EMPLOYEE BENEFITS 2027

TABLE OF CONTENTS

WELCOME 3
- Open Enrollment
- Eligibility
- How To Enroll

MEDICAL PLAN 5
- Choose Your Medical Plan
- Benefits Definitions
- Medical Plan Comparison
- Prescriptions
- Brand vs Generic
- Telehealth
- Regenexx: Non-Surgical Orthopedic Treatment
- Healthcare Concierge
- Dental
- Vision

FUNDING ACCOUNTS 16
- Flexible Spending Account (FSA)

INCOME AND LEGAL PROTECTION 17
- Life Insurance
- Disability Insurance
- Accident Insurance
- Critical Illness Insurance

ADDITIONAL BENEFITS 22
- Identity Theft Protection
- Employee Assistance Program

CONTACTS 24

This benefit summary describes the benefit plans available to you as an employee of Sukup Manufacturing. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Sukup Manufacturing.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see page 29 for more details.

WELCOME!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances, and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals, and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family. Be sure to act before the enrollment deadline.

OPEN ENROLLMENT

November 9 - 20, 2026

Sukup Manufacturing is hosting a "Passive Enrollment" except for the Flexible Spending Account. This means that your current elections will roll over into the new year if no changes are needed, however, you must re-enroll or waive your participation in the Flexible Spending Account.

Open Enrollment gives you the opportunity to review your current benefit elections, elect new or change existing coverages, add or term dependents, and update beneficiaries through the Open Enrollment System.This year, Open Enrollment will be completed through the BenSelect self-enrollment system, allowing you to review and submit your benefit elections online during the enrollment period. Detailed enrollment instructions can be found on the following page.

Be sure to visit the Benefits Microsite **sukupbenefits.com**, your one-stop resource for plan details, benefit summaries, enrollment tools, FAQs, and important Open Enrollment information to help you make informed benefit decisions.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

Scan to Access Hub

QUALIFYING LIFE EVENTS

Your benefit elections made during Open Enrollment will be effective January 1, 2027. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 30 DAYS of the qualifying life change event.

Contact Julie Mackey at 641-892-4222 Ext. 2310 to process a Qualifying Life Event.

BENEFITS ELIGIBILITY

You and your eligible family members may participate in the 2027 employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

NEW-HIRE ELIGIBILITY

New hires can join the plan the first of the month following 60 days of active service. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.

DEPENDENT ELIGIBILITY

You can enroll the following dependents in our group benefit plans:

- Your legal spouse
- Children
  - A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
  - Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disability status required)
  - Unmarried, full-time students

HOW DO I ENROLL?

1. LOG IN DURING OPEN ENROLLMENT NOVEMBER 9-20

Log in to Selerix at https://www.benselect.com/enroll. Your User ID is your Social Security Number and your PIN is the last 4 of your SSN and 2-digit year-of-birth. Once logged in, click "Next" from the welcome screen to start the enrollment process. Be sure to read through ALL of the information on each enrollment screen. Your enrollment is not complete until you see "CONGRATULATIONS!"

2. CHOOSE YOUR PLAN

Utilize this benefit booklet to help you choose the lowest-cost, best-value health plan based on your needs.

3. ENROLL BY NOVEMBER 20

If you don't take action, most of your current benefit elections will roll over to next year. However, you must re-enroll or waive your participation in the Flexible Spending Account.

4. NEED ASSISTANCE?

This year, Sukup is offering access to the Avant Call Center to help make Open Enrollment easier. If you have questions about your benefits, need assistance understanding your options, or would like help navigating the enrollment process, trained benefit representatives are available to provide support.

REMINDER!

Benefits enrollment must be completed within 30 days of your qualifying life event.

CHOOSE YOUR MEDICAL PLAN

Our medical plans are offered through UMR. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective January 1, 2027 and remain in effect until December 31, 2027 unless you experience a qualifying life event.

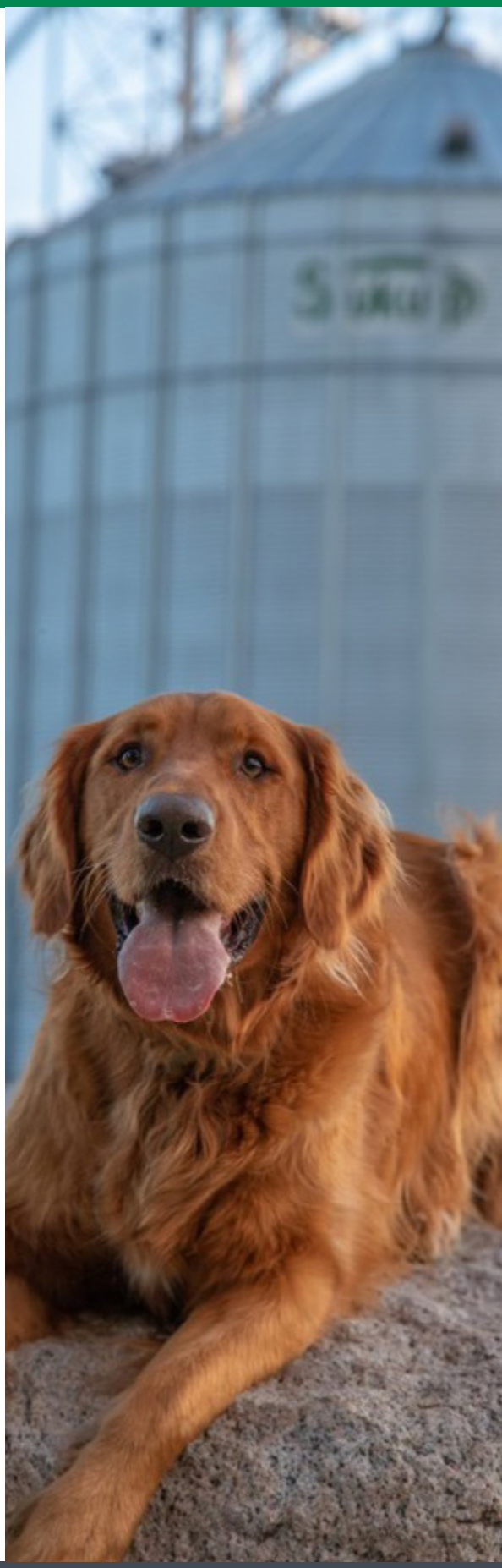
You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an account at www.umr.com so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!

DOWNLOAD THE MOBILE APP

With the UMR Health mobile app, you've got the tools you need to manage your healthcare from your smartphone. The mobile app is available in the Apple and Google Play stores.



BENEFITS DEFINITIONS

DEDUCTIBLE
An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible).

COINSURANCE
Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount).

COPAYMENT
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

NETWORK
The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

NETWORK PROVIDER
A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."There is no first dollar coverage with the exception of preventative services.

PROVIDER
An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

OUT-OF-NETWORK PROVIDER
A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "nonparticipating" instead of "out-of-network provider."

OUT-OF-POCKET MAXIMUM
The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges, or health care your plan doesn't cover.

REFERRAL
A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

PREMIUM
You typically pay premiums through payroll deductions.

MEDICAL PLAN COMPARISON

UMR

IN-NETWORK PLAN FEATURES	$1,250 PPO		$3,000 PPO	
ANNUAL DEDUCTIBLE				
Individual	$1,250		$3,000	
Family	$2,500		$6,000	
OUT-OF-POCKET (OOP) MAXIMUM				
Individual	$2,750		$6,000	
Family	$5,500		$12,000	
BENEFIT DETAILS				
Coinsurance	20%		20%	
Virtual Visits	$5 Copayment		$5 Copayment	
Preventive Care	Covered at 100%		Covered at 100%	
Primary Care Physician (PCP)	$20 Copayment		$40 Copayment	
Specialist*	$40 Copayment		$80 Copayment	
Emergency Room	$250 Copayment		$350 Copayment	
Inpatient Hospital	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
Outpatient Hospital	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
Urgent Care	$20 Copayment		$40 Copayment	
Outpatient Surgery	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
Lab/X-Ray (Outpatient)	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
OUT-OF-NETWORK				
Deductible (Individual / Family)	$2,500 / $5,000		$6,000 / $12,000	
Coinsurance	40%		40%	
Out-of-Pocket Maximum (OOP) (Individual / Family)	$5,500 / $11,000		$11,000 / $22,000	
EMPLOYEE BI-WEEKLY COST				
	Wellness	**Non-Wellness**	**Wellness**	**Non-Wellness**
Employee	$63.00	$113.00	$0.00	$50.00
Employee + Spouse	$157.00	$207.00	$78.00	$128.00
Employee + Child(ren)	$122.00	$172.00	$48.00	$98.00
Family	$251.00	$301.00	$128.00	$178.00

* Referrals may be required for some specialist visits.
** When visiting out-of-network providers, costs may be higher and providers may ask for full payment at time-of-service.

UNDERSTANDING YOUR DEDUCTIBLES

In both the $1,250 and $3,000 PPO plans, the individual deductible in addition to the overall family deductible means that an individual participant may reach their deductible and begin having services paid by the plan regardless of whether the family deductible has been met.

PHARMACY

RXBENEFITS-EXPRESS SCRIPTS

	$1,250 PPO	$3,000 PPO
Deductible (Individual/Family)	$100/$200	$200/$400
Out-of-Pocket (Individual/Family)	$4,600/$9,200	$2,700/$5,400
Generic	$15 copay	$30 copay
Preferred	$30	$60
Non-Preferred	$45	$90
Specialty	$85	$170
HOME DELIVERY MAIL ORDER (90-DAY SUPPLY)		
Generic	$30	$60
Preferred	$60	$120
Non-Preferred	$90	$180

TO ACCESS THE MEMBER WEBSITE

Log in to express-scripts.com (Register if it is your first visit. Just have your member ID or SSN handy.)

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information

SPECIALTY MEDICATIONS

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveOnSP, to lower your out-of-pocket costs to $0.

Over 300 specialty medications are eligible for the SaveOnSP program. If you're filling an eligible medication, a representative from SaveOnSP will contact you to discuss the program.

For any questions about your prescription drugs, call 800-334-8134 or CustomerCare@rxbenefits.com

PRESCRIPTIONS

RXBENEFITS

LOW CLINICAL VALUE MEDICATION PROGRAM: GET THE RIGHT MEDICINE AT THE RIGHT COST

The Low Clinical Value medication program prevents unnecessary spending on high-cost medications that have low clinical value compared to alternatives available in the market. This program provides you with equal or more effective medications at a much lower cost.

If you are prescribed a drug identified by your prescription benefit plan as a low clinical value medication, the plan will not cover the claim. You can work with your pharmacist and prescriber to identify appropriate alternatives, which may be an over-the-counter medication or a different prescription medication.

HIGH-DOLLAR CLAIM REVIEW:GUARDING YOU AGAINST HIGH-COST PRESCRIPTIONS

High-Dollar Claim Review (HDCR) provides umbrella protection to guard against inappropriate use of high-cost medications. If a medication reaches the threshold dollar amount, there is a review of the prescription to protect against inappropriate medicine use, misuse, errors, or fraud.

If you are prescribed a medication that triggers a High-Dollar Claim Review, (a medication that reaches the threshold of $1,000 or more for less than a 34-day supply or $3,000 or more for a 35-day or greater supply), it will be initially denied at the pharmacy counter. You will then need the follow the steps listed below.

HDCR Review

1

Call your doctor
Let them know your medication needs a prior authorization. Your doctor will need to file paperwork for your prescription.

2

Your doctor may start the prior authorization:
Your doctor can submit the information to start the prior authorization process. Your prior authorization will then be approved or denied based on the information that is submitted. You will be notified by mail of the decision.

After your doctor properly completes step 2:
Typical reviews take 24-72 hours.

OR

3

You may switch medications:
Your doctor may decide to switch your medication to one that does not require a prior authorization.

QUESTIONS?

If you have questions about your pharmacy benefit contact RxBenefits Member Services at **800.334.8134** or customercare@RxBenefits.com

BRAND VS GENERIC

SAVE MONEY ON PRESCRIPTIONS

USE GENERIC DRUGS

Generic drugs can be as much as 80-85% less expensive than name-brand counterparts. But did you know the FDA requires generics to have the same active ingredients as their name-brand counterparts? Ask your pharmacist about less expensive generic options.

Helpful hint: You can check the manufacturer of your prescription drugs for coupons, rebates, lower cost prescriptions, etc.

QUESTIONS?

If you have questions about your pharmacy benefit contact RxBenefits Member Services at **800.334.8134** or customercare@RxBenefits.com

GOODRX: FREE PRESCRIPTION SAVINGS PROGRAM

GoodRx allows you to compare prescription drug prices at more than 6,000 pharmacies across America, saving up to 80% off many popular prescription drugs. These discounts work for every member of your family.

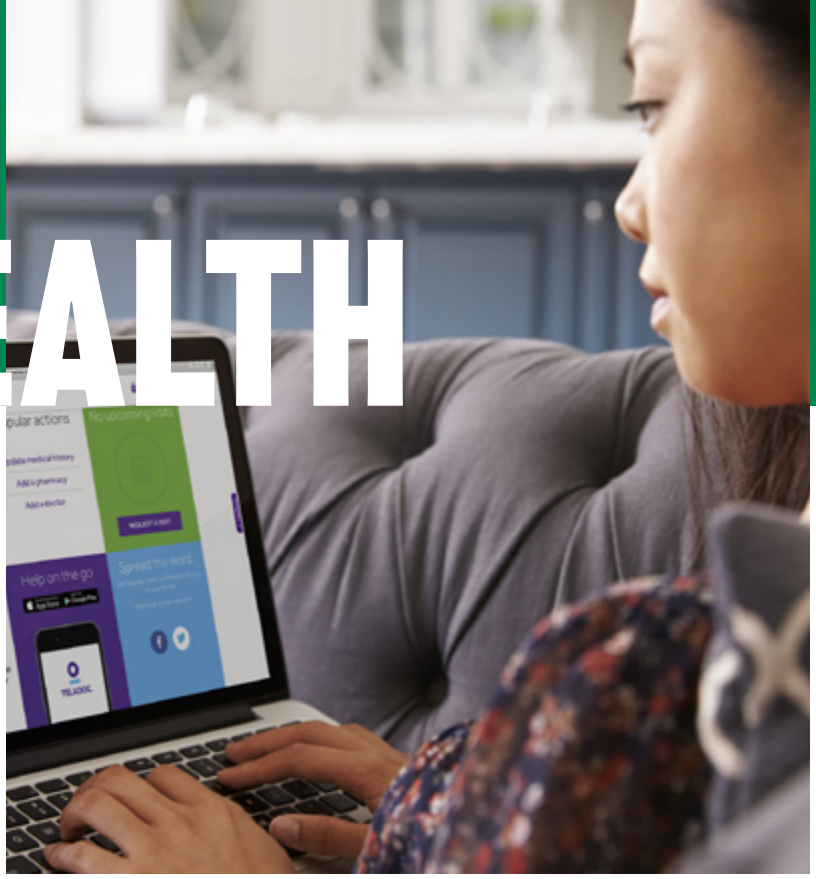
On the Web:
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

- Huge savings on prescriptions not covered by your insurance
- Discounted prices for many generics that may be less than your insurance copayment
- Savings tips, coupons, and helpful information about your prescriptions
- A pharmacy locator with 24-hour pharmacies and other helpful information
- Request a physical savings card you can put in your pocket. To receive a physical card, go to www.goodrx.com/discount-card

On Your Phone:
GoodRx is also available on your iPhone and Android app so you can check drug prices anytime, anywhere!

Questions? Email info@goodrx.com

TELEHEALTH



TELADOC

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat, and prescribe most medications for minor medical conditions. Members can also access behavioral health services through Teladoc.

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections
- Other conditions such as behavioral health

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Behavioral health sessions with a licensed therapist are available between 7 a.m. - 9.p.m. Appointment request accepted within 48 hours.
- Get treated for more than 80 common conditions including colds, flu, allergies, and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid costly copays and deductibles of the ER and urgent care clinic.
- Available for you and your enrolled family members for just a $5 copay.

To access telehealth benefits, visit www.teladoc.com.

REGENEXX:

NON-SURGICAL ORTHOPEDIC TREATMENT

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced orthobiologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

YOUR REGENEXX BENEFIT

Regenexx services are covered at the in-network level. Services are subject to the in-network specialist copay and deductible.

Learn More

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center at 641-450-1858

To register for one of our weekly webinars, visit regenexxbenefits.com/webinar?mailer

Call Regenexx at **641-450-1858** or visit regenexxbenefits.com/sukup to learn more.

CONDITIONS TREATED

Ankle/Foot
- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow
- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip
- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee
- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

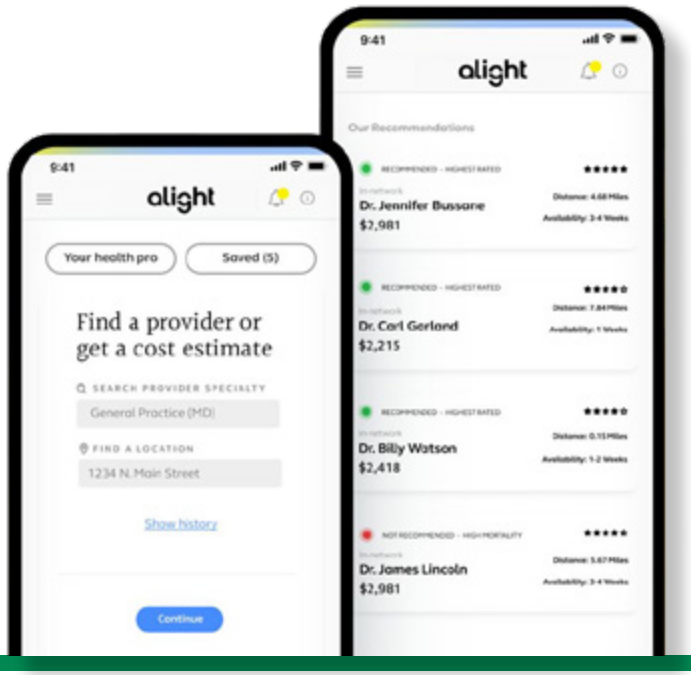
Shoulder
- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine
- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

HEALTH PRO CONNECTION:

HEALTHCARE CONCIERGE

As part of your benefits, you have access to your Health Pro Connection – a one-stop source that helps you easily navigate your healthcare benefits and resources.



HEALTH PRO CONNECTION

Start here! Once you log on to your Health Pro Connection, you can quickly access your insurance and deductible information, search for a provider, or reach out to a Health Pro for additional assistance.

HEALTH PRO

Your Health Pro can provide help with tasks such as a bill review, appointment scheduling, or answering questions about your coverage.

HEALTH PRO MESSAGE CENTER

The Health Pro Message Center helps you connect with your Health Pro and track outstanding support requests. After hours, you can start a conversation with a Health Pro, and they will respond the next business day.

SCAN TO DOWNLOAD
the **ALIGHT MOBILE APP**

SELECT **HEALTH PRO CONNECTION**
to get started

or

CALL **800-513-1667**

As with all our benefits, your privacy is always protected. You can speak confidentially about your health concerns in the same way you speak to your doctor.

DENTAL

DELTA DENTAL

Dental insurance helps pay for dental care and includes regular checkups, cleanings, and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental coverage options administered by Delta Dental.

To find an in-network provider, visit www.deltadentalia.com/provider-search/dental.

IN-NETWORK PLAN FEATURES	PPO	PREMIER
Calendar Year Maximum	$1,250	
Deductible (Applies to Basic and Major Services)	$25 per person $75 per family	$50 per person $150 per family
Preventive Services (Exams, Bite wing X-rays, Cleanings, Fluoride, Sealants, Space Maintainers)	Covered at 100%	Covered at 100%
Basic Services (Emergency Treatment, General Anesthesia, Restoration of Decayed/ Fractured Teeth, Limited Occlusal Adjustment, Routine Oral Surgery and Posterior Composites)	10% after deductible	20% after deductible
Major Services (Endodontics, Periodontics, Cast Restorations)	20% after deductible	20% after deductible
Major Services Prosthetics (Bridges, Dentures, Repairs & Adjustments)	50% after deductible	50% after deductible
Orthodontia Services Child Up to Age 19	50%, deductible waived up to a lifetime maximum of $1,000	
EMPLOYEE BI-WEEKLY COST		
Employee	$0	
Employee + Spouse	$6	
Employee + Child(ren)	$7	
Family	$9	

TO GO: DON'T LEAVE UNUSED ANNUAL MAXIMUM DOLLARS BEHIND

To Go allows you to carry over any unused annual maximums from one year to the next. This benefit offers more flexibility and helps you plan for more extensive and costly dental treatments in subsequent years.

You must of submitted at least one claim during the benefit year that would apply to your annual maximum. The carryover amount may not exceed the amount of your regular annual maximum and the total combined annual maximum may not exceed twice the regular manual maximum.

Questions?

If you have any questions about your dental benefits or how the To Go annual maximum carryover works, visit the Delta Dental website at **deltadentalia.com** and log into the Member Connection or call customer service at 800-544-0718.

VISION PLAN

AVESIS

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do these activities, however, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by Avesis and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

To find an in-network provider, visit **www.avesis.com**.

	IN-NETWORK	OUT-OF-NETWORK
EXAMS		
Vision Exam	$10 copay	Up to $35
EYEGLASS LENSES MATERIALS & FRAMES		
Single Vision Lenses	$10 Copayment	Up to $25
Bifocal Lenses	$10 Copayment	Up to $40
Trifocal Lenses	$10 Copayment	Up to $50
Lenticular	$10 Copayment	Up to $80
Standard Progressives	See Avesis Guide	See Avesis Guide
Frames	$150 Allowance	Up to $50
Contacts Lens Fitting/Evaluation	Up to $50	N/A
Laser Surgery	Up to 25% Discount	N/A
FREQUENCY OF SERVICES		
Comprehensive Eye Exam	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	
EMPLOYEE BI-WEEKLY COST		
Employee	$5.40	
Employee + Spouse	$10.39	
Employee + Child(ren)	$11.35	
Family	$14.65	

FLEXIBLE SPENDING ACCOUNT (FSA)

HEALTH EQUITY

HEALTH CARE FSA

WHO CAN PARTICIPATE?

Any employee.

WHAT ARE THE CONTRIBUTION LIMITS?

Employees can contribute up to $3,400 in 2027.

WHAT HAPPENS AT THE END OF THE YEAR?

A balance of more than $660 will be forfeited at the end of the year. However, any remaining balance under $660 can be used the following plan year once funds are rolled over mid-April. Estimate your contributions carefully so you can avoid losing money.

WHAT IS AN ELIGIBLE EXPENSE?

Plan deductibles, copays, coinsurance, and other health care expense. To learn more, see IRA Publication 502 at www.irs.gov.

CLAIM SUBMISSION

Claims may be filed online or via mail or fax. Please be aware that your plan has a 90-day run-out period after the end of the plan when you may still file claims. The expense, however, must have been incurred during the plan year.

CLAIM PROCESSING

Claims are processed on a daily basis. Reimbursements may be automatically deposited into your checking account or mailed to you in the form of a check.

DOWNLOAD THE HEALTHEQUITY MOBILE APP

With the Health Equity EZ Receipts mobile app, you've got the tools you need to manage your flexible spending account from your smartphone. The mobile app is available in the Apple and Google Play stores.

DEPENDENT CARE FSA

WHO CAN PARTICIPATE?

Any employee.

WHAT ARE THE CONTRIBUTION LIMITS?

Employees can contribute up to $7,500 annually per family or $3,750 if filing separately.

WHAT HAPPENS AT THE END OF THE YEAR?

FSA funds are use-it-or-lose-it and expire at the end of each year. Unlike the Health Care FSA, your full election for the plan year is not available on the day your plan starts. For the Dependent Care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

WHAT IS AN ELIGIBLE EXPENSE?

Child day care, home care for dependent elders, and related expenses. To learn more, see IRS Publications 503 at www.irs.gov.

FSA

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

SUPPLEMENTAL LIFE INSURANCE

PRUDENTIAL

You may purchase additional life insurance at group rates:

- Available in increments of $10,000 up to $500,000 or 5 x base annual earnings
- You pay the full cost of this plan. The amount deducted depends on the age of the associate and the amount of coverage elected
- Can elect up to $150,000 without medical underwriting as a new hire
- During open enrollment if currently enrolled, you can increase your current coverage amount by $20,000, up to the Guarantee Issue without medical underwriting
- If you do not elect this coverage when first becoming eligible or an election over $150,000 is made, you are subject to medical underwriting by the carrier
- Your benefit will reduce by 35% at age 70 and 50% at age 75

Don't forget to designate a beneficiary!

SPOUSES AND DEPENDENTS

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of $5,000 up to a max of $500,000
- Can elect up to $50,000 without medical underwriting as a new hire
- During open enrollment if currently enrolled, you can increase your current coverage amount for your spouse/domestic partner by $10,000, up to the Guarantee Issue without medical underwriting
- Your benefit will reduce by 35% at age 70 and 50% at age 75
- Child life is available from birth to 26 years old: Options of $2,000 increments up to $10,000
- Children are not subject to medical underwriting. The cost remains the same regardless of the number of children you have

Note: Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your Voluntary Term Life Insurance coverage by either porting (continuing the same type of policy) or converting it (changing to a new type of individual policy). No matter which option you choose, you become responsible for the premiums.

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

LIFE BI-WEEKLY RATES PER $1,000													
Age	**<20**	**20-24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60-64**	**65–69**	**70-74**	**75+**
Employee	$0.03	$0.03	$0.03	$0.04	$0.05	$0.08	$0.12	$0.20	$0.30	$0.47	$0.82	$1.46	$2.86
Spouse	$0.01	$0.01	$0.02	$0.02	$0.03	$0.04	$0.07	$0.10	$0.16	$0.27	$0.46	$0.82	$0.95
Child(ren)	$0.161												
AD&D BI-WEEKLY RATES													
Employee	$0.012												
Spouse	$0.013												
Child(ren)	$0.006												

Note: Employee rates automatically increase with age.

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Your may purchase optional AD&D insurance coverage for yourself and/or your family at your own expense. The benefit is paid to you if you're injured or to your beneficiary if you die.

EMPLOYEES

- Purchase coverage in increments of $5,000 to a maximum coverage amount of $500,000. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed
- Coverage will be reduced as you age - 35% at age 70 and 50% at age 75

SPOUSES

- Purchase coverage in increments of $5,000 to a maximum coverage amount of $500,000. The Optional Accidental Death & Dismemberment coverage amount cannot acceed 100% of your Optional AD&D Coverage Amount.
- Coverage will be reduced as you age - 35% at age 70 and 50% at age 75

CHILD(REN)

- Purchase coverage in increments of $2,000 to a maximum coverage amount of $10,000. The Optional Accidental Death & Dismemberment coverage amount cannot acceed 100% of your Optional AD&D Coverage Amount.
- Coverage begins at live birth, and continues to age 26, if unmarried

AD&D

VOLUNTARY DISABILITY INSURANCE

VOYA

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

SHORT-TERM DISABILITY (STD)

The Short-Term Disability (STD) plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy.

Pre-existing condition limitation: If you've received medical treatment consultation, care, or services, including diagnostic measures, or have taken prescribed drugs or medicines within three months prior to the effective date for any injury or sickness, a period of disability related to that diagnosis will not be covered for 12 months after your effective date. Pregnancy is not considered a pre-existing condition if you enroll when you are first eligible.

Learn More

For more information, visit your Voya Employee Benefit Resource Center at https://presents.voya.com/EBRC/SukupManufacturing

Waiting Period

- The benefit waiting period for a disability caused by an accidental injury is 0 days
- The benefit waiting period for a disability caused by a sickness is 7 days
- There is no waiting period if you are confined in a hospital

Coverage Amount

You may elect in $100 increments not to exceed 60% of your weekly earnings or $2,500 per week.

Benefit Period

Short-Term Disability insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive Short Term Disability benefit payments is 104 weeks.

RATES

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
	$1.062	$1.062	$1.062	$1.149	$1.085	$0.928	$1.052	$1.288	$1.800	$2.183	$2.566	$2.802	$2.802

ACCIDENT INSURANCE

VOYA

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need: they go directly to you to be used however you would like.** No medical questions or tests are required for Accident coverage.

Your coverage includes a Sport Accident Benefit. This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of $1,000.

WHAT'S COVERED?

Accident Insurance provides a benefit payment after a covered accident that results in treatments like:

- ER treatment
- Stitches
- X-Rays
- Follow-up treatment
- Physical therapy

WHAT ELSE IS INCLUDED?

The Accident Insurance available through your employer also features the following:

$100 WELLNESS BENEFIT

Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.

You and your dependent's annual benefit amount is $100 per person.

VOYA TRAVEL ASSISTANCE

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services, and emergency transportation services.

ACCIDENT INSURANCE BI-WEEKLY RATES	
Employee	$7.67
Employee + Spouse	$11.35
Employee + Children	$14.68
Family	$18.36

See the full summary of accident insurance benefits, lists of exclusions and limitations at https://www.sukupmfg.com/benefits.html

CRITICAL ILLNESS

VOYA

There are more than just medical bills to pay after an unexpected medical condition. Critical Illness Insurance provides a benefit payment that can help. The benefit payments don't go out to pay for medical bills or treatments you may need: they go directly to you to be used however you would like. No medical questions or tests are required for coverage.

You can enroll in coverage amounts of $10,000, $20,000, or $30,000. You can elect coverage for your dependents who will receive 50% of your benefit amount.

WHAT'S COVERED?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses like:

- Heart attack
- Kidney failure
- Stroke
- Corony artery bypass
- Cancer

MULTIPLE BENEFIT PAYMENTS

You can receive a lump-sum benefit payment (up to 100% of the benefit amount associated with that condition) for each covered condition. The number of times a benefit is payable for each covered condition is unlimited, except for skin cancer. Additional details are provided in the certificate of coverage.

WELLNESS BENEFIT

Complete an eligible health screening test (such as an annual physical) and receive a benefit payment. You and your dependent's annual benefit amount is $50 per person.

CRITICAL ILLNESS BI-WEEKLY RATE: INCLUDES WELLNESS BENEFIT RIDER

$30,000 EMPLOYEE | $15,000 DEPENDENTS									
Age	**<20**	**20-24**	**25-29**	**30-39**	**40-49**	**50-59**	**60-64**	**65-69**	**70+**
Employee	$4.71	$4.71	$4.71	$7.20	$13.57	$26.86	$40.98	$40.98	$70.48
Spouse	$2.35	$2.35	$2.35	$3.60	$6.78	$13.43	$20.49	$20.49	$35.24
Child(ren)	$1.66								
$20,000 EMPLOYEE | $10,000 DEPENDENTS									
Age	**<20**	**20-24**	**25-29**	**30-39**	**40-49**	**50-59**	**60-64**	**65-69**	**70+**
Employee	$3.14	$3.14	$3.14	$4.80	$9.05	$17.91	$27.32	$27.32	$46.98
Spouse	$1.57	$1.57	$1.57	$2.40	$4.52	$8.95	$13.66	$13.66	$23.49
Child(ren)	$1.11								
$10,000 EMPLOYEE | $5,000 DEPENDENTS									
Age	**<20**	**20-24**	**25-29**	**30-39**	**40-49**	**50-59**	**60-64**	**65-69**	**70+**
Employee	$1.57	$1.57	$1.57	$2.40	$4.52	$8.95	$13.66	$13.66	$23.49
Spouse	$0.78	$0.78	$0.78	$1.20	$2.26	$4.48	$6.83	$6.83	$11.75
Child(ren)	$0.55								

See the full summary of accident insurance benefits, lists of exclusions and limitations at https://www.sukupmfg.com/benefits.html

IDENTITY THEFT PROTECTION

norton LifeLock Benefit Solutions

PROTECT YOUR PERSONAL INFORMATION AND FINANCES

Your identity is valuable, regardless of what you own or how much money you make. The Norton LifeLock program helps protect your finances by monitoring your personal information for possible identity theft and financial fraud. Sukup provides the Premier Plan to you at a discount. Plan features include:

Identity Alerts with Credit Monitoring alerts you if Norton finds any potentially fraudulent or suspicious activity surrounding your personal info including new account opening, credit card usage, and data breaches.

Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.

Norton™ Secure VPN is a Virtual Private Network (VPN) that helps protect your sensitive information, browsing history, online activities, and webcam.

Parental Control makes it easy to monitor your child's online activities and view their search history so they stay safer online.

Million Dollar Protection™ Package††† reimburses stolen funds, personal expenses, and provides coverage for lawyers and experts up to $1 million each.

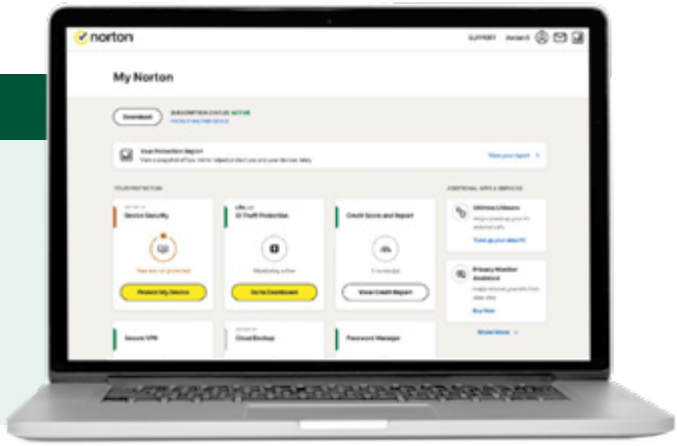
Dark Web Monitoring patrols the Dark Web and notifies you if your information, such as your username, password, IP address, or gamer tag are found.

Premier Bi-Weekly Rates

The Premier Plan is available to you at rates which are 60% less than the retail equivalent.

$5.30 Employee Only
$10.14 Employee + Family

To learn more or enroll visit www.norton.com/benefitpremier.



EMPLOYEE ASSISTANCE PROGRAM

CONNECTIONS

We understand that we all face serious problems at some time in our lives. Sukup Manufacturing is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas including: depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, and childcare and elder care.

Participation in the EAP is voluntary, confidential, and free of cost for the **first 6 visits**. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs.

We encourage you and your eligible family members to take advantage of our EAP benefit and to reach out to Connections.

24 HOURS A DAY, 7 DAYS A WEEK

Professional counselors are available to provide you with support, guidance and resources. Spanish and TTY/TDD phone lines also available.

www.connectionseap.com
800-779-6125

IMPORTANT CONTACTS

Coverage	Contact	Phone	Website
Medical	UMR	800-826-9781	www.umr.com
Prescription Drugs	RxBenefits-Express Scripts	800-282-2881	www.express-scripts.com
Telemedicine	Teladoc	800-835-2362	www.teladoc.com
Healthcare Concierge	Alight	800-513-1667	www.myhealthpro@alight.com
Dental	Delta Dental	800-544-0718	www.deltadentalia.com
Vision	Avesis	855-214-6777	www.avesis.com
Flexible Spending Accounts	Health Equity	877-924-3967	www.healthequity.com
Supplemental Life and AD&D	Prudential	800-524-0542	www.prudential.com
Short-Term Disability	Voya	855-663-8692	www.voya.com
Critical Illness	Voya	855-663-8692	www.voya.com
Accident Insurance	Voya	855-663-8692	www.voya.com
Identity Protection Services	Norton LifeLock	800-607-9174	lifelock.norton.com
Employee Assistance Program	Connections	800-779-6125	www.connectionseap.com
Onsite Clinic	Sukup Clinic	641-428-4765	
Open Enrollment Support	Avant Call Center	844- 288-1309	

Sukup®