

STANDARD
BENEFITS GUIDE



MAKE THE MOST OF
YOUR SPX BENEFITS



2026 SPX Benefits Guide



At SPX, we recognize that wellbeing is a journey—unique to every individual. Our benefits are built on a foundation of flexibility, choice, and shared accountability. We're committed to supporting you at every stage of life, and we encourage you to take an active role in your own wellbeing. Whether you're starting your career, growing your family, or planning for retirement, our programs are designed to evolve with your needs. Through our Pathways to Wellbeing, we support your whole self across five essential pillars: Physical Health, Emotional Resilience, Financial Security, Community Connection, and Career Growth. Together, we can help you care for yourself, your loved ones, and your future.

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While every attempt has been made to make the information contained in this summary as accurate and complete as possible, full details of the plans are contained in the official plan documents and contracts. These documents and contracts are available from the SPX Benefits Service Center. If any conflict should arise between this summary and the official applicable document or contract, or is only partially discussed in this summary, the terms of the plan document or contract will govern in all cases. SPX reserves the right to amend, modify or terminate the plans, in whole or in part, or any benefits provided under the plans for any or no reason, subject to the terms of any applicable Collective Bargaining Agreement covering current active employees during the term of such Agreement.



Eligibility

You are eligible for SPX benefits if you are a regular full-time employee scheduled to work 30 or more hours per week. Limited benefits are available for regular part-time employees scheduled to work at least 20 but less than 30 hours per week.

Eligibility for Your Dependents

Legal Spouse

Opposite sex or same sex with proof of marriage certificate, including common-law marriage, if you live in a state that recognizes common-law, and registered domestic partnership.

Children Up to Age 26:

- ▶ A natural child
- ▶ A stepchild
- ▶ A domestic partner's child
- ▶ A legally adopted child
- ▶ A child placed with you waiting for adoption
- ▶ A child for whom legal guardianship has been awarded
- ▶ Children for whom you are required to provide health care coverage under a Qualified Medical Child Support Order (QMCSO) or other court or administrative order as determined by your plan
- ▶ Disabled Children over the age of 26 may be covered if medically certified by Aetna or any other medical carrier offered by SPX

Note: If your child is married, their spouse and children are not eligible for coverage.

You and Your Spouse Work for SPX

Medical, Dental, and Vision Coverage

If you and your spouse both work for SPX and are both eligible to enroll for coverage, you may each enroll separately for single coverage, or one of you may cover the other as a dependent. If you have eligible dependent children, they can be enrolled under one parent.

Life Insurance Coverage

If your spouse or dependent works for SPX, you cannot be covered as an employee and as a spouse or child under the SPX Life Insurance plans; this includes any post employment coverage provided under the terms of any SPX group policy. In addition, you and your spouse may not both elect Child Life Insurance covering the same child(ren).

Dependent Verification

If you are adding a dependent to the Plan for the first time, dependent verification will be required. SPX reserves the right to request proof of dependent status at any time.

When Coverage Begins

- ▶ The elections you make during Annual Enrollment take effect on January 1 of the following year
- ▶ For new hires at SPX, coverage begins on your date of hire, provided you enroll within 31 days of your hire date
- ▶ Union employees are eligible to participate in SPX benefit programs as outlined in their Collective Bargaining Agreement (CBA). All benefit plans are subject to the terms of the CBA

When Coverage Ends

Your medical, dental, and vision coverage will end on the last day of the month in which your employment with SPX ends whether voluntary or involuntary. All other benefits will end on your date of separation.



Benefit Options for Eligible Full-Time and Part-Time Employees

FOR ANNUAL ENROLLMENT OR NEW HIRES		
Benefit Category	Full-Time Employees	Part-Time Employees
Health Benefits		
Medical	Elect	Elect
Dental	Elect	Elect
Vision	Elect	Elect
Pelago - Substance Use Management	Auto	Auto
PeopleEQ - Wellness Incentive Platform	Auto	Auto
Health Advocate - EAP	Auto	Auto
Carrum Health - Surgery & Cancer Support	Enrolled in Aetna Medical	Enrolled in Aetna Medical
Found Weight Management	Auto	Auto
CVS 24/7 Virtual Primary Care	Enrolled in Aetna Medical	Enrolled in Aetna Medical
Hinge Health - Musculoskeletal	Enrolled in Aetna Medical	Not Eligible
Health Savings Account (HSA)	Enrolled in (Basic / Choice HDHP)	Eligible
Health Care Flexible Spending Account (HCFSAs)	Elect	Eligible
Limited Purpose Flexible Spending Account (LPFSA)	Enrolled in Basic / Choice HDHP	Eligible
Dependent Care Spending Account (DCSA)	Elect	Eligible
Aetna Voluntary Supplemental Health Plans	Elect	Not Eligible
Savings Plans		
401(k) Savings Plan	Elect	Elect
529 College Savings Plan	Elect	Elect
Additional Benefits		
Tuition Reimbursement Program	Auto*	Not Eligible
Adoption Assistance	Auto	Not Eligible
Basic Life and AD&D	Auto	Not Eligible
Supplemental Life/AD&D Insurance	Elect	Not Eligible
Short-Term Disability	Auto	Not Eligible
Long-Term Disability	Auto	Not Eligible
Legal Service Plan	Elect	Not Eligible
Business Travel Accident Insurance	Auto	Auto
Mercer Voluntary Benefits	Elect	Not Eligible

* After 6 months of service

Enrollment

Three ways to Enroll in Coverage

1. **Within the SPX Network:** Navigate to OKTA and select the US SPX Benefits Portal tile.
2. **From your Mobile Device:** Download the MyChoice benefits app. You must be registered on the SPX Benefits Portal before you can register on the app. Use your same credentials to register.
3. **From your Home Computer:** visit www.MySPXbenefits.com. First time users use the company key SPX to set up your account.

New Employees

As a new hire or during Annual Enrollment, you can enroll in, change, or drop coverage. Outside of these times, changes are only allowed if you experience a Qualified Life Event.

Important: If you don't enroll within 31 days of your hire date, you will not have coverage.

Before you enroll, have this information ready:

- ▶ Your Social Security number (and Medicare ID if applicable)
- ▶ Social Security number, date of birth, and Medicare ID (if applicable) for any dependents
- ▶ Beneficiary details for Life Insurance (name, date of birth, and SSN)
- ▶ Documents to validate your dependents' eligibility, if applicable

If you are rehired within 30 days, your previous benefit elections will be reinstated. If your break in service is more than 30 days, you will need to re-enroll in benefits as a new hire, with coverage effective on your rehire date.



Reminder:

Need Help on the Portal or App?

Sofia, your Virtual Benefits Assistant, is available 24/7 to answer your benefits questions, guide you through the SPX Benefits Portal, and more. She speaks multiple languages and can be reached online or by calling 1-888-305-3576.



Pricing

How We Determined Medical Plan Pricing

SPX targets covering an average of 75% of the cost of our medical plans, whether you cover just yourself for your dependents. Your contribution will vary based on your plan choices and pay band. Our goal is to make medical coverage affordable for all employees.

For detailed contribution amounts, please visit the reference center in the SPX Benefits Portal. See page 5 for login instructions.

Definition of Pay (Frozen Salary and ABBR)

For SPX benefit plans, except for the 401(k) Plan, we calculate a Frozen Salary to determine your contributions for Medical, Basic Life, AD&D, and Supplemental Life. Your Frozen Salary is fixed for the entire calendar year in your year of hire. Your Frozen Pay for Annual Enrollment is determined in September, immediately preceding January 1st of the following year. Your Frozen Salary is your base pay and excludes differentials, bonuses, and overtime.

For employees on full commission or base pay plus partial commission, your pay used for benefit contributions is based on your Average Benefits Base Rate or ABBR. In your year of hire, your ABBR will be determined based on your base pay (if applicable) plus your expected commissions. In subsequent years, your ABBR is calculated using your actual average earnings over the last two full years (or less if less is all that is available), including commissions.

Please refer to the 401(k) Plan information for the definition of eligible pay for the 401(k) Plan.

Medical Tobacco Surcharge

To promote employee and family well-being, SPX imposes an annual \$520 tobacco surcharge for each person enrolled in an SPX medical plan who has used tobacco in the past 12 months. This applies to all forms of tobacco, including cigars, cigarettes, pipes, and smokeless products.

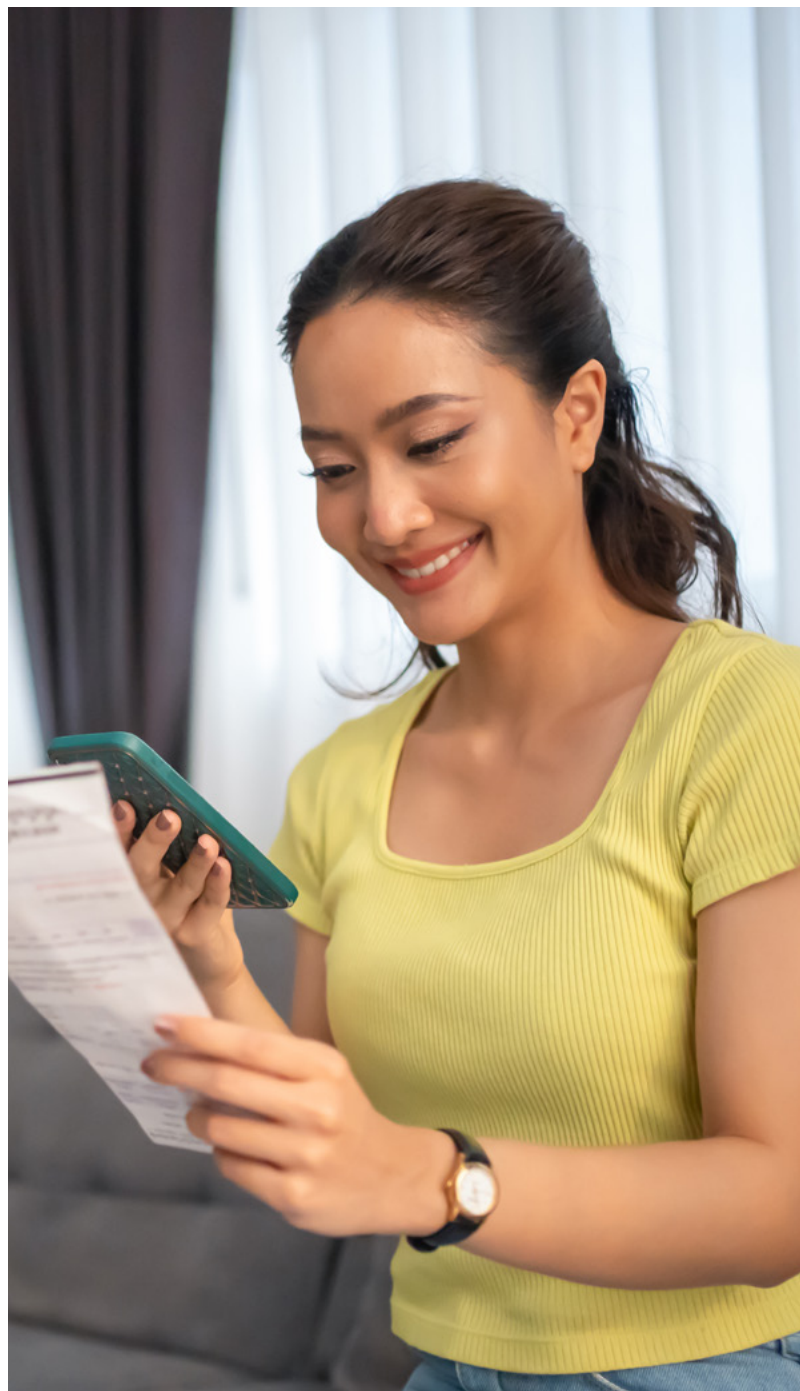
SPX offers a free tobacco cessation program, through Pelago, to help employees quit. Information on waiving the surcharge for the next year is provided annually. If you complete the program, your surcharge will be removed for the remainder of the year, and you will be reimbursed for any surcharges already deducted from your paycheck.

For details on Pelago, see page 21 of this guide.

Spousal Surcharge

A \$1,200 annual spousal surcharge applies if your spouse declines their own employer's medical coverage and is enrolled in an SPX medical plan. This surcharge is deducted from your paycheck per pay period and prorated for midyear enrollment.

The surcharge does not apply if your spouse lacks access to other coverage (e.g., unemployed, no employer benefits, or Medicare-only) or if they enroll in their employer's medical plan.



Qualified Life Event and Coordination of Benefits

When You Have a Qualified Life Event

If you experience a Qualified Life Event (as defined by the IRS), you may change your benefit elections, but the changes must directly relate to the event. Most updates must be made within 31 days of the event using the online enrollment system.

If you are adding a new child dependent and are already enrolled in a coverage level that includes dependent children, you have 60 days from the date of the event to add the new child to your coverage. Additionally, you have 60 days to report any changes following the loss of Medicaid or CHIP coverage, or after receiving a determination of eligibility for premium assistance, to request a change in your plan.

Your current benefit elections and payroll deductions will continue until proper proof of the life event is received by the SPX Benefits Service Center. Additional documentation, such as a Certificate of Creditable Coverage from a prior health plan, may also be required.

For assistance or to make changes, use the online portal, mobile app, or contact the SPX Benefits Service Center at 888-305-3576.

Qualifying Status Changes Include the Following:

- ▶ A change in legal marital status (marriage, divorce, legal separation, annulment or death of a spouse)
- ▶ A change in the number of dependents as a result of birth, adoption or death
- ▶ A change in your spouse or a dependent's employment status that causes them to become or cease to be eligible under a plan (such as termination or commencement of employment, going from benefits eligible to non-eligible status, change in worksite, etc.)
- ▶ A change in your, spouse or dependent's place of residence that impacts eligibility for health care coverage under certain plans
- ▶ A judgment, decree or order (including issuance of a Qualified Medical Child Support Order) that affects a child's eligibility for healthcare coverage under an SPX plan or the plan of the child's other parent
- ▶ Any event that causes a dependent to satisfy or cease to satisfy the eligibility requirements as specified in the plan
- ▶ Medicare eligibility for a dependent turning 65

Coordination of Benefits

Coordination of benefits refers to the process of paying medical or dental benefits when you or any of your dependents are covered by more than one group plan. If the SPX medical or dental plan is primary, the SPX plan will pay benefits first without regard to your other coverage. If the SPX medical or dental plan is secondary, benefits are significantly restricted. The SPX plan will pay only the difference between any benefits you receive under the other (primary) plan and the benefits normally payable under the SPX plan.



Which Medical Plan is Right for You?



A closer look at your Medical Plan options

SPX offers four medical plans options, all administered by Aetna. These plans give you access to a large nationwide network of doctors, specialists, and hospitals. To find in-network providers, visit www.aetna.com or call 855-695-3416.

Find an Aetna Provider

1. Go to www.aetna.com.
2. Scroll down and to the right click on "Plan from an employer" and enter zip code.
3. Scroll down to "Aetna Open Access Plans" and click on "Aetna Choice POSII (Open Access)" and continue.

Included in All Plans

- ▶ Preventive care is covered at 100% in-network
- ▶ Access to the nationwide Aetna Choice POS II network (no referrals needed)
- ▶ Emergency services are covered at in-network rates
- ▶ Prescription drug coverage through CVS Caremark

What Sets Each Plan Apart

There are some key differences between the Medical Plans:

FEATURE	BASIC HDHP	PRIMARY CARE HYBRID	CHOICE HDHP	CORE PLUS
Payroll Deduction	Lowest	Low	Moderate	Highest
Deductible Type	Aggregated	Embedded	Aggregated	Embedded
Deductible Level	High	Highest	Moderate	Lowest
PCP Sick Visits	Pay 100% until deductible is met	\$25 copay	Pay 100% until deductible is met	\$30 copay
Specialist Visits		Pay 50%, no deductible		\$60 copay
HSA or FSA Savings or Spending Accounts	Health Savings Account and Limited Purpose Flexible Spending Account	Health Care Flexible Spending Account	Health Savings Account and Limited Purpose Flexible Spending Account	Health Care Flexible Spending Account

EMBEDDED DEDUCTIBLE	AGGREGATED DEDUCTIBLE
<ul style="list-style-type: none">• Each person on a family health plan has their own individual deductible• When one person meets their individual deductible, the plan starts paying for their care based on coinsurance rules—even if the family deductible hasn't been met• Once the combined expenses of two or more family members reach the family deductible, the plan starts covering cost for everyone on the plan	<ul style="list-style-type: none">• With aggregate deductibles, the full family deductible must be met before the insurance starts paying under coinsurance rules• There are no individual deductibles—just one combined amount for the whole family• One person can meet the entire family deductible on their own, or it can be met through the combined expenses of multiple family members• Once the family deductible is met, coinsurance applies for everyone on the plan

Kaiser HMO Plan-For California Employees

If you live in California, the Kaiser HMO plan may show up in your enrollment portal based on your ZIP code. Kaiser offers care through its own doctors, hospitals, and online tools—all in one system for a smoother experience.

The High Performance Network (HPN) plan is being phased out and will no longer be offered after 12/31/2027. While no new enrollments are allowed, employees who are currently enrolled may continue in the plan until that time.

Medical Plans - Compare Your Options

SPX has four medical plans to choose from administered by Aetna. For California residents there is an additional Kaiser Permanente HMO plan available.

IN-NETWORK SERVICES	BASIC HDHP PLAN	PRIMARY CARE HYBRID PLAN
Annual Deductible Individual / Family	\$4,500 / \$9,000	\$5,500 / \$11,000
Annual Out-of-Pocket (OOP) Maximum Individual / Family	\$6,650 / \$13,300 (includes deductible, coinsurance and copays)	\$7,500 / \$15,000
Coinsurance	30%	30%
Preventive Care	100% covered, no charge	100% covered, no charge
CVS 24/7 Virtual Primary Care	100% covered, no charge	100% covered, no charge
Retail Clinics	30% after deductible	\$15 copay
Primary Care Office Visit (in-person or virtual)	30% after deductible	\$25 copay
Specialist Office Visit	30% after deductible	50%, no deductible
Urgent Care Facility	30% after deductible	\$75 copay
Emergency Room	30% after deductible	30% after deductible
Inpatient Services	30% after deductible	30% after deductible
Outpatient Services	30% after deductible	30% after deductible
PRESCRIPTION DRUGS (RETAIL)		
Generic or Specialty Drugs	30% coinsurance (\$4 min / \$25 max)	\$10 copay
Preferred Brand Name or Specialty Drugs	30% coinsurance (\$25 min / \$75 max)	30% coinsurance, deductible waived \$100 maximum
Non-Preferred Brand Name or Specialty Drugs	30% coinsurance (\$40 min / \$100 max)	30% coinsurance, deductible waived \$100 maximum
CARRUM HEALTH CENTERS OF EXCELLENCE SPECIALTY NETWORK		
Carrum In-Network	After satisfying the deductible of \$1,750 / Individual or \$3,500 / Family, 100% covered	100% Covered, no charge
OUT-OF-NETWORK		
Annual Deductible Individual / Family	\$13,500 / \$27,000	\$11,000 / \$22,000
Annual OOP Maximum Individual / Family	\$13,500 / \$27,000	\$15,000 / \$30,000
Coinsurance	50%	50%

Important Terms to Know

- **Premium:** Amount deducted from each paycheck for coverage
- **Deductible:** What you pay before the plan begins covering costs
- **Coinsurance:** Your share of costs (as a percentage) after the deductible, until you hit the OOP max
- **Copay:** Fixed amount paid at the time of service; not subject to deductible
- **OOP Maximum:** The most you'll pay in a year (excluding premiums); after reaching it, the plan covers 100% of eligible expenses

Medical Plans - Compare Your Options

IN-NETWORK SERVICES	CHOICE HDHP PLAN	CORE PLUS PLAN
Annual Deductible Individual / Family	\$2,000 / \$4,000	\$750 / \$1,500
Annual Out-of-Pocket (OOP) Maximum Individual / Family	\$5,000 / \$10,000 (includes deductible, coinsurance and copays)	\$3,500 / \$7,000
Coinsurance	20%	20%
Preventive Care	100% covered, no charge	100% covered, no charge
CVS 24/7 Virtual Primary Care	100% covered, no charge	100% covered, no charge
Retail Clinics	20% after deductible	\$15 copay
Primary Care Office Visit (in-person or virtual)	20% after deductible	\$30 copay
Specialist Office Visit	20% after deductible	\$60 copay
Urgent Care Facility	20% after deductible	\$60 copay
Emergency Room	20% after deductible	\$250 copay & 20% coinsurance
Inpatient Services	20% after deductible	20% after deductible
Outpatient Services	20% after deductible	20% after deductible
PRESCRIPTION DRUGS (RETAIL)		
Generic or Specialty Drugs	25% coinsurance (\$4 min/\$20 max)	\$10 copay
Preferred Brand Name or Specialty Drugs	25% coinsurance (\$20 min / \$60 max)	25% coinsurance (\$20 min / \$80 max)
Non-Preferred Brand Name or Specialty Drugs	25% coinsurance (\$40 min / \$90 max)	40% coinsurance (\$40 min / \$100 max)
CARRUM HEALTH CENTERS OF EXCELLENCE SPECIALTY NETWORK		
Carrum In-Network*	After satisfying the deductible of \$1,750 / Individual or \$3,500 / Family, 100% covered	100% Covered, no charge
OUT-OF-NETWORK		
Annual Deductible Individual / Family	\$6,000 / \$12,000	\$2,250 / \$4,500
Annual OOP Maximum Individual / Family	\$10,000 / \$2,000	\$7,000 / \$14,000
Coinsurance	40%	40%

*Procedures are done within the Carrum In-Network.



Reminder:

Medical ID Cards

First-time enrollees and those changing plans will receive a new ID card.

Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

An HSA is your own personal bank account for health expenses. You can use it to pay for medical, prescription, dental, and vision costs with pre-tax dollars. Contributions are made through pre-tax payroll deductions up to the IRS annual limit and any unused balance rolls over year to year. The money is always yours – even if you change health plans or leave SPX.

Why Consider an HSA Plan?

- ▶ Pre-tax contributions
 - ▶ Tax-free investment growth
 - ▶ Tax-free withdrawals for eligible expenses at any time
 - ▶ No “use it or lose it” rule. The money rolls over from year to year and is always yours
- ▶ Flexibility – save for today’s needs or future expenses, including retirement
 - ▶ Must be enrolled in an HDHP

Why choose an HSA

An HSA offers several advantages: you can save on taxes since contributions go in tax-free, and any unused funds roll over from year to year, so your money is never lost. Over time, you can grow your savings by investing your HSA funds once your balance reaches the required amount. Best of all, you can use the money anytime—to pay for healthcare expenses now or in the future, even during retirement.

How it Works

You can contribute pre-tax dollars from your paycheck, and SPX also adds \$400 for employees with dependents or \$200 for employees only. Funds can be used for qualified healthcare expenses, and any unused money rolls over to build long-term savings.

2026 HSA ANNUAL CONTRIBUTION LIMITS			
TIER	IRS LIMIT	SPX CONTRIBUTION	YOUR MAX CONTRIBUTION
Employee Only	\$4,400	\$200	\$3,800
Employee + Dependent(s)	\$8,750	\$400	\$7,750

If you are age 55 or older, you can make an additional \$1,000 “catch-up” contribution in 2026.



Prescription Drug Plan



Prescription drug benefits are provided through CVS Caremark. Your prescription drug information is included on your Aetna Medical ID card, which you will use for both medical and prescription services. See pages 10-11 for copay and coinsurance information.

Options To Fill Your Prescriptions

Prescriptions can either be filled at a network pharmacy for up to a 30 day supply or via the home delivery option through the CVS Caremark Mail Service program for up to a 90-day supply.

- ▶ **Retail Pharmacy:** Simply locate a network pharmacy in your area and present your pharmacy ID card to the pharmacist
- ▶ **Maintenance Medication:** If you fill ongoing prescriptions at a CVS retail pharmacy, you may receive up to two 30-day supplies before you'll need to switch to a 90-day supply. This rule applies only at CVS retail pharmacies and not at other in-network retail pharmacies.
- ▶ **Home Delivery:** Enjoy the convenience of home delivery for prescriptions you take on a regular basis. It's easy to get started. Your prescription is delivered right to your door. Log in to www.caremark.com to get started

Specialty Medications

CVS Specialty must be used to fill Specialty Drug prescription orders, subject to a 30-day supply, with the applicable deductible, coinsurance, or copayment specified.

For more information or to order your specialty medications, visit www.cvsspecialty.com.

Specialty Medication Copay Assistance Program

This program helps you manage your Specialty prescriptions while providing savings to you through manufacturer's copay programs.

The clinical team at NFP Rx Solutions will help you receive the manufacturer copay assistance to cover much of the cost of your Specialty medications. This Specialty Copay Assistance Program is available to members in all of the Aetna plans.

You will be mailed a letter if you qualify for one of these programs. Upon receipt of the letter, members should contact NFP Rx Solutions to enroll in the available programs.

If you do not enroll in the program, you will pay a higher cost for specialty medications - 30% of the cost of the medication.

Tools and Resources

CVS Caremark offers tools and resources to support you as you manage your prescription needs.

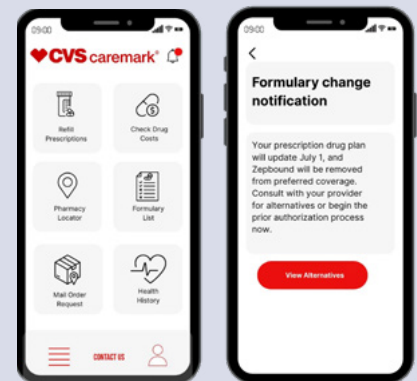
You can also access the formulary, which provides a list of covered prescription drugs. The formulary indicates whether a medication is classified as generic, formulary brand, non-formulary brand, or specialty.



Customer Service: 800-552-8159



Online: www.caremark.com



Healthier happens anytime, anywhere with CVS Virtual Care

Get healthcare from home with CVS Virtual Primary Care. You can see board-certified doctors and nurses through video visits for regular checkups, ongoing health conditions, or preventive care. It's an easy way to get the care you need without leaving your home, at no cost to you!



24/7 Care

For adults and children over 18 months. Get treatment for:

- ▶ Coughs, colds, flu and strep
- ▶ Joint, head, and stomach pain
- ▶ Infections (ear, sinus, skin, UTI)
- ▶ Medication refills
- ▶ And more



Mental health services

For adults and children aged 13 and up*. Get treatment for:

- ▶ Anxiety and mood disorders
- ▶ Depression screening
- ▶ Medication management
- ▶ Support with stress, life adjustments and conflict resolution
- ▶ Sleep and related health behaviors
- ▶ And more



Primary care services

For adults ages 18 and up
Get treatment for:

- ▶ Chronic illnesses (asthma, diabetes)
- ▶ Sick care
- ▶ Wellness and annual health assessment
- ▶ Follow-ups from in-person visits
- ▶ Medication adjustments and refills
- ▶ And more

Why should I try CVS Virtual Primary Care?

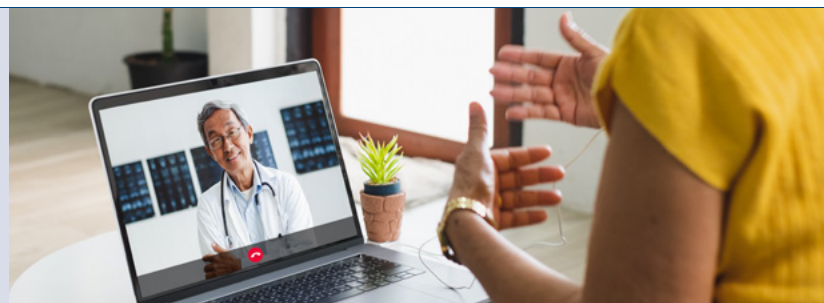
- ▶ It's **FREE** and easy. With a phone, tablet or computer, you can get care whenever is convenient for you
- ▶ Many in-person services are available virtually
- ▶ You can seek care based on your schedule and don't need to spend time in a waiting room
- ▶ Establish a Primary Care Provider relationship if you don't have one
- ▶ No need to take time off from work
- ▶ Services that require you to be in-person – like blood work and immunizations – can be scheduled separately before or after a virtual visit to optimize your time at a location of your choosing, including a CVS Minute Clinic
- ▶ Your Care Team is focused on whole-person care and will help navigate your health care journey including supporting unmet needs, identifying in-network specialists as needed, advising on follow-ups and more
- ▶ Mental health services are available by appointment 7 days a week. Plus, you'll be able to develop an ongoing relationship with your chosen counselor



Schedule a Virtual Visit Quickly and Easily

Get started today!

Scan the QR code or go to cvs.com/virtual-care to register and schedule an appointment.



Condition Management Programs

Aetna Care Management Programs*

► Aetna Concierge

- Get personalized support, assistance with appointments, finding a specialist, plan information and more

► Disease Management

- Registered nurses to help you prepare for your doctor's visits, ask questions and reduce barriers that may interfere with your health

► Maternity Management

- Maternity nurses who can offer advice and answer questions to support you in having a healthy pregnancy

► Nurse Line

- Confidential, 24/7 toll-free access to a registered nurse



These programs are all offered at no cost to you!

Hinge Health Joint and Muscle Support*

Hinge Health offers free, on-demand, personalized care plans and therapy for musculoskeletal conditions, accessible from anywhere at any time. Key features are:

► Personalized Care

- Tailored plans to meet individual needs

► Convenient Access

- Therapy options that fit into busy schedules

► Enso

- A proprietary, FDA-cleared wireless device designed to provide electrical stimulation for treating mild to intense musculoskeletal (MSK) pain



Carrum Health Cancer Guidance and Surgical Support*

The program connects you with the best doctors and hospitals for important surgeries, like joint replacements, bariatric surgery, hysterectomies, and cancer treatments. Key features are:

► Save Money

- Get high-quality care at a lower price—up to 45% less than usual

► Covered Costs

- Most surgery and travel expenses are paid for, so you don't have to worry about extra fees

► Personal Support

- You'll have help throughout your surgery journey, ensuring you get the best care



Found Weight Management Support

A modern, evidence-based approach to weight management, focusing on personalized care and lasting behavior change. Key features are:

► Personalized Care

- Work with a board-certified clinician and health coach to design a sustainable, personalized weight loss strategy

► Access to Medications

- Prescription weight loss medications are available for those who may benefit, as part of a holistic approach

► Community Engagement

- Connect with a supportive community for motivation and shared experiences



Employees residing in WV, MS, AR, and LA are excluded from the Found weight loss medication program due to state regulations. However, they can still participate in the wellness portion of the program.

*Available to employees enrolled in an Aetna medical plan.

Dental coverage is offered through Aetna. You may choose from the Basic or Core Dental Plan options. Both plans cover the same services (except for orthodontia) but have different contributions for coverage and different benefit payment levels. Although benefit payment levels are the same whether you use in-network or out-of-network providers, you typically will pay less when you use participating in-network providers. Participating providers have agreed to accept a negotiated amount as payment in full. When the plan pays the reasonable and customary (R&C) amount to an out-of-network provider, you may be responsible for paying the provider the remaining balance, if it exceeds the plan's R&C payment.

For more information on your Dental Plan options, including information on how to find an in-network dental provider, please visit the Reference Center in the SPX Benefits Portal.

In-Network Services	Basic Plan	Core Plan
Annual Deductible	\$75 Individual \$225 Family	\$50 Individual \$150 Family
Preventive Care (oral exams, bi-annual cleanings, supplemental bitewing X-rays)	0% no deductible	0% no deductible
Basic Care (fillings, oral surgery, surgical extractions for impacted teeth, periodontics, root canal therapy, osseous surgery, periodontal scaling, and root planning)	40% after deductible	20% after deductible
Major Care (crowns, inlays, onlays, dentures, bridges, repairs to any of these, denture adjustments, prosthesis over implant)	50% after deductible	50% after deductible
Annual Plan Maximum	\$1,000 per person	\$2,000 per person
Orthodontia Services (for children under age 19)	N / A	No deductible \$2,000 lifetime max

Refer to the Summary Plan Description (SPD) for complete details, including exclusions or limitations. You can find the SPD in the Reference Center on the SPX Benefits Portal.



Reminder:

Dental ID Cards

First-time dental enrollees will not receive an ID card, but you'll get a welcome letter with key details. ID cards are always available online.

Vision coverage is offered through Vision Service Plan (VSP). When you use VSP participating providers, covered exams, frames, and lenses or contacts are subject to a copay, then the plan pays up to the maximum allowance. You are responsible for any costs that exceed the maximum allowance shown below.

For more information on your Vision Plan coverage, including information on how to find an in-network vision provider, please visit the Reference Center in the SPX Benefits Portal.

	VSP Preferred	Non-VSP Provider	VSP Affiliate Provider
	VSP Network of Providers	Any Provider	Costco Optical and VisionWorks
Exams (once per calendar year)	\$10 copay	Up to \$45	\$10 copay
Lenses (once per calendar year)	Covered in full	Single: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$65	\$25 copay (for lenses and frames)
Lens Options - • Anti-reflective coating • Progressive lenses	Covered in full Covered in full	Not covered Up to \$50	Once per calendar year Once per calendar year
Frames (once per calendar year)	\$25 copay, up to \$150 allowance	Up to \$70	Copay included above VisionWorks: Up to \$80 allowance Costco: Up to \$80 allowance
Contact Lenses - Visually Necessary (once per calendar year)	Covered in full	Up to \$210	Up to \$210
Contact Lenses - Elective (once per calendar year)	Exam: Up to \$60 copay Materials: Up to \$150 allowance	Up to \$105	Up to \$150 (for materials only)
Laser Vision Correction	Service discounts are available, contact VSP	Not covered	Not covered



Reminder:

Vision ID Cards

VSP does not provide ID cards. To use your benefits please provide your social security number to your VSP provider.

Flexible Spending Accounts (FSA)



Health Care FSA (HCFSA)

The Health Care FSA is available to you and your eligible dependents, even if you are not enrolled in an SPX medical plan. This account allows you to set aside pre-tax dollars through Fidelity to pay for qualified out-of-pocket expenses for medical, prescription, dental, vision, and hearing costs that are not reimbursed by your health plan. Please note: if you are enrolled in the Basic HDHP or Choice HDHP medical plan, you are not eligible to participate in the Health Care FSA.

Limited Purpose FSA (LPFSA)

The Limited Purpose FSA, is available only to employees enrolled in the Basic HDHP or Choice HDHP medical plans. You may set aside pre-tax dollars, which can be used exclusively for eligible dental and vision expenses. You can roll over up to \$660 in your Limited Purpose FSA to next year.

For a list of eligible expenses go to [fidelity.com](https://www.fidelity.com).

FSA Contribution Limits

Health Care FSA	\$3,300 per year
Limited Purpose FSA	\$3,300 per year

You have until March 31, 2027, to submit expenses for 2026. The expense must be:

- ▶ Incurred in 2026 and no earlier than when you began participating in the account
- ▶ No later than when your participation ended unless COBRA is elected for an HCFSA

Any unused funds left in either HCFSA, Limited Purpose FSA or DCFSA at the end of the plan year will be forfeited after the claims submission deadline of 3/31/2027.

For more information on FSAs, please visit the Reference Center in the SPX Benefits Portal.

Flexible Spending Accounts (FSAs) are subject to IRS non-discrimination testing. In some cases, if testing requirements are not met, certain employees may be required to reduce their contribution amounts.



Reminder:

Important Notice About the Dependent Care FSA (DCFSA)

The Dependent Care Flexible Spending Account (DCFSA) is subject to non-discrimination testing as required by IRS regulations. This means that your election may be adjusted or limited if testing determines that highly compensated employees are disproportionately benefiting from the plan.

Please plan accordingly when making your DCFSA election.

Dependent Care FSA (DCFSA) Overview

CATEGORY	DETAILS
Annual Contribution Limit	<ul style="list-style-type: none">• \$7,500 per household (single or married filing jointly)• \$3,750 if married filing separately
Eligible Dependents	<ul style="list-style-type: none">• Children under age 13• Spouse or dependent 13+ who cannot care for themselves
Eligible Expenses	<ul style="list-style-type: none">• Daycare, preschool, nursery school• Before / after school programs• Summer day camps (not overnight)• Approved nanny services• Adult day care (if work-related)



People EQ is a complete wellness platform designed to improve employees health and engagement. This user-friendly solution brings together solutions for physical, mental, and emotional health in one easy-to-use place.

How to Earn Rewards

You can earn money by completing healthy activities and preventive care. Employees can earn up to \$400 a year, and spouses can earn up to \$200 a year if enrolled in the Aetna medical plan. Each person has their own account and works separately toward their maximum incentive. Rewards are paid monthly—if you're enrolled in the Basic HSA or Choice HSA, your rewards go into your HSA. If you're enrolled in the Primary Care Hybrid Plan or Core Plus Plan, your rewards are added to your paycheck.

Important: Any wellness incentives deposited into your HSA count toward your maximum HSA contribution for the year

Preventive Care Incentives

Activity	Employee Dollars	Spouse Dollars
Health Assessment	\$30	\$30
Annual Physical (or OB/GYN Visit)	\$100	\$50
Biometric Screening	\$100	\$50
Dental Exam	\$50	\$30
Eye Exam	\$30	\$20
Cancer Screening (up to 3)	\$100	\$50
Complete Hinge Health Physical Therapy Sessions	\$30	\$30
Complete Weight Management Program	\$50	\$30
Emotional Health Resilience Program	\$30	\$20
Complete Fidelity Financial Wellness Check	\$50	\$0
Attend Financial Webinars	\$30	\$0



You can access the program by visiting

<https://spxwellbeing.wellright.com>

or by scanning the QR code to download the PeopleEQ App (powered by WellRight).



Employee Assistance Program (EAP)



Health Advocate EAP

Health Advocate offers free, confidential support to help you and your family members improve your life and achieve work-life balance. You can receive assistance by phone, online, or face-to-face, **with up to eight sessions per issue per year, at no cost to you or your family members!**

Available 24/7 by phone or online, this Employee Assistance Program (EAP) provides emotional support through confidential counseling with professionals who can help manage issues such as:

- ▶ Anger, grief, loss, anxiety, depression
- ▶ Job stress, burnout, work conflicts
- ▶ Marital and family relationships, including emotional and physical abuse
- ▶ Addiction, eating disorders, mental illness

To get started, simply call to connect with an intake counselor who will guide you through the process. Health Advocate EAP is available to you, your spouse, dependent children, parents, and parents-in-law.

In a crisis, help is available 24/7.
866-799-2691

answers@HealthAdvocate.com

HealthAdvocate.com/spxtechnologies

Registration code: SPXTECH



Health Advocate Concierge Services

Health Advocate is available for any issue, start to finish, every time—to make life happier, healthier, and easier. Whether you're navigating childcare, summer camps, after-school care, eldercare, special needs, legal or financial concerns, or even relocation support—help is just a call away.

What is Available:

- ▶ Family member elder care
- ▶ Financial wellness support
- ▶ Pet care
- ▶ Help with moving
- ▶ Project experts and resources
- ▶ Parenting questions
- ▶ Coordinating care among multiple providers
- ▶ Researching transportation to appointments
- ▶ Guidance on choosing the medical plan that best fits your needs
- ▶ Support solving medical billing issues
- ▶ Assistance with scheduling appointments with hard to reach providers
- ▶ Health Advocate concierge services are available to you, your spouse, dependent children, parents and parent in-laws

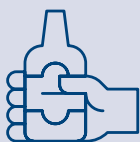


Pelago is in your corner at \$0 cost to you

Pelago is a confidential, virtual substance use management program available at no cost to all SPX employees and eligible dependents. It offers personalized care plans, one-on-one virtual support from a physician-led team, access to medication-assisted treatment and nicotine replacement therapy, digital cognitive behavioral therapy tools, and remote monitoring through connected devices. Designed to support whole-person care, Pelago coordinates with existing providers to ensure integrated treatment.

Build healthier habits with Pelago

Our digital programs at a glance



Alcohol

This flexible program is for anyone who wants to change their relationship with alcohol. Get help with overcoming alcohol dependence, reducing your drinking, or even trying out a sober curious month.



Tobacco

Support is available for tobacco, nicotine (vaping or e-cigarettes), or smokeless tobacco users. Whether you want to quit or cut back, we'll give you the tools to make it happen.



Opioid

Get whole-person care for opioid treatment and recovery. You'll have easy access to counselors, physicians, and any necessary medication - all in one place.



Cannabis

Discover the effects of cannabis on your health. With the help of a coach or counselor, make informed choices about quitting or using less.



Voluntary Supplemental Health Plans



Aetna Supplemental Health Plans give you extra financial support when unexpected health events occur, like an accident, illness, or hospital stay. These plans pay cash directly to you, so you can use it however you need—whether it's for medical costs your primary plan doesn't cover, like copays and deductibles, or everyday expenses such as groceries, utilities, travel, or child care.



Critical Illness Insurance

Pays an immediate one-time lump sum cash benefit directly to each covered member who is diagnosed with a critical illness such as:

- ▶ Cancer
- ▶ Heart Attack
- ▶ Stroke
- ▶ Kidney Failure
- ▶ Major Organ Transplant
- ▶ Sudden Cardiac Arrest



Accident Insurance

Pays a direct cash benefit that supplements your medical insurance if you or a covered dependent becomes injured, including:

- ▶ Ambulance rides
- ▶ Surgery
- ▶ ER Visits
- ▶ Broken bones
- ▶ Burns
- ▶ Dislocations



Hospital Indemnity Insurance

Provides financial assistance if you are hospitalized due to a covered pregnancy, sickness or injury. Covered benefits include:

- ▶ Hospital Admission
- ▶ Hospital Confinement
- ▶ Hospital ICU
- ▶ Cancer
- ▶ Kidney Failure
- ▶ Heart Attack



Health Screening Benefit

Your accident and critical illness plans pay you \$50 for a covered preventive health screening, once during the plan year.

The benefit applies to all covered members. If you have both plans, you could receive up to \$100 per member. See the plan summary for a complete list of covered test.

Sign on to the My Aetna Supplemental app and portal today.

Two ways to connect:

1. Download the My Aetna Supplemental app
2. Log on to [MyAetnaSupplemental.com](https://www.aetna.com/MyAetnaSupplemental) —the Aetna Supplemental Health plan member portal.



Aetna Medical plan Members will receive simplified claims experience.

- ▶ Aetna systems match supplemental plan claims to an existing medical claim
- ▶ Aetna members will receive notice of a claim for confirmation on the Aetna portal
- ▶ Once the claim is approved, Aetna will send your benefits by check or a direct deposit.

Note: Members who aren't enrolled in an Aetna medical plan can submit their claims online by uploading their supporting medical documentation, including an itemized bill or Uniform Medical Billing Form 2004 (UB04) on the My Aetna Supplemental app or [MyAetnaSupplemental.com](https://www.aetna.com/MyAetnaSupplemental).



Life & Accidental Death & Dismemberment (AD&D) Insurance Plans



Life and AD&D Insurance Plans

This coverage offers financial protection for your loved ones in the event of an unexpected death or serious injury. Life insurance helps ensure your family can continue to meet current financial obligations and pursue future goals—such as funding education or saving for retirement—should the unexpected occur.

Basic Life and AD&D Insurance

SPX provides Basic Life and AD&D Insurance at no cost to you at 1.5x your base pay. Please note that your coverage will not increase during the year if your pay increases.

Business Travel Accident Insurance

If you are seriously injured or die while traveling on an authorized business trip (up to 365 days), you are provided with Business Travel Accident Insurance in addition to your other life insurance. Business Travel Accident Insurance does not cover accidents on the way to or from your regular work site. In addition to death benefits, the policy includes benefits for a permanent and total disability and benefits for loss of limb, sight, speech, or hearing. Please see the Summary Plan Description for additional information.



Reminder:

Please be sure to keep your beneficiary information up to date.

Empathy Funeral Concierge Support

Life's unexpected moments can be overwhelming—especially during times of loss. Through their partnership with Empathy, Aflac provides employees and their families with compassionate, practical support when it's needed most.

Services include:

- ▶ **Pre-planning support:** funeral arrangements, will preparation, last wishes
- ▶ **Guidance** with probate and estate administration
- ▶ **Property** clearance assistance
- ▶ **Help with account closures:** deactivation of social media and financial accounts
- ▶ **Agency notifications:** government offices and institutions
- ▶ **Identity** theft protection
- ▶ **Funeral planning** assistance: price negotiation and locating funeral homes
- ▶ **Secure** document storage



Supplemental Employee Life & AD&D Insurance

In addition to the company provided Basic Life Insurance, you may choose to enroll in additional life insurance for yourself and your dependents. Benefits are based on the members of your family. Your contributions to this coverage are paid on an after-tax basis.

SUPPLEMENTAL EMPLOYEE LIFE INSURANCE	
Supplemental Employee Life Amount	Up to 7 times your annual earnings
Employee Guaranteed Issue Guaranteed Issue: The guaranteed issue amount is the maximum life insurance you can elect without completing a health questionnaire.	The lesser of 3 times annual earnings or \$300,000
Spouse Life Amount	Flat \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 (cannot exceed 50% of Employee amount)
Spouse Guaranteed Issue	\$50,000
Dependent Child Amount	Flat \$10,000 or \$20,000

Supplemental Accidental Death & Dismemberment (AD&D)

You may elect Supplemental AD&D coverage in \$25,000 increments, up to a maximum of \$750,000. Supplemental AD&D elections are not subject to Evidence of Insurability, even during a future Annual Enrollment.

SUPPLEMENTAL EMPLOYEE AD&D INSURANCE	
Supplemental Employee AD&D Amount	\$25,000 increments up to \$750,000
Spouse Only AD&D Amount	50% of employee coverage
Spouse and Child(ren) AD&D Amount	40% of your coverage for your spouse and 5% of your coverage for each eligible child

Evidence of Insurability (EOI) Requirements

EVIDENCE OF INSURABILITY (EOI) REQUIREMENTS	
For You	<ul style="list-style-type: none"> You're a new hire or newly eligible and elect coverage over 3x base pay or \$300,000 (whichever is less) You're enrolling in Supplemental Life during Annual Enrollment and weren't covered last year You're increasing coverage by more than 1x base pay or electing over \$300,000
For Your Spouse	<ul style="list-style-type: none"> You elect Spouse Life coverage over \$50,000 You declined Spouse Life last year and had an eligible spouse You increase Spouse Life coverage by more than one level
Next Steps If EOI is required	<ul style="list-style-type: none"> Coverage takes effect upon carrier approval If approved before Jan 1 during Annual Enrollment, coverage starts Jan 1 Aflac will notify you by email (or mail if no work email) to complete the EOI application

If you pass away due to an accident, your Accidental Death & Dismemberment (AD&D) coverage pays the full benefit amount you selected during enrollment to your named beneficiary in addition to the life insurance benefit amount. If you're injured in an accident—such as losing a limb—AD&D may also pay a portion of the benefit directly to you, depending on the severity of the injury.

Disability Benefits

Short-Term Disability Benefits (STD)

SPX offers STD coverage at no cost to eligible employees. The plan provides up to 26 weeks of benefits for non-work-related illnesses or injuries that prevent you from working. For the first seven weeks, the benefit pays 100% of your pay, with a seven-day waiting period, or eight weeks if you are hospitalized on day one (no waiting period). From weeks 9 through 26, the benefit pays 70% of your pay. After 26 weeks, long-term disability (LTD) benefits may be available if the disability meets the plan's requirements.

Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) is a federal law designed to support employees during important life events by providing up to 12 weeks of unpaid, job-protected leave each year. Whether it's for the birth of a child, managing a serious health condition, or caring for a family member with a serious illness, FMLA ensures you won't have to worry about your job or health benefits while you're away. Sedgwick handles FMLA claims.

To be eligible for FMLA leave, you need to meet the following criteria:

- ▶ Have worked with the company for at least 12 months (these do not have to be consecutive)
- ▶ Have logged at least 1,250 hours in the 12 months leading up to the start of your leave

FMLA helps you focus on what matters most, knowing your job and benefits are secure while you take care of your family or health.

For more information on your STD and LTD coverage, review the Summary Plan Description, which can be found in the Reference Center on the SPX Benefits Portal.

To report a leave, notify your Supervisor and call Sedgwick, the SPX Leave administrator, 24/7 at 1-800-779-3293. An STD or FMLA claim must be reported no later than 30 days from the date of your disability.

Long-Term Disability Benefits (LTD)

SPX provides LTD coverage to eligible employees at no cost. The LTD plan is administered by Lincoln Financial. The LTD plan can replace 60% of your pay up to a \$15,000 monthly maximum after you have been disabled for 26 weeks. If your pay increases during the year, your coverage level will increase. If you are not actively at work (e.g., on a leave of absence) on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day.

The Internal Revenue Service (IRS) requires that the value of the premiums paid be taxable income, which keeps the LTD benefit tax-free when received.

No LTD benefits are paid for a disability caused or related to a pre-existing condition during the first 12 months of coverage.

If eligible for LTD, Sedgwick will forward your disability information to the LTD carrier. For questions regarding an LTD claim, call Lincoln Financial Insurance Company Financial at 1-800- 291-0112. Hours are 8:00 a.m. to 5:00 p.m. ET.



Paid Time Off, Paid Leaves and Adoption Assistance

Paid Time Off

SPX offers several opportunities for you to take time off work while continuing to receive 100% of your regular paycheck and no interruption to your benefits. Our time away from work policies support a healthier balance between your professional and personal life by giving you the time to address your personal needs, spend time with family and engage in leisure activities. These programs vary by work location and job function. Please contact your local HR representative or refer to the Employee Handbook on the SPX portal for more details.

Paid Leaves

SPX recognizes that employees need time away to welcome a new child or to care for a loved one. All paid leaves are available after one year of service:

- ▶ **Parental:** Offers 6 weeks of paid leave to full-time employees within a rolling 12 month period for mother and father for bonding due to birth, adoption, or child placement. This leave must be taken within one year of the event and may be taken in one week increments.
- ▶ **Caregiver:** Offers 2 weeks of paid leave to full-time employees within a rolling 12 month period to care for immediate family members with a serious medical condition as defined by the FMLA. Medical certification will be required and this leave may be taken in 1/2 day increments.

To request a paid leave, the employee should provide their supervisor and their Human Resources representative with notice of the request for leave at least 30 days prior to the leave where possible. The employee should also contact the SPX Leave Administrator to begin the process for any parental or caregiver leave requests.

Adoption Assistance

SPX will reimburse up to \$5,000 per child for adoption-related expenses. You may participate in this program if you are an eligible employee who has completed at least one month of service with SPX and the benefit is offered at your location.



The SPX 401(k) Savings Plan, administered by Fidelity, is an easy, convenient way to save for your future. All full-time, part-time, and temporary SPX employees are eligible to participate in the 401(k) Savings Plan.

SPX matching contributions and tax-deferred investment growth help your savings grow faster. You pay no federal taxes and, in many cases, no state or local taxes on your before-tax contributions and company match or investment earnings until you withdraw the money from your account. For more information on the 401(k) Savings Plan, please contact Fidelity at 877-401-5779.

FEATURE	WHAT YOU NEED TO KNOW
Eligibility	You're eligible to participate on day one—this includes full-time, part-time, and temporary employees.
Your Contribution	Save 1%–50% of your eligible pay (before-tax): <ul style="list-style-type: none">• Catch-up: Age 50+ can contribute an extra \$7,500• Super Catch-up: Ages 60–63 can contribute an additional \$3,750
Company Match	SPX matches on the first 6% of eligible pay: <ul style="list-style-type: none">• \$1 for \$1 on the first 4%• \$0.50 for \$1 on the next 2%
Vesting	You're 100% vested immediately in both your contributions and the company match.
Growth & Investments	Enjoy tax-deferred growth and a range of flexible fund choices to match your goals.

In 2026, employees who earn more than \$145,000 must make all catch-up contribution on an after-tax basis to a Roth 401(k).

Additional Plan Details

- ▶ **Auto Enrollment:** New hires are automatically enrolled at a 3% pre-tax contribution after 60 days. You can opt out or adjust your contribution anytime at [Fidelity.com](https://www.fidelity.com)
- ▶ **Auto Escalation:** If you were hired on or after January 1, 2025, your contribution will increase by 0.5% every April beginning in 2026, until it reaches a total of 6%
- ▶ **Loans & Withdrawals:** The plan allows both loan and withdrawals. For complete details, please review the Summary Plan Description (SPD) or contact Fidelity



Reminder:

Reviewing Your Beneficiaries

Keep your 401(k) savings plan beneficiary designations up to date. To check or change your 401(k) beneficiaries, log in to your Fidelity account.



529 College Savings Plan and Tuition Reimbursement



529 College Savings Plan

A 529 plan is a popular way to save for college and other higher education expenses. You can open an account for your child, grandchild, niece or nephew, friend, or another beneficiary. These plans offer tax advantages, allowing your money to grow tax-free when used for qualified education costs. Qualified expenses include tuition, room and board, fees, books, and supplies at an accredited college or university in the U.S. As the account owner, you are responsible for the funds, and if money is withdrawn for non-qualified expenses, a penalty tax may apply.

For more information on the 529 College Savings plan, visit www.fidelity.com/529-plans/overview or call a Fidelity college savings rep at 800-544-1914.

Tuition Reimbursement Assistance

SPX provides educational assistance reimbursement up to the annual maximum amount allowed under IRC Section 127. At the time of printing, the maximum was \$5,250. This benefit is available to employees who work toward a college degree or take special courses in subjects related to their work. You may participate in this plan if you are an eligible employee who has completed at least one month of service with SPX and the benefit is offered at your location.

For more information please contact your HR representative.



Voluntary Benefits

Additional Voluntary Benefits

You are eligible for discounted prices on benefit programs offered through Mercer Voluntary Benefits. You can apply for these programs any time during the year. These programs are offered as an opportunity for potential savings after-tax. Payroll deductions are available for most programs. SPX does not sponsor or administer these programs, and these programs do not constitute an employee benefit plan under ERISA.

SPX disclaims any responsibility or liability for any claims or actions arising out of, or relating to, the actual insurance coverage or products purchased.

ADDITIONAL BENEFITS THROUGH MERCER VOLUNTARY BENEFITS	
Auto and Home Insurance Program	Access to a wide range of insurance policies including auto, motorcycle, boat, home, personal, excess liability or personal property
Allstate Identity Protection	Allstate Identity Protection's \$1 million identity theft insurance policy as well as remediation experts have you covered. Get help to look after your online activity, from financial transactions to what you share on social media. Choose between Allstate Identity Protection Pro or Pro Plus.
Employee Purchase Program	You are eligible to purchase new brand-name computers, electronics and more through Purchasing Power, regardless of your credit status with the convenience of home delivery and the ease of payroll deduction.
Pets Best Insurance	Pets Best Pet Health Insurance has three insurance plans to cover all your pet's health needs. From Wellness coverage and vaccines to flea and tick preventatives, there is a plan for you.
Legal Services Plan	Life is full of legal situations. Some you plan for, like creating a will or buying a home. Others are more unexpected, like fighting a traffic ticket or getting your deposit back from a difficult landlord. Legal insurance makes it affordable to get the legal help you need. You have a choice of two plan options to meet your specific needs.

Bank of America Preferred Rewards



As a part of our banking partnership with Bank of America, you're eligible to enroll in the Preferred Rewards Program at the Gold tier — without needing to meet any of the standard balance thresholds.

Enroll now to enjoy a wide range of financial benefit and rewards including:

- ▶ Fee waivers on everyday banking services
- ▶ Credit card rewards boost-Gold tier members typically receive 25% bonus on eligible purchases
- ▶ Better savings interest rates, discounts on loans and mortgages, and more
- ▶ Access to tailored financial tools and escalations to support your goals
- ▶ Connect with a banking specialist at 888-383-7200



Benefits Contacts

VENDOR	SUBJECT	CONTACT INFORMATION
Aetna	Medical	1-800-223-0712 www.aetna.com
Aetna	Dental	1-877-238-6200 www.aetna.com
Aetna	Critical Illness Accident Insurance Hospital Indemnity	1-800-607-3366 Hours: M-F 8:00am to 6:00pm ET www.aetna.com
Aflac	Basic Life AD&D and Supplemental Life & AD&D	1-800-433-3036 www.aflacgroupinsurance.com
ARAG	Legal Services	1-800-247-4184 www.araglegalcenter.com Access Code: 10476spx
Bank of America	Discounted Banking Services	888-383-7200
Carrum Health	Cancer Guidance & Support	www.carrumhealth.com
CVS Caremark	Prescription Drug	1-855-839-5177 www.caremark.com
Fidelity	401(k) Savings Plan Health Savings Account (HSA) Flexible Spending Accounts	1-877-401-5779 www.401k.com
Found Health	Weight Loss Program	support@joinfound.com www.joinfound.com
Health Advocate	Employee Assistance Program (EAP) Personal Healthcare Advocates	1-866-799-2691 Hours: M-F 8:00 a.m. to 10:00 p.m. ET www.HealthAdvocate.com/members Mobile App: Health AdvocateSM
Hinge Health	Joint & Muscle Support Program	1-855-902-2777 help@hingehealth.com www.hingehealth.com
The Lincoln National Life Insurance Company	Long-Term Disability Claim Management	1-800-291-0112 Hours: 8:00 a.m. to 5:00 p.m. ET www.mylincolnportal.com Company Code: SPX
Mercer	Auto/Home Insurance Identity Protection Program Employee Purchase Program Pet Insurance	1-877-295-3939 www.spxvoluntarybenefits.com
Pelago	Substance Use Management Program	1-877-349-7755 www.pelagohealth.com
PeopleEQ	Wellness Platform	1-888-935-5471 www.spxwellbeing.wellright.com
Sedgwick	FMLA Leave Short-Term Disability	1-800-779-3293 www.claimlookup.com Client #8521
Vision Service Plan (VSP)	Vision	1-800-877-7195 www.vsp.com

Required Notices

Forms 1095 (B and / or C)

The Affordable Care Act (ACA) requires all Americans to have health care coverage and be able to provide proof of that coverage at tax time. As a result, a tax form that shows your health care coverage for the prior year—called a 1095—will be mailed to you in January for the prior year. You can also opt to have the form sent to you electronically when you first log in to the SPX benefits site.

The Women's Health and Cancer Rights Act of 1998

The medical plans comply with the Women's Health and Cancer Rights Act of 1998 with respect to health benefits provided under each plan. If you elect breast reconstruction in connection with a mastectomy, coverage is available in a manner determined by the plan. This includes coverage for any of the following:

- ▶ Reconstruction of the breast on which the mastectomy was performed
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance
- ▶ Prostheses and physical complications for all stages of mastectomy, including lymph edemas

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.

If you have any questions, please contact Member Services at the phone number on your Medical ID card.

Statement of Rights under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceed 48 hours (or 96 hours).

Notice of Privacy Rights under HIPAA

HIPAA legislation was designed, in part, to protect health information and set guidelines for the storage and transmission of the data.

Obtain a copy of the SPX HIPAA Privacy Notice from the following sources to learn about how SPX is protecting your health information:

- ▶ Log on to the SPX Benefits Portal. Click on Reference Center at the top of any page, then find or search for the document
- ▶ To obtain a printed copy by mail, please call the SPX Benefits Service Center at 1 (888) 305-3576

Required Notices

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

STATE	PROGRAM	WEBSITE	PHONE NUMBER
Alabama	Medicaid	http://myalhipp.com/	1-855-692-5447
Alaska	Medicaid	http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com https://health.alaska.gov/dpa/Pages/default.aspx	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	1-855-692-7447
California	Medicaid	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	1-916-445-8322
Colorado	Medicaid & CHIP	https://www.healthfirstcolorado.com/ https://hcpf.colorado.gov/child-health-plan-plus https://www.mycohibi.com/	1-800-221-3943/State Relay 711 1-800-359-1991/State Relay 711 1-855-692-6442
Florida	Medicaid	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	1-678-564-1162, Press 1 1-678-564-1162, Press 2
Indiana	Medicaid	https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/	1-800-403-0864 1-800-457-4584
Iowa	Medicaid and CHIP	https://hhs.iowa.gov/programs/welcome-iowa-medicaid https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas	Medicaid	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky	Medicaid	https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: KIHIP.PPROGRAM@ky.gov https://kynect.ky.gov https://chfs.ky.gov/agencies/dms	KI-HIPP: 1-855-459-6328 KCHIP: 1-877-524-4718
Louisiana	Medicaid	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488 1-800-442-6003
Maine	Medicaid	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms	TTY: Maine relay 711 1-800-977-6740 TTY: Maine relay 711

State listings and contact information continued on page 32.

Required Notices

STATE	PROGRAM	WEBSITE	PHONE NUMBER
Maine	Medicaid	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms	1-800-442-6003 TTY: Maine relay 711 1-800-977-6740 TTY: Maine relay 711
Massachusetts	Medicaid and CHIP	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota	Medicaid	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HSHIPPProgram@mt.gov	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada	Medicaid	http://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 HIPP program: 1-800-852-3345, ext. 15218
New Jersey	Medicaid and CHIP	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	1-800-356-1561 CHIP Premium: 1-609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	1-919-855-4100
North Dakota	Medicaid	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania	Medicaid and CHIP	https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html https://www.pa.gov/agencies/dhs/resources/chip.ht	1-800-692-7462 1-800-986-5437
Rhode Island	Medicaid and CHIP	http://www.eohhs.ri.gov/	1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah	Medicaid and CHIP	https://medicaid.utah.gov/upp/ Email: upp@utah.gov https://medicaid.utah.gov/expansion/ https://medicaid.utah.gov/buyout-program/ https://chip.utah.gov/	1-888-222-2542
Vermont	Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia	Medicaid and CHIP	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	Medicaid and CHIP	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	304-558-1700 1-855-699-8447
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any other states have added a premium assistance program since July 31 2025, or for more information on special enrollment rights, contact either: U.S. Department of Labor, Employee Benefits Security Administration Centers for Medicare & Medicaid Services at www.dol.gov/agencies/ebsa or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services at www.cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565.

Notes

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