthEquity HSA if you choose the Consumer Driven Health Plan (CDHP) in 2022.
- Optional employee contributions to your HSA are made on a pretax basis and lower your taxable income.
- Your money grows tax free.
- Withdrawals for qualifying medical expenses are tax free.
- You can access your account via a debit card, online bill pay or HealthEquity's mobile app.
- Your Health Savings Account is portable and employee owned.
- There is no “use it” or “lose it” requirement for a Health Savings Account. The money continues to grow until it is needed, year after year.
- If you contribute to an HSA, you are unable to elect a Healthcare FSA. However, you are able to elect a Limited Purpose FSA. Information regarding the Limited Purpose FSA is located on page 7 of this guide.

Visit **www.healthequity.com/learn** to access helpful videos, tools and calculators available to you so you can make an educated decision on your healthcare choice.

Once you are enrolled you will have a dedicated support call center available 24/7 to make your experience as pleasant as possible.

2022 Employer Contributions*	
Employee	$500
Employee + Spouse	$750
Employee + Child(ren)	$750
Family	$1,000

*MTD’s contribution to the HSA will be front loaded (deposited on January 10, 2022). If hired after January 1, 2022, employer contributions will be prorated based on date of hire.

HealthEquity

Dental Coverage

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

PLAN PROVISIONS	ANTHEM
Annual Deductible (Individual/Family)	$50/$150
Annual Maximum (per person)	$1,500
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, sealants and x--rays	100%
Basic Services: Includes fillings, periodontics, scaling and root planning, and oral surgery	80% after deductible
Major Services: Includes crowns, bridges and full and partial dentures	50% after deductible
Orthodontia (Children only up to age 19)	50% up to lifetime maximum of $1,500

Rates (pre-tax)	Employee	Employee +Spouse	Employee +Child(ren)	Family
Bi-weekly	$4.05	$8.90	$7.28	$12.13

Services rendered out-of -network are payable on a MAC (Maximum Allowable Charges) basis. It is beneficial to use network providers to avoid balance billing and to access network savings. To avoid balance billing, use the Anthem Dental Complete Network.

LOOKING FOR A DENTIST

1. On anthem.com, select Find a Doctor.
2. Log in as a member with your username and password, or your member ID card number. You can also search as a guest. Just select Dental Complete Network. To search on the app, you'll need a username and password.
3. You can search based on type of provider or facility, locations near you or by a provider's name.
4. Click on the name of a dentist to learn more. Find out about their training, specialties, languages spoken,a dentist location and phone number.

Anthem BlueCross BlueShield

Vision Coverage

The vision plan covers routine eye exams and also pays for all, or a portion, of the cost of glasses or contact lenses if you need them.

PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
Exam (every 12 months) Standard Contact Lens Fit and Follow-up Premium Contact Lens Fit and Follow-up	$10 copay $0 copay, paid in full and two follow-up visits $0 copay, 10% off retail price, then apply $40 allowance	Up to $30 Up to $40 Up to $40
Frames* (every 12 months)	$0 copay, $150 allowance; 20% off balance over $150	Up to $75
Lenses* (every 12 months) • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Standard Progressive Lenses • Premium Progressive Lenses ➢ Tier 1 - 3 ➢ Tier 4	 $10 Copay $10 Copay $10 Copay $75 Copay $95 - $120 Copay $75 Copay, 20% off retail price less $120 allowance	 Up to $25 Up to $40 Up to $55 Up to $40 Up to $40 Up to $40
Contact Lenses* (every12 months) • Conventional • Disposable • Medically Necessary	 $0 Copay, $150 allowance, 15% off balance over $150 $0 Copay, $150 allowance Covered at 100%	 $120 $120 Up to $200
Lasik and PRK Laser Eye Surgery	15% off retail price OR 5% off promotional price	Not covered

* Plan allows member to receive either contacts and frame, or frames and lens services

LOOKING FOR VISION PROVIDER?

1. Visit www.eyemed.com, Find an Eye Doctor
2. Under "Locate a Provider," select the "Insight" network
3. Enter your zip code.
4. Click "Submit."
5. Results of your search will be displayed.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pretax basis and are deposited to your healthcare and/or dependent care FSA. You then use your funds to pay for eligible healthcare or dependent care expenses.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	BENEFIT
Healthcare FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is $2,850 per year. Minimum contribution is $200 per year.	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is $5,000 per year ($2,500 if married and filing separate tax returns)	Reduces your taxable income
Limited Purpose FSA (only for CDHP) with HSA	Dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles and eyeglasses)	Maximum contribution is $2,850 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income

Important Information About FSAs

Your FSA elections will be in effect from January 1 through December 31. Claims for reimbursement must be submitted by March 31 of the following year. Please plan your contributions carefully. Participants may roll over up to $550 of unused funds from a healthcare FSA to the immediate following plan year. Any additional money (above $550) remaining in your account after March 31 will be forfeited. This is known as the "use it or lose it" rule and it is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

The Advantages of an FSA

With an FSA, the money you contribute is never taxed–not when you put it in the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.

Save on Your Taxes

The chart below is an example of how much you can save when you use the FSAs to pay for your predictable healthcare and dependent care expenses.

	PPO PLAN	CDHP PLAN
Your taxable income	$25,000	$25,000
Pretax contribution to healthcare and Dependent Care FSA	$2,000	$0
Federal and Social Security taxes*	$4,791	$5,245
After-tax dollars spent on eligible expenses	$0	$2,000
Spendable income after expenses	$18,209	$17,255
Tax savings with the healthcare and Dependent Care FSA	$453	N/A

**This is an example only, and may not reflect your actual experience. It assumes a 15% federal income tax rate marginal rate and a 7.65% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes as well.*

CHARDSNYDER™ Benefit Solutions

EstateGuidance® Program

Now you have the ability to create a simple will at no cost and to purchase Living Will/Power of Attorney online. EstateGuidance® offers you the ease and simplicity of online legal document preparation right on your PC.

Wills-Free!

A Will is the cornerstone of an estate plan. Wills are legal documents that are easy to create and ensure that your assets will be distributed in accordance with your wishes after death.

A will also allows you to name an executor and a guardian to take care of your minor children. Every adult should prepare a will to protect their family.

Living Wills/Power of Attorney $19.99

A Living Will is an advance directive that documents an individual's wishes regarding medical treatment and nutrition in the event of terminal illness, coma or vegetative state. A healthcare Power of Attorney is a document whereby an individual can give a trusted family member or friend the power to make medical decisions on the individual's behalf when he or she is unable to make such decisions.

For information about EstateGuidance go to **www.estateguidance.com** and enter your company **Web ID: EGP311**

Ancillary services arranged through ComPsych® Corporation.

Certain services may not be available in all states or market segments. EstateGuidance® is an optional service. This service is provided by ComPsych Corporation. Prudential is not responsible for the services provided by ComPsych Corporation, but helps coordinate billing for these services with its premium billing.

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

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

MTD provides Basic Life and AD&D Insurance to all eligible employees at no cost. This benefit is equal to one times your annual base earnings (up to a maximum benefit of $100,000).

Voluntary Life and AD&D Insurance Coverage

As an MTD employee you may purchase additional Life insurance and AD&D (Accidental Death and Dismemberment) coverage for yourself, your spouse, and your dependent children.

Rates may be found on Prudential's web-based enrollment site.

Employee Coverage

- Benefit coverage amount select 1, 2, 3 or 4 times annual earnings.
- Minimum coverage amount 1 times annual earnings.
- Maximum coverage amount is the lesser of 4 times annual earnings or $750,000.
- New hires may elect up to 2 times base annual earnings up to $250,000, elections exceeding this amount require Evidence of Insurability.

Dependent Coverage

- Spouse: $10,000 increments to $100,000 (Evidence of Insurability is required for any increase in coverage).
- Child(ren) (from 14 days to age 26 years): $10,000.
- Elected dependent amounts cannot exceed 100% of the employee's Basic Life amount.

Prudential

Voluntary Life, Dependent Life, Voluntary Accidental Death & Dismemberment, Dependent Accidental Death & Dismemberment and Long Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. The Booklet Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500.
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Prudential Life and Disability Insurance Enrollment

Open Enrollment is October 29 - November 12, 2021

Enrolling is easy. Access the enrollment website at, **https://www.prudential.com/mybenefits**.

If you have already created an account, follow these steps:

1. Enter your User ID.
2. Enter your Password.
3. Click Login.

If the login page requests you to create an account, follow these steps:

1. Enter your <Employee ID> or <Social Security Number>
2. Enter your Date of Birth as MMDDYYYY
3. Enter Access Code: 51880
4. Click Continue
5. To protect your personal information, you must create your own personal User ID and Password. Enter a User ID and Password that you will remember please note your User ID and Password are case sensitive. Your User ID must contain letters and numbers and be at least 6 characters long.
6. Answer the remaining questions. Click Submit.
7. Once logged in, make your coverage selections and designate your beneficiaries. If you experience difficulties logging in, call **800-778-3827**, Monday through Friday, 8 AM to 8 PM Eastern Time.

After you have carefully made and submitted your coverage selections, review your coverage summary and print or e-mail a copy for your record. Please review it carefully and make sure your selections are properly recorded. If you have any questions, please contact Human Resources.

Short Term Disability

(Depending on your worksite, may also be known as Sick Leave / Sick and Accident pay / Short term Medical Leave)

If you are unable to work, whether as the result of an illness or an injury, you may be eligible to continue receiving pay through Short Term Disability. After 90 days of employment, an employee is eligible to receive Short Term Disability benefits (up to a maximum of 26 weeks).

Please contact Human Resources for more details.

STD will not be paid for the following:

- Any injury, sickness or disability not being treated by a licensed, practicing physician.
- Any injury, sickness or disability sustained as a result of doing work for pay or profit from another employer or while self-employed.
- Work related accident or injury as defined by Workers Compensation guidelines.

Employee Responsibilities

- Notify Human Resources
- Employees on STD leave, are required to contact the Human Resources department at least bi-monthly to update them on the status of the leave.
- Provide a Return To Work form with restrictions.
- Provide a supplemental STD form if leave extends from the original estimated return to work date.

About your Employee Assistance Program (EAP)



The Anthem Employee Assistance Program (EAP) is your resource for assistance with managing problems at home and at work. You and your household members will have access to no-cost, confidential and user-friendly resources to help with the demands of life.

Enrollment in an Anthem medical plan is not required to use the EAP. You and your household members are automatically eligible for services.

The EAP provides four (4) free counseling sessions through a nationwide network of providers as well as access to video counseling through LiveHealth Online (LHO).

Through LHO you can schedule online sessions with an EAP therapist when it's most convenient for you, including evenings and weekends. Call EAP to see if your needs are an appropriate fit for video counseling.

Anthem EAP also providers Work-Life Services which include legal and financial consultations and assistance locating child-care, eldercare, and pet-care resources. They can also do searches on everyday needs such as: comparison shopping, identifying local contractors, vacation planning, and summer camps.

Through the EAP website, you can sign up for free ID monitoring as well as fill-out a free will. You also have access to myStrength, a web and app-based program that provides members with interactive modules dealing with stress, depression, anxiety, substance use, chronic pain, and insomnia.

You may contact Anthem EAP at **800-865-1044 to access services. You can also visit the EAP website at www.anthemeap.com, Login: MTD Products**

LiveHealth Online

As a MTD employee you have the option to get care and advice from a doctor at home, in the office or anywhere you have an internet connection through LiveHealth Online. LiveHealth Online is a convenient way for you to talk with, and get treatment from, a doctor in your state using the internet (via video, phone or instant message). No appointment is needed. LiveHealth Online is secure, private, easy-to-use and affordable.

When is LiveHealth Online available?

LiveHealth Online is available 7 days a week with medical visits being 24 hours a day and behavioral health visits between hours of 7am – 11pm.

Do doctors have access to my health information?

If you enroll and set up an account, LiveHealth Online doctors can access your health information and review previous treatment recommendations and information from other visits with Anthem online doctors.

How does online care work? Do I need an appointment?

You can go to www.livehealthonline.com to set up an account. Simply choose an available online care doctor or psychiatrist to speak with, describe your medical concern and enter some basic personal information to begin.

Once connected, you can talk and interact with the doctor as if you were in a private exam room.

How to get started

1. Choose **Sign Up** to create your LiveHealth Online account and secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Chose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No**, you can still enter your insurance information later.
6. For **Health Plan**, in the drop-down box, select **Anthem**.
7. For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Continue, then select the green **Finish** button.

How long does a LiveHealth Online session with a doctor usually last?

A typical LiveHealth session is about 10 minutes.

LiveHealth Online Tobacco Free

Access health coaches and doctors through private and secure two way video and receive support in going tobacco free.

How much does it cost to use LiveHealth Online?

See pages 2 – 3 for program costs. If you need help or guidance, you may reach out to LiveHealth Online at 1-888-548-3432 or livehealthonline.com/mtd (Please provide a phone number where you can be reached in your email).

Torchlight

Torchlight Eldercare Empowers Caregivers to make certain that their aging loved ones have the most appropriate services and resources available to them. It provides caregivers with professionals in their local area who can provide services to their loved one. Torchlight elder ensures that aging loved ones receive comprehensive, better managed, convenient, high-quality services. Caregivers can go online and compare housing options, understand medical needs, plan and organize end-of-life options, and address special needs for veterans or their spouses. Caregivers have access to an online platform that can be accessed from any device. Torchlight Eldercare simplifies life for modern caregivers.

torchlight™
Modern Caregiving. Illuminated.

Torchlight Childcare is an online platform designed to help the modern caregiver navigate the challenges of caring for children with autism, ADHD, learning disabilities and other special needs. Torchlight Childcare empowers families by guiding them to more effective collaboration with school personnel and provides clarity on complex regulations and processes. Torchlight Childcare ensures that children receive more comprehensive, better managed and more convenient high quality therapies and services. Torchlight Childcare helps families understand laws and processes and helps them to become fluent in the language of the education process. It also helps families transition to new grades and schools, and efficiently organize daily schedules.

Please visit mtd.torchlight.care for more information. For further assistance, please call **844-693-3477** or send an email to **support@torchlight.care**.

401(k) Retirement Savings Plan

The MTD 401(k) Retirement Savings Plan offers a convenient way to save for your future through payroll deductions.

Eligibility

All employees age 21 or over who have worked for 90 days are eligible to participate in the 401(k) plan. Please refer to the summary plan description for excluded employee classifications. To participate, call Empower (formerly Mass Mutual) at **1-800-743-5274** or log on to the website (**www.retiresmart.com**) to establish your payroll deferral percentage. Changes must also be done through Empower.

Employee Contributions

All newly eligible employees will be automatically enrolled in the Plan starting with their first paycheck after obtaining age 21 and completing 90 days of service. Contributions are automatically set at 3%.

You can set your account to auto increase by 1% on an annual basis until your plan's automatic deferral increase limit is reached. Contributions from your pay are made on a Pretax basis 1% - 70% up to the IRS annual limit of $20,500.

If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution of $6,500. You may also increase, decrease or stop your contributions at any time by accessing the participant website at **www.retiresmart.com** or calling Empower at 1-800-743-5274.

Matching Contributions

MTD will also match a percentage of your per pay deferrals helping your savings grow. Current matching contribution is 100% of your contribution up to 3% of compensation plus 50% of your contribution on the next 2% of compensation contributed.

Employer Contributions (Defined Contribution)

After completing one year of service for all eligible employees (age 21+), employees are eligible for a 4% Employer Contribution on eligible compensation.

Vesting

Vesting refers to your right of ownership to the money in your account. **You are immediately vested at 100% for all contributions (employee, employer match and employer).**

For More Information

For more information about withdrawals or additional plan details, please call Empower at **1-800-743-5274** or visit **www.retiresmart.com**.

It Pays to Start Early

SAVINGS EXAMPLE*
$2,250 saved annually from age 25 Retirement Plan savings at age 67= **$631,757**
$2,250 saved annually from age 35 Retirement Plan savings at age 67= **$277,528**
Total difference = $354,229

**Assumes $188 contribution (combined employee/employer) at the beginning of each month. Saving an extra 10 years amounts to an additional $22,500 investment. Assumes a hypothetical 8% earnings on investments, compounded monthly, and reinvestment of earnings. Calculations do not take into account leap years. Final amounts are exclusive of any taxes or penalties that may be due upon distribu- tion. This chart is for illustrative purposes to demonstrate the effect of compounding only. Not intended to reflect the actual performance of any specific investment. Individual experience will likely vary. Past performance does not guarantee future results.*

EMPOWER RETIREMENT®

INVESTING IN YOUR HEALTH & WELL-BEING

MTD is proud to offer numerous benefits and resources that help you stay healthy, be happy, and save money.



LiveHealth ONLINE

Sometimes you need care quickly. You can go to LiveHealth Online 24/7/365 to see a doctor from your home, work, or anywhere you have an internet connection. No appointment is necessary, and the service is secure, private and easy-to-use. Visit **www.livehealthonline.com/mtd**.

Anthem

Imaging Shopper

If you need an MRI or CT scan, it's important to know that costs can vary quite a bit depending on where you go to receive the service. Sometimes the differences are significant - anywhere from $300 to $3,000 and higher price doesn't guarantee high quality. Once your physician orders a test, Anthem will be notified and make sure you are getting the best rate with that provider or let you know about a better alternative.

consumermedical®
Your Medical Ally®

Anthem's Virtual Second Opinion Program

Getting a second opinion can be a very important part of making a decision about care for yourself or a loved one. ConsumerMedical can help connect you with the right doctors and help you get a virtual second opinion. Call **1-888-361-3944** or visit **www.consumermedical.com**.

OPTUM™

Diabetes Management

Managing diabetes can be a daily challenge. Save money while getting the support and care you need to help stay on track with your condition. The OptumRx Diabetes Management program is free to eligible members and offers support to help you learn about your medications, prevent complications, manage your symptoms, and live a healthy lifestyle. Call **1-800-797-9791** or visit **www.optumrx.com**.

torchlight®

Caregiver Support

Torchlight can help find real-time solutions on hundreds of topics for the modern caregiver. They provide important resources and support when it comes to dealing with the complexities of elder and child care. Call **1-844-693-3477** or visit **mtd.torchlight.care**.

Anthem

Employee Assistance Program (EAP)

Provided by Anthem, The EAP is a complimentary program for you and members of your family. The service is 100% confidential and MTD doesn't see any employee information. The EAP can help with a broad range of everyday matters including finances (saving for college, getting out of debt), legal issues (divorce, bankruptcy, estate planning), or personal (depression, substance abuse, relationships). They can even help you find child care or a pet sitter! MTD **1-800-865-1044** or **www.anthemeap.com** | login: MTD

lark

Diabetes Prevention Program

Takes the place of Solera

Over the course of Lark's innovative year-long diabetes Prevention Program, members learn to apply changes to their diet, physical activity, sleep habits, stress management, and more through interactive coaching. www.lark.com.

Open Enrollment

October 29-November 12, 2021



Ready, Set, Enroll!

READY

Review your 2022 benefits options and make the elections that are right for you and your family. Review the dependents currently covered under your plans. Remember that stepchildren are now eligible to be covered under our plan if appropriate verification is provided. Remove any dependents that are no longer eligible, and ensure that information is correctly listed for those who are eligible.

SET

Go to wd5.myworkday.com/mtd to complete your Open Enrollment for 2022 benefits online from your work or home computer. Or, stop by a computer kiosk at all MTD locations. Forgot your username or password? Your password is your Last Name + Year of Birth + Last 4 digits of your SSN. Ex: Jones19751234.

ENROLL

Choose your benefits for 2022.

Contact Information

PLAN	WHO TO CALL	PHONE NUMBER	WEBSITE
Medical Plan	Anthem	1-877-426-3188	www.anthem.com
Prescription Drug	OptumRx	1-800-797-9791	www.optumrx.com
Health Savings Account	HealthEquity	1(866) 346-5800	www.healthequity.com
Flexible Spending Accounts Health and Dependent Care	Chard Snyder	1-888-350-5353	www.chard-snyder.com
Virtual Second Opinion Medical Program	ConsumerMedical	1-888-361-3944	www.consumermedical.com
Dental Plan	Anthem	1-877-426-3188	www.anthem.com
Vision Plan	Eyemed	1-866-299-1358	www.eyemed.com
Basic Life & Accidental Death and Dismemberment	Prudential Record Keeping	1-800-778-3827	www.prudential.com/mybenefits
Voluntary Life	Prudential Record Keeping	1-800-778-3827	www.prudential.com/mybenefits
Will Preparation Services	EstateGuidance™	N/A	www.estateguidance.com Company Web ID: EGP311
Employee Assistance Program (EAP)	Anthem	1-800-865-1044	www.anthem.com
401(k) Retirement Savings Plan	Empower	1-800-743-5274	www.retiresmart.com
401(k) Retirement Advice	CBIZ Retirement Services	1-877-323-3867	Email: participantsupport@cbiz.com
Financial Wellness/ Financial Planning/ Investment Advice	First Mason Financial	1-330-722-5777	www.fmf365.com
Caregiving of Elders & Children with Special Needs	Torchlight	1-844-693-3477	www.torchlight.care

Benefit Tips:

- Know the benefit plan designs, how they work and what is covered.
- Use an in-network provider (doctor, hospital, etc).
- Request the generic equivalent of brand name drugs, if available.
- Review the differences in premium costs versus deductibles, coinsurances and out-of-pocket maximums to choose the plan that is right for you.
- Understand how Flexible Spending Accounts can work for you.
- Maintain a healthy lifestyle – exercise, eat wisely and don't use tobacco products or smoke!
- Participate in Disease Management Programs.
- Contribute to the MTD Products Inc 401(k) Retirement Savings Plan.
- Keep your beneficiaries up to date.

THE FOLLOWING PAGES INCLUDE THE REQUIRED DISCLOSURES.

About this Guide

This benefit summary provides selected highlights of the MTD Products Inc employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. MTD Products Inc reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.

Important Notice from MTD Products Inc 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 MTD Products Inc 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. Anthem/Optum has determined that the prescription drug coverage offered by the MTD Products Inc 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current MTD Products Inc coverage will be affected. For those individuals who elect Part D coverage, coverage under the MTD Products Inc plan will end for the individual and all covered dependents. If you do decide to join a Medicare drug plan and drop your current MTD Products Inc/ Anthem/ Optum coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with MTD Products Inc and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the agency listed at the end of this notice for further information or call **(330) 558-4790**. 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 MTD Products Inc 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: August 12, 2021
Name of Entity/Sender: MTD Products Inc
Contact a Position/Office: VP, Total Rewards
Address: 5965 Grafton Rd., Valley City, OH 44280
Phone Number: 330-558-4790

PLEASE READ
IMPORTANT NOTICES FROM MTD PRODUCTS INC COMPANY EMPLOYEE BENEFIT PLAN

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 days period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30 days period applies to most special enrollments. To request special enrollment or obtain more information, contact the plan administrator.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, 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 lymphedema.

These benefits will be provided 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, contact your plan administrator.

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 caesarean 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).

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-KIDSNOW** 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 January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – MEDICAID

Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - MEDICAID

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID

Website: Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA - MEDICAID

Website: http://flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA - MEDICAID

Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA - MEDICAID

Health Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone: 1-800-457-4584

IOWA - MEDICAID

Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website:
https://dhsiowa.gov/ime/members/medicaid-a-toz/hipp
HIPP Phone: 1-888-346-9562

KANSAS - MEDICAID

Website: http://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY - 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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA - MEDICAID

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - MEDICAID

Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – MEDICAID AND CHIP

Website: http://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI - MEDICAID

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - MEDICAID

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA - MEDICAID

Website: http://www.ACCESSNebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - MEDICAID

Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - MEDICAID

Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - MEDICAID

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA - MEDICAID

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON - MEDICAID

Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA - MEDICAID

Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – MEDICAID AND CHIP

Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA - MEDICAID

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - MEDICAID

Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT - MEDICAID

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website: http://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON - MEDICAID

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA - MEDICAID

Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – MEDICAID AND CHIP

Website: https://www.dhs.wiscosin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMNG - MEDICAID

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 January 31, 2021, 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. 61

You may be eligible for the following benefits:

- Vacation
- Short-Term Disability
- Employee Support Foundation
- Dependent Flexible Spending Account
- Medical Flexible Spending Account
- Limited Flexible Spending Account
- Health Savings Account
- Training & Educational Opportunities
- Disease Management Programs/Wellness
- Employee Assistance Program (EAP)
- Worker's Compensation
- Bereavement Leave
- 401(k) Plan/DC Retirement Plan
- Financial Planning/Financial Wellness
- Life Insurance
- Holidays
- Employee Purchase Plan
- Vision (Optional Program)



BENEFITS AT YOUR FINGERTIPS

Join your many colleagues using—and appreciating—the Benefits Wallet Card. Get on-the-go access to:

- Benefits resources, like your medical ID card,
- Mobile apps, like the ones from LiveHealth Online and Torchlight™
- Elder and Child Care programs, and
- Important phone numbers and websites.

Save the Icon to Your Home Screen

1. Open the browser on your phone or tablet.
2. Type in the web address: mtd.mblhr.com.
3. From your browser's menu, choose "Add to Home Screen."

Visit **mtd.mblhr.com**

Learn more about the HSA's tax advantages and flexibility! Check out our short, fun video: "HSA: the Triple-Smart Way" at mtd.mblhr.com/medical