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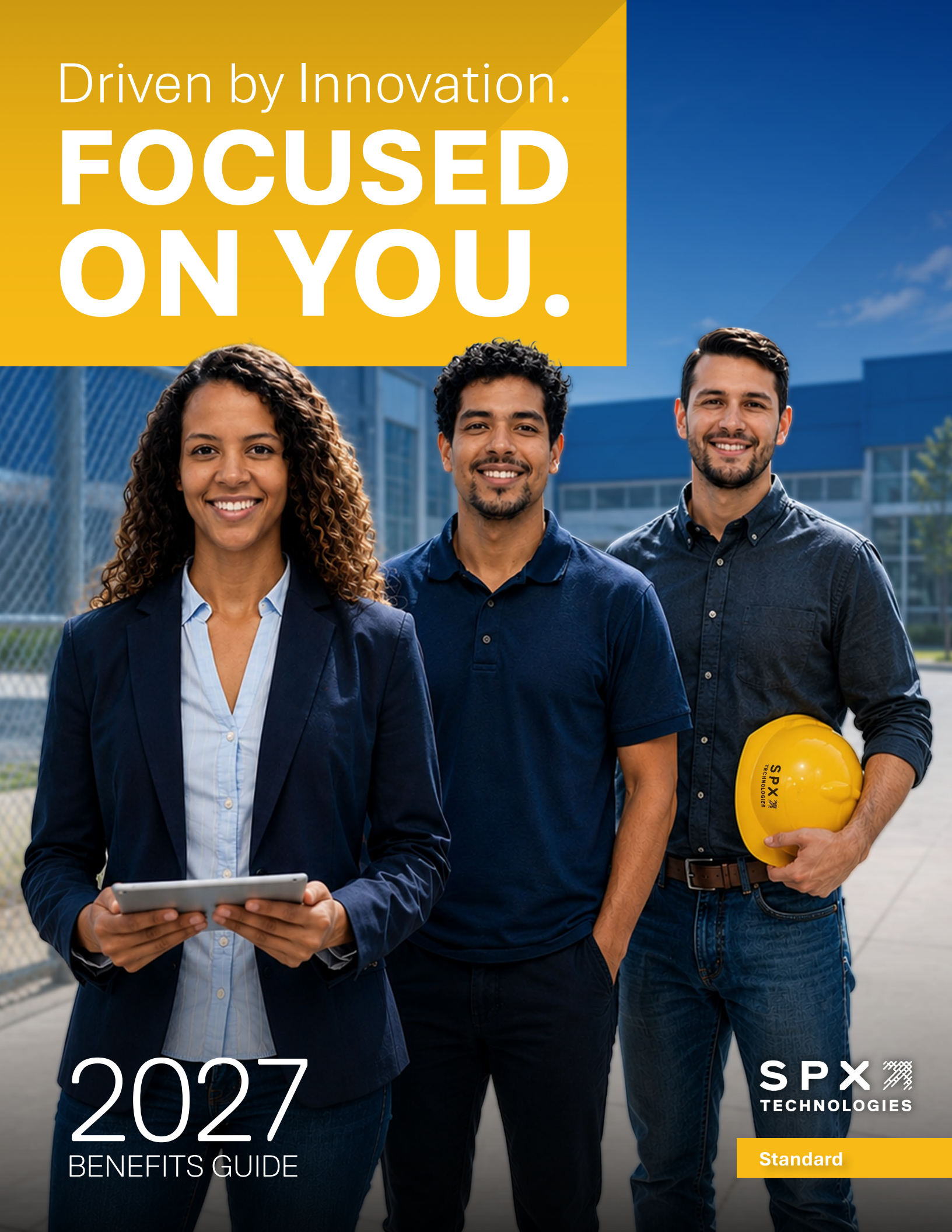


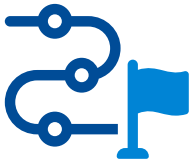
2027

BENEFITS GUIDE

SPX TECHNOLOGIES

Standard

What's **INSIDE**



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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 a conflict arises between this summary and the official plan document or contract, or if a topic is only partially addressed in this summary, the terms of the applicable plan document or contract will govern. 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.

Welcome to Your **2027 BENEFITS**

As we look ahead to 2027, our priority is clearer than ever: it's all about supporting, empowering, and investing in our team. To get us where we want to go, we are embracing newfound agility and pushing the boundaries of what's possible. We are driven by innovation and focused on ensuring you have the tools, flexibility, and support to thrive.

From supporting your physical and emotional health to helping you build financial security, SPX offers resources designed to adapt as your needs change over time. We encourage you to explore the benefits available to you. At SPX, your well-being matters to us, and we remain committed to providing benefits that support you every step of the way.

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 may be available to regular part-time employees who are scheduled to work at least 20 hours, but fewer than 30 hours per week.

Your Spouse or Domestic Partner

You may cover your legal spouse (same-sex or opposite-sex) with proof of marriage. This includes common-law spouses, if you live in a state that recognizes common-law marriage, and registered domestic partners.

Important Tax Information

If your domestic partner is not considered your dependent under IRS rules, the cost of coverage may be taxable to you. Your payroll deductions for domestic partner coverage may be taken on an after-tax basis. Please consult a tax advisor if you have questions about your personal tax situation.

Your Children (Up to Age 26)

You may cover children through age 26, including:

- Biological children
- Stepchildren
- Your domestic partner's children
- Legally adopted children
- Children placed with you for adoption
- Children for whom you have legal guardianship
- Children you are required to cover under a **Qualified Medical Child Support Order (QMCSO)** or other court or administrative order
- Disabled children over age 26 may be covered if medically certified by Aetna

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

When You and Your Spouse Both Work for SPX

Medical, Dental, and Vision

If you and your spouse are both eligible for SPX benefits, you may:

- Each enroll in employee-only coverage, or
- Have one spouse cover the other as a dependent

Eligible children may be covered under one parent's plan (not both).

Life Insurance

If your spouse or dependent also works for SPX:

- You cannot be covered twice—both as an employee and as a spouse or child—under SPX Life Insurance plans.
- You and your spouse may not both elect Child Life Insurance for the same child(ren).

Dependent Verification

When adding a dependent for the first time, you will be asked to provide documentation to confirm eligibility.

When Coverage Begins

- **Annual Enrollment:** Coverage starts January 1 of the following year.
- **New Hires:** Coverage begins on your hire date if you enroll within 31 days.
- **Union Employees:** Benefit eligibility and coverage are determined by your Collective Bargaining Agreement (CBA). All plans are subject to CBA terms.

When Your 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 the separation is voluntary or involuntary. All other benefits will end on your date of separation.

Your Available Benefits

Benefit options are available to eligible full- and part-time employees. Use the chart on the next page to quickly see which benefits you can elect during enrollment, which are automatically provided, and which may not be available based on your employment status.

Elect: employee must actively enroll/ select the benefits

Auto: automatically provided by SPX with no enrollment action needed

Benefits for Annual Enrollment or New Hires

Benefit Category	Full-Time Employees	Part-Time Employees
Taking Care of Your Health		
Medical (Medical Includes: Prescription Drug Plan, Virtual Primary Care, Hinge Health, Aetna Care Management Programs, Color Health)	Elect	Elect
Health Savings Account (HSA) For Basic or Choice HDHP medical plan members	Elect	Elect
Health Care Flexible Spending Account For Hybrid Plan or Core members not enrolled in an SPX HDHP Medical Plan or other high deductible health plan	Elect	Elect
Limited Purpose Flexible Spending Account For Basic or Choice HDHP medical plan members	Elect	Elect
Dental/Vision	Elect	Elect
Well-Being Programs		
Wellness Incentive Platform SPX medical plan enrollment required to receive funds. (excludes Kaiser)	Auto	Auto
Pelago Substance Use Management	Auto	Auto
Work-Life Balance		
Adoption Assistance	Auto	Not Eligible
Dependent Care Flexible Spending Account	Elect	Elect
Paid Time Off	Auto	Not Eligible
Family and Medical Leave Act	Auto	Auto
Health Advocate Employee Assistance Program	Auto	Auto
Your Financial Wellness		
401(k) Savings Plan	Auto / Elect	Auto / Elect
529 College Savings Plan	Elect	Elect
Tuition Reimbursement Eligible after 6 months of SPX active employment	Auto	Not Eligible
Basic Life and AD&D	Auto	Auto
Business Travel Accident Insurance	Auto	Auto
International SOS	Auto	Auto
Empathy Funeral Concierge Support	Auto	Auto
Supplemental Life and AD&D	Elect	Not Eligible
Disability	Auto	Not Eligible
Aetna Supplemental Health Insurance	Elect	Elect
VIA Benefits	Auto	Auto
Mercer Voluntary Benefits	Elect	Not Eligible
Bank of America Preferred Rewards	Elect	Not Eligible

How to Enroll in Benefits

You have three easy ways to enroll:

1. **On the SPX network:** Go to OKTA and select the US SPX Benefits Portal tile.
2. **On your mobile device**: Download the MyChoice Benefits app. You must first register through the SPX Benefits portal using your existing credentials.
3. **From home:** Visit MySPXbenefits.com. First-time users should enter company key **SPX** to set up an account.

Making Benefit Changes

As a new hire—or during Annual Enrollment—you may enroll in, change, or waive coverage. Outside of these periods, changes are allowed only if you experience a Qualified Life Event.

You must enroll within 31 days of your hire date, or you will not have coverage.

What You'll Need to Enroll

- Your Dependent's Social Security Number
- Medicare ID (if applicable)
- Date of birth for you and your dependents
- Life insurance beneficiary details
- Dependent eligibility documents, if required

Rehires

If you are rehired within 30 days, your previous benefit elections will be reinstated. If your break in service is longer than 30 days, you must enroll as a new hire. Coverage begins on your rehire date.

Retro-Deduction

Premium changes will be applied retroactively to the applicable effective date, including the date of hire or rehire for new hires and rehires.

Need help with the portal or app?

Meet Sophia, your virtual benefits assistant—available 24/7 to answer your questions and help you navigate the SPX Benefits Portal. She speaks multiple languages and is available online or by phone at **888-305-3576**.

Qualified Life Events

If you experience a Qualified Life Event (QLE), you may update your benefit elections—as long as the changes relate directly to the event. Most changes must be made within **31 days** using the online enrollment system.

Common Qualified Life Events

Qualified Life Events may include:

- Marriage, divorce, legal separation, annulment, or death of a spouse
- Birth, adoption, or death of a dependent
- A change in employment status for you, your spouse, or a dependent that affects benefit eligibility
- A move that impacts plan eligibility
- A court order or Qualified Medical Child Support Order (QMCSO)
- A dependent becoming eligible or no longer eligible under the plan
- Medicare eligibility for a dependent turning age 65

Special 60-Day Timeframes

You have **60 days** to make changes if:

- You are adding a new child and are already enrolled in coverage that includes children.
- You lose Medicaid or CHIP coverage or receive a determination of eligibility for premium assistance.

Your current benefit coverage and payroll deductions will continue until required documentation is received and approved by the SPX Benefits Service Center. Additional proof may be required. To make changes or get help, use the online portal, mobile app, or call **888-305-3576**.

Coordination of Benefits

If you or your dependents are covered by more than one group plan, coordination of benefits determines how claims are paid:

- If the SPX plan is primary, it pays benefits first.
- If the SPX plan is secondary, it pays only the difference between what the primary plan pays and what the SPX plan would normally pay.

Coordination of Benefits with Medicare

If you enroll in both Medicare and an SPX Aetna medical plan while actively employed, the SPX medical plan pays first (primary payer) and Medicare pays second (secondary payer). Employees are encouraged to contact VIA Benefits for personalized guidance when evaluating Medicare coverage options.

Taking Care of Your HEALTH

Medical Plan Information

SPX covers about 75% of the total cost of medical coverage. Your share of the cost depends on the medical plan you choose and your pay band. Our goal is to make medical coverage affordable for all employees.

Calculating Premium Costs

To calculate premiums for Medical, Basic Life, AD&D, and Supplemental Life coverages, SPX uses your Frozen Salary or Annualized Base Benefit Rate (ABBR), which is your base pay excluding bonuses, overtime, and differentials. Your Frozen Salary is set for the entire calendar year. In your year of hire, it is based on your starting pay. For Annual Enrollment, Frozen Salary is determined each September for the upcoming plan year.

For employees paid fully or partially by commission:

- In your year of hire, ABBR is based on base pay (if applicable) plus expected commissions.
- In later years, ABBR is calculated using your average earnings over the last two full years (or fewer, if applicable), including commissions.

Spousal Surcharge

A $1,200 annual surcharge applies if your spouse declines their own employer's medical coverage and enrolls in an SPX medical plan. It is deducted per pay period and prorated for mid-year enrollment.

The surcharge does not apply if your spouse does not have access to other employer-sponsored coverage or is covered only by Medicare.

Medical Tobacco Surcharge

To support employee and family health, SPX applies a $520 annual tobacco surcharge for each enrolled adult who has used tobacco in the past 12 months. This includes cigarettes, cigars, pipes, and smokeless tobacco.

SPX offers a free tobacco cessation program through Pelago:

- Complete the program to have the surcharge removed for the rest of the year.
- You'll also be reimbursed for any surcharge already paid.

See page 22 for more about the Pelago tobacco cessation program.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard by contacting the SPX Benefits Service Center at **888-305-3576**.

Medical Plan Information (Continued)

Your Medical Plan Options

SPX offers four medical plan options administered by Aetna that include:

- 100% in-network preventive care
- Access to the nationwide Aetna Choice POS II network (no referrals needed)
- Emergency services covered at in-network rates
- Prescription drug coverage through Rightway

How Do the Medical Plans Differ?

While all plans offer the same core coverage, they differ in:

- Payroll deduction
- Office visit costs
- Deductible type and amount
- Eligibility for HSAs or FSAs

Understanding Deductibles

One of the biggest differences between plans is how the deductible is applied. The information below explains the two types of deductibles you may see.

- **Embedded Deductible:** Each covered family member has their own individual deductible. Once a person meets their deductible, the plan begins paying their share—even if the full family deductible hasn't been met.
- **Aggregated Deductible:** The entire family deductible must be met before the plan begins paying benefits. There is no individual deductible; expenses incurred by multiple family members all contribute toward meeting the total family deductible.

Plan Differences at a Glance

This snapshot highlights the key differences to help you quickly compare plans.

Feature	Basic HDHP/HSA	Primary Care Hybrid	Choice HDHP/HSA	Core Plus
Payroll Deduction	Lowest	Low	Moderate	Highest
Deductible Type	Aggregate	Embedded	Aggregate	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

The 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.

The High Performance Network (HPN) Plan

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.

Find a Network Provider

- Visit aetna.com.
- Select "Plan from an employer" and enter your ZIP code.
- Choose Aetna Choice POS II (Open Access) to view providers.
- You can also call **855-695-3416**.

Reminder!

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

Comparing Your Aetna Plans

In-Network Services	Basic HDHP/HSA	Primary Care Hybrid	Choice HDHP/HSA	Core Plus
Annual Deductible Individual/Family	$4,500 / $9,000	$5,500 / $11,000	$2,000 / $4,000	$750 / $1,500
Annual Out-of-Pocket Max Individual/Family	$6,650 / $13,300 (includes deductible, coinsurance and copays)	$7,500 / $15,000	$5,000 / $10,000 (includes deductible, coinsurance and copays)	$3,500 / $7,000
Coinsurance	30%		20%	
Preventive Care	100% covered, no charge			
CVS 24/7 Virtual Primary Care				
Retail Clinics	30% after deductible	$15 copay	20% after deductible	$15 copay
Primary Care Office Visit (in-person or virtual)	30% after deductible	$25 copay	20% after deductible	$30 copay
Specialist Office Visit	30% after deductible	50%, no deductible	20% after deductible	$60 copay
Urgent Care Facility	30% after deductible	$75 copay	20% after deductible	$60 copay
Emergency Room	30% after deductible	30% after deductible	20% after deductible	$250 copay & 20% coinsurance
Inpatient Services	30% after deductible	30% after deductible	20% after deductible	20% after deductible
Outpatient Services	30% after deductible	30% after deductible	20% after deductible	20% after deductible
Prescription Drugs (Retail) - Rightway				
Generic or Specialty Drugs	30% coinsurance after deductible ($4 min / $25 max)	$10 copay	25% coinsurance after deductible ($4 min/$20 max)	$10 copay
Preferred Brand Name or Specialty Drugs	30% coinsurance after deductible ($25 min / $75 max)	30% coinsurance, deductible waived; $100 maximum	25% coinsurance after deductible ($20 min / $60 max)	25% coinsurance ($20 min / $80 max)
Non-Preferred Brand Name or Specialty Drugs	30% coinsurance after deductible ($40 min / $100 max)	30% coinsurance, deductible waived; $100 maximum	25% coinsurance ($40 min / $90 max)	40% coinsurance ($40 min / $100 max)
Out-of-Network				
Annual Deductible Individual/Family	$13,500 / $27,000	$11,000 / $22,000	$6,000 / $12,000	$2,250 / $4,500
Annual Out-of-Pocket Max Individual/Family	$13,500 / $27,000	$15,000 / $30,000	$10,000 / $20,000	$7,000 / $14,000
Coinsurance	50%	50%	40%	40%

HDHP Plans: Prescription drug (Rx) expenses apply toward and count toward meeting the annual deductible.
***Payer Matrix Specialty Drug Program:** Specialty medications are carved out from the standard pharmacy benefit and managed through Payer Matrix, which provides personalized support with medication access and available financial assistance, including manufacturer and copay assistance programs.

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) out of pocket; after reaching it, the plan covers 100% of eligible expenses.

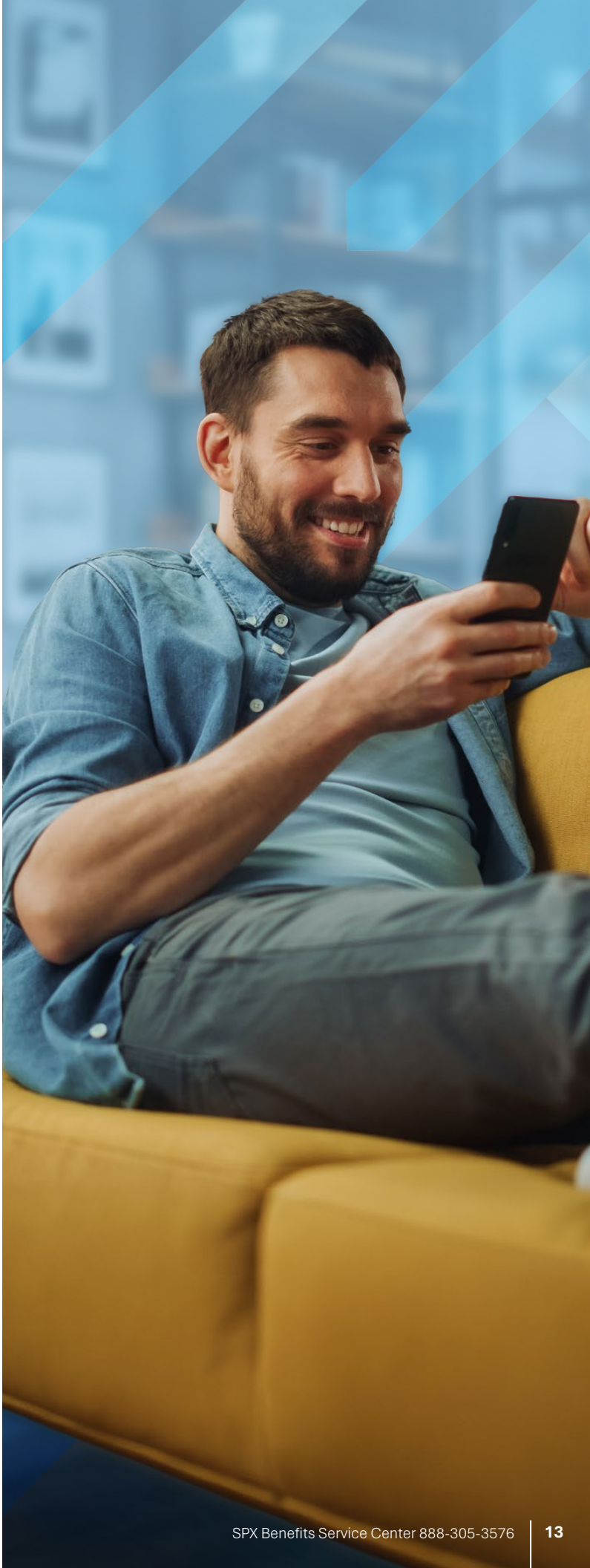
Care Management Programs | Aetna

Navigating healthcare can be overwhelming. That's why your Aetna medical plan includes a dedicated team of experts to help you find the right care, manage your health, and get answers when you need them most. Personalized help is available for SPX Aetna plan members at no cost.

- **Aetna Concierge:** Think of this as your personal health guide. They can help you find the right specialist, schedule appointments, and explain your plan details so you know exactly what's covered. Call **888-512-3862** (Mon–Fri, 8 a.m. – 6 p.m.). This is your "one-call" solution for plan questions, finding doctors, and scheduling help.
- **Nurse Line:** Health questions don't always happen during office hours. Get confidential, 24/7 access to a registered nurse whenever you need quick medical advice. Call **800-556-1555**. Available anytime, day or night, for quick medical advice or "is this an emergency?" questions.

Specialized Care Programs

- **Maternity Support:** Connect with dedicated maternity nurses who provide personalized advice, answer your "is this normal?" questions, and support you every step of the way toward a healthy pregnancy and delivery. Call **800-272-3531**. Dedicated support for expecting parents.
- **Condition Support:** If you are managing a chronic condition, our registered nurses are here to help. They'll help you prepare for doctor visits, craft the right questions to ask, and help remove any obstacles standing between you and your health goals. Call **866-269-4500** for expert guidance managing chronic conditions like diabetes or heart health.



Health Savings Account (HSA) | Fidelity

An HSA is a personal savings account for healthcare if you're enrolled in a High Deductible Health Plan (HDHP). It's yours to keep—even if you change plans or leave the company—and it's the most tax-efficient way to pay for medical, dental, and vision expenses.

Why Choose an HSA?

- **Triple Tax Savings:** Contributions are pre-tax, growth is tax-free, and withdrawals for health expenses are tax-free.
- **Company Contribution:** SPX puts money into your account to help you get started.
- **No "Use It or Lose It":** Your balance rolls over every year and can even be invested for retirement.
- **Total Portability:** The money is always yours, even if you leave the company or retire.

How it Works

To get started, simply enroll in one of our High Deductible Health Plans (HDHPs). Once enrolled, you can contribute pre-tax dollars directly from your paycheck to grow your savings. To help you build your balance, SPX automatically adds funds to your account:

- $200 if you have individual coverage
- $400 if you cover dependents

2027 Annual HSA Contribution Limits

When planning your payroll deductions, remember to factor in the SPX contribution to ensure your total annual deposits do not exceed the IRS maximum limits.

Coverage Tier	2027 IRS Limit	SPX Contribution	Your Max Contribution
Employee Only	$4,500	$200	$4,300
Employee + Dependent(s)	$9,000	$400	$8,600
Age 55+ Catch-up	+$1,000	$0	+$1,000

Don't forget your PeopleEQ Rewards. Any money you earn through the wellness platform also counts toward these IRS limits. If you plan to earn the full wellness incentive, remember to lower your personal contribution slightly to stay under the cap.

Medicare, Social Security and HSA Eligibility

If you enroll in any part of Medicare, including premium-free Medicare Part A, you are no longer eligible to make or receive contributions to a Health Savings Account (HSA). If you are enrolled in Medicare, you may remain enrolled in an SPX medical plan; however, you should consider a non-HSA plan option, such as the Primary Care Hybrid Plan or Core Plus Plan, if you wish to avoid HSA contribution issues.

You should also be aware that electing Social Security retirement benefits automatically enrolls you in Medicare Part A. In some cases, your Medicare Part A coverage may be applied retroactively for up to six months. Under IRS rules, you are not eligible to contribute to an HSA during any period you are covered by Medicare, including retroactive coverage periods. HSA contributions you make during an ineligible period may be subject to taxes and penalties.

Important!

If you plan to enroll in Medicare or begin receiving Social Security retirement benefits, consider stopping your HSA contributions at least six months before your Medicare effective date to avoid potential tax consequences.

Health Care Flexible Spending Accounts (FSA) | Fidelity

Fidelity offers two types of Health Care FSAs to help you save on out-of-pocket costs. These accounts allow you to set aside pre-tax dollars to pay for eligible healthcare expenses for you and your dependents. The Health Care FSA is available regardless of medical plan enrollment, while the Limited Purpose FSA is only available to employees enrolled in an Aetna HDHP medical plan.

- **Health Care FSA (HCFSA):** A general-purpose account **for those not in the HDHP**, covering a wide range of medical, dental, and vision needs.
- **Limited Purpose FSA (LPFSA):** Specifically designed **for employees enrolled in an SPX HDHP**. It works alongside your Health Savings Account (HSA) by covering dental and vision costs, allowing your HSA funds to grow for future medical needs.

For more information about eligible expenses covered by FSAs, go to fidelity.com.

Important Reminder

Flexible Spending Accounts (FSAs) do not automatically roll over. If you want to participate, you must actively enroll every year during Annual Enrollment.

To learn more about either of the spending accounts, visit the Reference Center in the SPX Benefits Hub.

2027 Contribution Limits & Rules for Both Plans

	Details
Contribution limit	You may contribute up to **$3,400** per year.
Rollover amount	You can roll over up to **$680** of unused funds into the next plan year.
Use-it-or-lose-it deadline	Any funds above the rollover limit must be used by **December 31, 2027** or they will be forfeited.
Claim reimbursement deadline	You have until **March 31, 2028**, to submit your **2027** claims for reimbursement.

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

Supplemental Health Insurance | Aetna

Medical insurance pays the hospital; Aetna Supplemental Plans pay you. If you experience a covered illness or injury, you'll receive cash sent directly to your bank account. You can use it to help cover out-of-pocket costs—like deductibles, copays, or expenses you pay before your medical plan pays—plus everyday bills while you recover.

Choose the Protection You Need

Plan	What it Covers	Why You'll Love It
Critical Illness	Major diagnoses like cancer, heart attack, stroke, or organ transplant.	Provides a **lump-sum cash payment** to help you focus on recovery instead of bills.
Accident Insurance	Injuries from accidents, including ER visits, broken bones, burns, and ambulance rides.	Supplements your medical plan by providing extra cash for those "oops" moments.
Hospital Indemnity	Hospital admission or stays due to sickness, injury, or even a **covered pregnancy**.	Eases the financial burden of a hospital stay with a direct cash benefit.

Earn Money for Staying Healthy

If you enroll in the Critical Illness or Accident plans, you can get paid for taking care of yourself.

- **Health Screening Benefit:** Get $50 back per member for completing a covered preventive screening (like a wellness exam).
- **Double Up:** If you have both plans, you could receive up to $100 per member.

Simplified Claims for Aetna Members

If you are already enrolled in an Aetna medical or dental plan, Aetna automatically looks for medical and dental claims that might trigger a supplemental payment and will notify you to confirm the claim. Once approved, your benefit is sent via check or direct deposit.

Get Started

Download the My Aetna Supplemental app or visit MyAetnaSupplemental.com to manage your plans and view claims.

Example: Child Breaks a Leg

See how your SPX medical plan and Aetna Supplemental Accident plan work together.

1 Medical Plan Covers the Treatment

Jordan, age 12, breaks their lower leg playing basketball. They visit an in-network emergency room and receive X-rays, treatment and crutches.

Service	Cost
Emergency room	$1,800
X-rays	$400
Fracture treatment & supplies	$900
Follow-up visits	$400
Total medical expenses	**$3,500**

With the Choice HDHP/HSA plan, you are responsible for the $3,500 (deductible/coinsurance applies).

+

2 Aetna Supplemental Accident Plan Pays You Cash (High Plan Example)

Emergency room treatment	$400
X-rays	$250
Broken lower leg (tibia fracture)	$6,000
Crutches (secondary appliance)	$200
Two follow-up visits ($100 each)	$200
Total cash benefit (High Plan)	**$7,050**

Benefits are paid directly to you (not the hospital) and can be used for medical bills or any other expenses.

=

3 More Financial Support When You Need It

Accident plan cash benefit (High Plan)

$7,050

–

Medical expenses

$3,500

Potential money remaining

$3,550

Prescription Drug Plan
Rightway

Rightway is your pharmacy benefit manager. In addition to managing your prescription drug coverage, Rightway's expert pharmacy team provides personalized support to simplify the prescription process.

With Rightway, you have direct access to licensed pharmacists and pharmacy technicians who help you save time and money. From finding the lowest medication prices to transferring prescriptions to a different pharmacy, Rightway handles the details so you don't have to.

The Rightway pharmacy team is here to:

- **Explain** your prescription drug coverage.
- **Compare** medication prices and find lower-cost options.
- **Contact** your provider to obtain prior authorization.
- **Coordinate** mail-order and specialty prescriptions.
- **Answer** questions about medications and side effects.

How to get started with Rightway

Your Rightway coverage begins at the start of your plan year. When filling prescriptions, simply present your member ID card so your pharmacy can process your benefit information. For additional information about your prescription drug coverage through Rightway, see page 12.

SPX prescription benefits are managed by Rightway.

Specialty medications are managed through Payer Matrix and are limited to a 30-day supply, subject to the applicable deductible, coinsurance, or copayment.

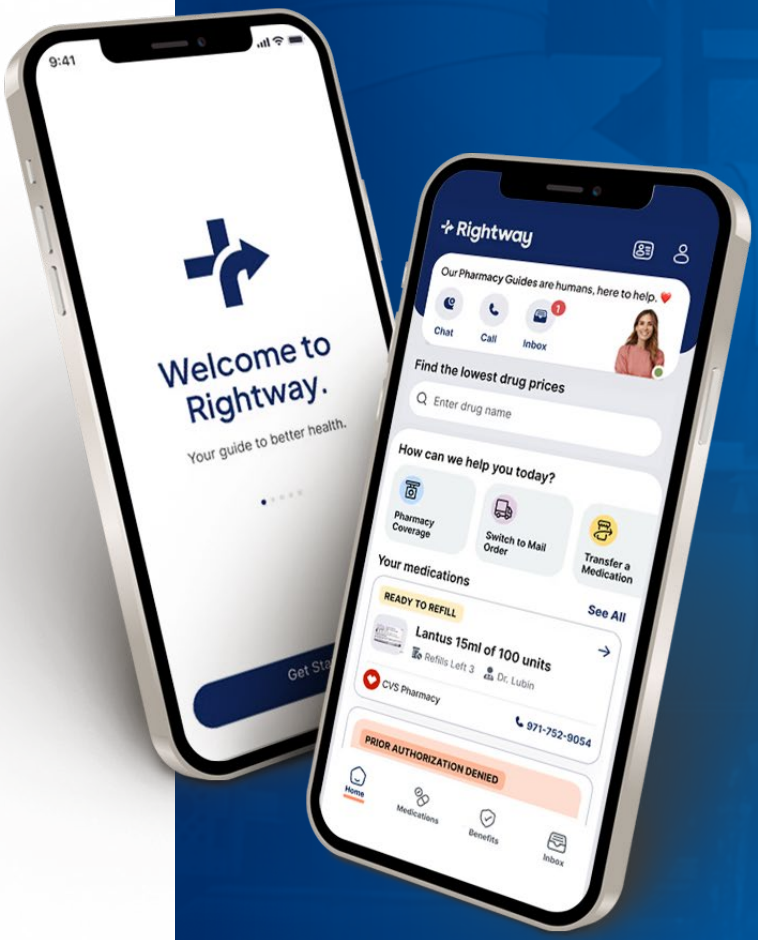
For assistance with a specialty medication, contact Payer Matrix at:

- **Phone:** 877-305-6202
- **Email:** customerservice@payermatrix.com

Tools & Resources

To access self-service tools and support, visit joinrightway.com/rx, scan the QR code to download the secure Rightway app from the App Store or Google Play, or contact Rightway Customer Care at **833-307-9562**.

Once you activate your account, you can view your coverage details and ID card, search drug prices, chat with the pharmacy team on demand, and much more.



Virtual Primary Care
CVS

Get high-quality healthcare from home at no cost to you if you're enrolled in an SPX Aetna medical plan. Use your phone, tablet, or computer to see board-certified doctors and licensed counselors through video visits without a commute or a waiting room.

Ready to Get Started?
Scan the QR code or visit cvs.com/virtual-care to register and book your first visit.

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.

Virtual Services Available from CVS

Primary Care Services

For adults and children age 18 months and older. 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

24/7 Care

For adults and children age 18 months and older. 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

Virtual mental health support is available for adults and children ages 13 and older. Get treatment for:

- **Personal Well-Being:** Support for anxiety, depression and other mood disorders, anger, grief, loss, major life changes, and chronic illness.
- **Workplace Harmony:** Help managing job-related stress, burnout, workplace changes, and conflicts with coworkers or managers.
- **Family & Home Life:** Support for marriage and family relationships, divorce, parenting concerns, and postpartum depression.
- **Health & Recovery:** Specialized support for addiction, eating disorders, and other behavioral health concerns.
- **Psychiatric evaluations and medication management** are also available for adults. Mental health services are available by appointment seven days a week. Services for adolescents ages 13–17 are limited to counseling. Psychiatric services and mental health medication management are available only to adults ages 18 and older.

Mental health services are available by appointment 7 days a week.

Dental | Aetna

SPX offers two dental plan options through Aetna: the Basic Plan and the Core Plan. Both plans cover the same types of services, but the Core Plan offers higher benefit levels and orthodontia coverage in exchange for higher monthly premiums.

Choosing Your Provider

You can see any dentist you like, but you will almost always save money by staying in-network.

- **In-Network:** Dentists have agreed to fixed, lower rates. You won't be charged more than the plan's negotiated price. To find an in-network provider, visit Aetna.com.
- **Out-of-Network:** If your dentist charges more than the Reasonable & Customary amount the plan pays, you are responsible for paying the difference (known as balance billing).

2027 Dental Plan Comparison

Feature	Basic Plan	Core Plan
Annual Deductible Individual/Family	$75 / $225	$50 / $150
Preventive Care Exams, cleanings, X-rays	Covered 100% (no deductible)	
Basic Care Fillings, extractions, root canals	You pay 40% after deductible	You pay 20% after deductible
Major Care Crowns, dentures, bridges	You pay 50% after deductible	
Annual Plan Maximum	$1,000 per person	$2,000 per person
Orthodontia Children under 19	Not covered	50% coverage ($2,000 lifetime max)

For a complete list of exclusions and limitations, please refer to the Summary Plan Description (SPD) located in the SPX Benefits Portal.

Aetna does not automatically mail physical Dental ID cards.

If you are a new enrollee, you'll receive a welcome letter with your member information. You can always view, print, or save your digital ID card through the Aetna website or mobile app.

Vision | VSP

Vision coverage is provided through Vision Service Plan (VSP). You have the flexibility to see any provider, but you will receive the highest level of coverage and lower out-of-pocket costs when you stay in-network.

Where to Get Care

- **VSP Preferred Network:** Offers the lowest copays and highest allowances.
- **VSP Affiliate Providers (Costco & VisionWorks):** Offers convenient retail options with standard copays and specific allowances.
- **Out-of-Network:** You can see any provider, but you will be responsible for paying the full cost upfront and submitting a claim for a limited reimbursement.

2027 Vision Benefits at a Glance

Benefit (Once per Calendar Year)	**VSP Preferred Network**	**Affiliate (Costco/VisionWorks)**	**Out-of-Network**
Eye Exam	$10 copay	$10 copay	Up to $45
Lenses	Covered in full	$25 copay (includes frames)	Up to $30–$65
Lens Options (Anti-reflective/Progressive)	Covered in full	Covered in full	Not covered
Frames (every other year)	$25 copay; $150 allowance	Included in lens copay; $80 allowance	Up to $70
Contacts (elective)	Up to $60 copay; $150 allowance	Up to $150 allowance	Up to $105
Laser Vision Correction	Discounted through VSP	Not covered	Not covered

VSP does not provide ID cards. To use your benefits, provide your Social Security number to your VSP provider.

Wellness **PROGRAMS**

PeopleEQ through WellRight

Whether you're focusing on physical fitness, mental resilience, or financial peace of mind, WellRight makes it easy to track your progress and earn cash rewards while you do it. You do the work; we provide the incentive. It's that simple.

- **Employees:** Earn up to **$400/year**
- **Spouses:** Earn up to **$200/year** (if enrolled in the Aetna medical plan)

You can participate in the program without medical plan enrollment. However, to receive funds, you must enroll in an SPX medical plan.

Choose Your Challenge: 2027 Incentives

Mix and match these activities to reach your maximum reward.

The Activity	Employee Earns	Spouse Earns
The Big Three: Annual Physical, Biometrics, or Cancer Screenings *Earn up to $300 for completing three different cancer screenings. Covered spouses can earn up to $150 for completing three different screenings.*	$100 each	$50 each
Financial Health: Fidelity Wellness Check	$50	$0
Healthy Habits: Dental or Vision Exam	$50	$30
Body & Mind: *Hinge Health Sessions, Health Assessment, Emotional Health Resilience Program, Complete 8 EAP Sessions, or Complete 10 CVS Virtual Behavioral Health Sessions*	$30	$30

How are Rewards Distributed?

- Funds are deposited monthly directly into your HSA if you are in the **HDHP Basic** or **Choice Plan**.
- If you're in the **Primary Care Hybrid Plan** or the **Core Plus Plan**, your rewards will be added to your regular paycheck.

Quick Reminder: HSA deposits count toward your annual IRS contribution limit—keep this in mind when determining your annual HSA election.

Level Up Your Well-Being

Ready to start earning? Your journey to a healthier (and wealthier) you is just a click away.

- **Online:** Jump in at spxwellbeing.wellright.com
- **On the Go:** Scan the QR code to download the WellRight App from the App Store or Google Play and track your progress from anywhere.

Download on the App Store

GET IT ON Google Play

Joint & Muscle Support | Hinge Health

Whether you're dealing with a chronic bad back, recovering from a recent injury, or just want to stay mobile and pain-free, Hinge Health provides everything you need to feel better without the hassle of driving to a clinic. Best of all? It's 100% free for employees and family members enrolled in an SPX Aetna medical plan.

Start Your Journey to Pain-Free Living

Join the thousands of members who have reduced their pain by over 60% through the Hinge Health program.

- Apply at hingehealth.com/spx.
- Questions? Call **855-902-2777**.

What's Included in Your Kit:

- **Personalized Digital Therapy:** Get a custom exercise therapy plan designed for your specific needs, accessible via the Hinge Health app anytime, anywhere.
- **1-on-1 Coaching:** You'll be paired with a dedicated health coach or physical therapist to keep you motivated, answer your questions, and track your progress.
- **The Enso Device:** Receive a proprietary, FDA-cleared wireless device that uses gentle electrical stimulation to provide immediate relief for mild to intense pain. It's wearable, discreet, and works in minutes.
- **Free Equipment:** Depending on your plan, Hinge Health may ship a tablet and wearable sensors directly to your home to help you perfect your form.

Substance Use Management Program | Pelago

To support SPX's commitment to a zero-harm workplace and your overall well-being, Pelago is here to support you. Whether you want to quit entirely, cut back, or better understand your relationship with tobacco, alcohol, or other substances, Pelago can help. This virtual, physician-led program is 100% confidential and available at no cost to all SPX employees and eligible dependents.

How Pelago Supports You

- **Private & Virtual:** Access 1-on-1 support from a physician-led team through your phone—no waiting rooms or commutes.
- **Personalized Care:** Receive a custom plan that includes digital CBT tools, remote monitoring, and professional coaching.
- **Medical Assistance:** Get easy access to Cognitive Behavioral Therapy and nicotine replacement therapy when appropriate.

Programs Tailored to Your Goals

- **Alcohol:** For anyone looking to change their relationship with alcohol—whether you're aiming for long-term sobriety or just a sober-curious month.
- **Tobacco & Nicotine:** Tools to help you quit smoking, vaping, or using smokeless tobacco for good.
- **Opioids:** Comprehensive whole-person care for opioid treatment and recovery, all in one place.
- **Cannabis:** Work with a coach to understand the effects of cannabis on your health and make informed choices about quitting or using less.

Managing the Tobacco Surcharge

If you or any covered dependents have used tobacco (including cigarettes, cigars, pipes, or smokeless tobacco) within the last 12 months, a $520 annual medical surcharge applies to each individual.

You can completely avoid or remove this cost by completing the 6-week Pelago tobacco cessation program by **November 10, 2027**. Once finished, the surcharge will be removed for the remainder of the year, and you will be reimbursed for any amount already paid.

If you are unable to participate in in any of the health-related activities or achieves any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard by contacting your local HR Team.

Take the First Step

Pelago works alongside your existing providers to ensure you have a seamless, integrated path to better health. Your privacy matters. Pelago is a completely confidential service, and your participation is not shared with SPX. SPX will not know if you enroll in or use the program.

Get started at my.pelagohealth.com/v2/spx.

Cancer Care & Support | Color Health

Color is a benefit that provides employees and their families with comprehensive cancer support, including access to care and resources throughout their cancer journey. Color's early detection and screening services are available at **no cost** to employees and eligible dependents enrolled in an SPX Aetna medical plan. Color's support includes:

- **Free at-home screenings** for colon, cervical, prostate and skin cancer, plus genetic testing and counseling for high-risk individuals.
- **Help scheduling in-person screenings** like mammograms and colonoscopies. Color can help you find a doctor, and can even book an appointment for you, too.
- **24/7 symptom and prescription support** for patients and survivors, plus second opinions, clinical trial guidance, and access to Color's expert oncology network.
- **Expert support** from oncologists, nurses, dietitians, genetic counselors, and advocates available seven days a week.
- **Dedicated peer support groups** for patients, survivors, and those supporting someone with cancer, led by coaches trained in the emotional impact of cancer.

Activate your account by visiting color.com/spx and you'll be notified once you can begin your screening journey with Color.

Whether you're focused on prevention, navigating a current or past diagnosis, or supporting a loved one with cancer, Color is here to support you at every step.

Your Financial **WELLNESS**

401(k) Savings Plan | Fidelity

Building your nest egg is easy with the SPX 401(k) Plan, administered by Fidelity. Whether you are a full-time, part-time, or temporary employee, you are eligible to start saving for your future on Day 1. The only exception is if your position is covered by a Collective Bargaining Agreement (CBA) that provides different eligibility rules for your retirement benefits.

Why Join?

- **Instant Growth:** Between the SPX company match, which is contributed in SPX Technologies, Inc. common stock, and tax-deferred investment growth, your savings can accumulate much faster than a traditional savings account.
- **Tax Advantages:** You won't pay federal (and in most cases, state or local) taxes on your contributions or the company match until you withdraw the money in retirement. This keeps more of your hard-earned money working for you today.

Your Contribution Options

You may make pre-tax contributions, Roth contributions, or a combination of both.

- Pre-Tax Contributions: Contributions are deducted before federal income taxes, which may lower your taxable income today. You pay taxes on your contributions and earnings when withdrawn in retirement.
- Roth Contributions: Roth contributions offer valuable tax advantages: you pay taxes on your contributions now, your investments grow tax-free, and qualified withdrawals—including earnings—are tax-free in retirement.

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): • Catch-up: Age 50+ can contribute an extra $7,500 • Super Catch-up: Ages 60–63 can contribute an additional $3,750
Match in SPX Company Stock	SPX matches on the first 6% of eligible pay: • $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.

401(k) Savings Plan Fidelity

(Continued)

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. **If you do not choose an investment lineup your contributions will default into a Target Date Fund.**
- **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%. You may opt out or increase your contribution rate at any time.
- **Withdrawals and Loans:** The plan allows withdrawals. For complete details, please review the Summary Plan Description (SPD) or contact Fidelity at **877-401-5779**.

Plan Investments

You have the flexibility to invest your 401(k) Plan account balance in a variety of investment options that align with your savings goals, retirement timeline, and risk tolerance. SPX offers a broad selection of investment funds for you to choose from. If you do not choose an investment lineup, your contributions will default to a Target Date Fund based on your anticipated retirement age.

Vesting

Vesting refers to your ownership of the money in your retirement account. You are always **100% vested** in your own contributions, any SPX matching contributions, and all associated earnings. This means the full value of your account belongs to you, regardless of when your employment with SPX ends.

High-Earner Requirement: Per IRS rules, if your FICA-taxable wages exceeded $150,000 in the previous calendar year, any catch-up or super catch-up contributions you make must be deposited on an after-tax basis into a Roth 401(k). The $150,000 threshold is subject to change for 2027 based on IRS guidance.

Withdrawals

Withdrawals from your retirement account are generally permitted only in certain situations, such as when you reach age 59½, terminate employment, become disabled, or experience an approved financial hardship as defined by the Plan. Withdrawals may be subject to ordinary income taxes and, if taken before age 59½, may also be subject to an additional IRS early withdrawal tax penalty.

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 at Fidelity.com.

529 College Savings Plan
Fidelity

A 529 College Savings Plan is a smart, tax-advantaged way to save for education. You can open an account for your child, grandchild, or even a friend.

- **Tax-Free Growth:** Your money grows tax-free when used for qualified expenses like tuition, room and board, books, and supplies.
- **Flexible Use:** Funds can be used at accredited colleges, universities, and technical schools across the U.S.
- **Total Control:** As the account owner, you manage the funds. Just keep in mind that withdrawing money for non-educational purposes may result in a tax penalty.

For more information, visit fidelity.com/529-plans/overview or call a Fidelity specialist at **800-544-1914**.

Tuition Reimbursement

We want to help you grow your skills and advance your career. SPX provides reimbursement of up to **$5,250 per year** for eligible educational expenses related to degree programs and job-related courses. Employees may be eligible to participate after completing **six months of service** with SPX. To determine locations where the benefit is offered and more details about tuition reimbursement, visit flimp.live/SPX-Benefits-Hub.

Important Information

- Approval must be obtained before the start of the course.
- Reimbursement is available only for eligible educational expenses and is subject to program guidelines.
- Required documentation, including proof of enrollment, final grades, and receipts, must be submitted for reimbursement.
- Employees who voluntarily leave SPX within two years of completing a course for which reimbursement was received may be required to repay all or a portion of the reimbursement.

Ready to go back to school?

Contact your local HR representative for eligibility requirements, application instructions, and complete program details.

Life & Accidental Death & Dismemberment (AD&D) Insurance | Aflac

Basic Life and AD&D

As an eligible SPX employee, you automatically receive Basic Life and AD&D insurance at no cost to you. This benefit provides financial protection for your loved ones in the event of an unexpected death or serious injury. Coverage equals 1.5 times your frozen base salary, rounded up to the nearest $1,000. See page 10 for information about how frozen salary is calculated.

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. AD&D never requires a health questionnaire, and you are automatically approved for whatever amount you choose.

Imputed Income for Basic Life Insurance

SPX provides company-paid basic life insurance. Under federal tax rules, the value of coverage above $50,000 is considered imputed income and is added to your taxable wages. This amount is based on your age and coverage level and is subject to applicable Social Security and Medicare taxes. It does not reduce your life insurance benefit or represent a deduction from your pay.

Please make sure your beneficiary information is always up to date. You can update your beneficiaries through your SPX Benefits Portal.

Life & Accidental Death & Dismemberment (AD&D) Insurance | Aflac (Continued)

Supplemental Life and AD&D Insurance

In addition to the company-paid Basic Life and AD&D coverage, you may elect supplemental coverage for added financial protection and peace of mind. Premiums are paid through convenient after-tax payroll deductions. Your coverage amount is based on your frozen base salary as of the beginning of the plan year and will not change if your salary increases during the year.

Supplemental Life Insurance

You can customize your coverage based on your family's needs:

	Coverage
For You	Up to 7x your annual frozen base salary earnings; Guaranteed Issue $300,000
For Your Spouse	Choose flat amounts of $10k, $25k, $50k, $75k, or $100k (not to exceed your own coverage amount); Guaranteed Issue $50,000
For Your Children	Choose a flat $10,000 or $20,000

When is Evidence of Insurability (EOI) Required?

You may elect coverage up to the Guaranteed Issue amount without completing a health questionnaire. If you elect coverage above the Guaranteed Issue amount, you will be required to complete an Evidence of Insurability (EOI) application through Aflac.

You will need to complete an EOI if:

- **For You:** You elect more than 3x your salary (or $300,000) as a new hire, or you increase your current coverage by more than one level during Annual Enrollment.
- **For Your Spouse:** You elect more than $50,000 in coverage.

Evidence of Insurability (EOI) Process

If a health questionnaire is required, Aflac will email or mail instructions for completing the Evidence of Insurability (EOI) application. Your new coverage will become effective once the carrier approves your application.

Next Steps for EOI

If a health questionnaire is required, Aflac will email you instructions. Your new coverage will take effect once the carrier officially approves your application.

Supplemental AD&D Insurance

Supplemental Accidental Death & Dismemberment (AD&D) insurance provides added financial protection if you die or experience a serious injury due to a covered accident. The benefit can help you or your family pay for medical bills, everyday living expenses, and other unexpected costs following an accident.

	Supplemental AD&D Coverage
Amount	You can buy coverage in $25,000 increments up to a maximum of $750,000.
Family Coverage	You can also add your spouse (50% of your coverage) or children (5% of your coverage) to this plan.

Information that Applies to All Life/AD&D Plans

- **Premium Rates:** Premiums are based on tobacco use status, age band, and salary band. Non-tobacco users pay lower rates, and your tobacco status must be verified during enrollment. Rates increase when you move into a new 5-year age band. Premiums are determined based on your age as of January 1 of the Plan Year (or date of hire, if later).
- **Benefits Reduce Beginning at Age 70:** While you are an active employee, your Basic and Supplemental Life Insurance coverage will reduce to 65% of your elected amount at age 70 and to 50% at age 75. Spouse coverage will also reduce to 65% at age 70 and to 50% at age 75.
- **Benefits Portability & Conversion:** If you leave SPX, you may be eligible to continue your life insurance coverage through Aflac by either porting your current coverage or converting it to an individual policy. Please note that portability and conversion rates are typically higher than group rates, and age restrictions may apply.

SPX Matching Gifts Program

SPX is committed to supporting the communities where we live and work. Through the Matching Gifts Program, you can increase the impact of your charitable giving by receiving a company match for eligible donations you make to qualified nonprofit organizations.

When you make a qualifying donation, it may be eligible for 100% matching from SPX up to $5,000 a year, helping your contribution go even further in support of the causes that matter most to you. You can search for eligible organizations, make donations, and request matching contributions through the Fidelity Giving Platform.

Need Assistance?
Call Fidelity at **800-826-3245**, Monday through Friday, from 8:30 a.m. – 5:00 p.m. ET.

LifeVault & Empathy Funeral Concierge Support Aflac

Aflac provides access to valuable tools and resources designed to help you and your loved ones prepare for and navigate difficult life events.

- **LifeVault Secure Storage:** A secure digital platform to organize and store important documents, account information, and final wishes for your loved ones.
- **Funeral & End-of-Life Planning:** Assistance with funeral arrangements, will preparation, last wishes, and funeral home price negotiation.
- **Estate & Administrative Support:** Guidance with probate, estate administration, account closures, government notifications, and property logistics.
- **Family Protection & Guidance:** Identity theft protection and personalized support from dedicated care specialists through Empathy.

To access these services, call Aflac Customer Service at **800-433-3036** and request LifeVault or Empathy Funeral Concierge Support.

Business Travel Accident (BTA) Insurance AIG International Services

You receive automatic coverage while traveling on authorized business trips for up to 365 consecutive days. This plan provides financial protection in the event of death or severe injury, including the loss of limb, sight, speech, or hearing.

Your coverage also gives you 24/7 access to **AIG Assist** for emergency medical, legal, and travel support while you are away from home. Your daily commute to and from your regular work location is not covered.

Carry your BTA Insurance Travel Card or store a photo in your phone with you on all business trips so you have your policy details and emergency contact numbers on hand.

For assistance, call **800-626-2427** (U.S. and Canada). Outside the U.S., you can call collect via an international operator at **(01-713) 267-2525**.

International SOS Travel Assistance

When you travel for business, you have access to International SOS, a global travel assistance program designed to support you during medical, security, and travel-related emergencies both domestically and internationally.

Your benefits include 24/7 access to multilingual assistance specialists, medical and security evacuation assistance, travel advisories, emergency coordination, and medical referrals.

How to Reach International SOS

- **By Phone (U.S.):** Call toll-free at **800-523-8662**
- **By Phone (International):** Call **+1-215-942-8333** (collect calls accepted worldwide)
- **Through the App:** Download the International SOS Assistance App to your smartphone for instant, one-button emergency calling and real-time local alerts.

Note: Remember to have your SPX Member code, **11BYCA00230**, ready when you contact them.

This information is also printed on your SPX travel itinerary.

Medicare | Via Benefits

Medicare Eligible? VIA Benefits Can Help!

Employees and covered dependents who are eligible for Medicare should carefully evaluate whether Medicare coverage may better meet their healthcare and financial needs. While individuals covered under the SPX Aetna medical plan are generally not required to enroll in Medicare, the SPX plan is considered creditable coverage, allowing Medicare enrollment to be delayed without penalty.

If you choose to delay Medicare enrollment, a Special Enrollment Period will be available when your employment ends or you lose SPX medical coverage, allowing you to enroll in Medicare without a late enrollment penalty.

SPX provides access to VIA Benefits, a free Medicare advisory service available to all employees. Whether you are approaching Medicare eligibility or assisting a family member, VIA Benefits offers access to licensed benefit advisors who can help you understand Medicare coverage options and enrollment requirements.

VIA Benefits can assist with:

- Understanding Medicare Parts A, B, C, and D
- Comparing Medicare Advantage, Medicare Supplement, and prescription drug plans
- Reviewing enrollment timelines and Special Enrollment Periods
- Evaluating coverage options based on individual healthcare needs
- Understanding potential costs associated with Medicare coverage

This service is available at no cost to SPX employees and may also be used to support a spouse, parent, or other family member who is navigating Medicare enrollment or evaluating Medicare plan options. Employees are encouraged to contact VIA Benefits for personalized guidance when evaluating Medicare coverage options.

How to Contact VIA Benefits

Want to learn more or connect with a licensed benefit advisory?

- **Visit:** discover.viabenefits.com/SPX
- **Download:** Scan the VIA Benefits QR code
- **Call: 833-858-4450**, Mon through Fri, 8:00 a.m. – 7:00 p.m. ET

Voluntary Benefits | Mercer

You have access to discounted benefit programs through Mercer Voluntary Benefits. You may enroll in or apply for these programs at any time during the year. Many offerings allow payroll deduction, and some may provide potential savings on an after-tax basis.

Employee Purchase Program

Purchasing Power is an SPX-sponsored program that lets eligible employees purchase thousands of brand-name products and pay over time through convenient payroll deductions. Employees with at least 12 months of active service and $16,000 in annual compensation automatically qualify, with no credit check, zero interest, and no hidden fees. Once eligible, employees can sign up at spxvoluntarybenefits.com or by calling **877-295-3939** Monday through Friday, 8 a.m. to 5 p.m. CT.

Allstate Identity Protection

Includes a $1 million identity theft insurance policy, remediation support, and tools to help protect your online identity and financial information. Plans are available through Protection Pro or Protection Pro Plus.

Enroll through the SPX Benefits Portal.

Auto and Home Insurance

Choose from a variety of coverage options, including auto, motorcycle, boat, home, personal excess liability, and personal property insurance.

Enroll online at spxvoluntarybenefits.com.

SPX does not sponsor or administer these programs, and they are not considered SPX employee benefit plans under ERISA. SPX is not responsible for the insurance coverage, products, or services provided.

Wishbone: Pet Discount Program

Pet Assure

Save 25% on veterinary services at participating Pet Assure providers. All pets are eligible, including those with pre-existing conditions. Enjoy instant discounts with no claims, deductibles, or waiting periods, plus convenient payroll deductions. Enroll through the SPX Benefits Portal.

Pet Plus

Save up to 40% on pet prescriptions, preventatives, food, and supplies through PetPlus, with free shipping on PetCareRx.com orders. Enjoy same-day prescription pickup at participating pharmacies, 24/7 pet telehealth, and convenient payroll deductions. Available for all dogs and cats with no exclusions. Enroll through the SPX Benefits Portal.

Pets Best Pet Insurance

Pet health insurance with multiple coverage options, including accident and illness plans. Coverage may include wellness care, vaccines, and flea and tick prevention. Call **800-887-5708** to get started.

Enroll online at spxvoluntarybenefits.com.

Accessing Mercer Voluntary Benefits

Explore and enroll online at spxvoluntarybenefits.com or call **1-877-295-3939** to speak with a Mercer benefits specialist.

ARAG Legal Service Plan

ARAG provides access to experienced network attorneys and resources for 100+ legal needs, including wills and estate planning, home and family matters, consumer issues, financial challenges, traffic matters, and more. Choose from two plan options to fit your needs. You can enroll in coverage through the SPX Benefits Portal during Annual Enrollment or following a qualifying life event (QLE).

Visit ARAGlegal.com/myinfo and enter **Access Code: 10476spx**, or call ARAG Customer Care at **800-247-4184**.

Bank of America Employee Banking Benefits

Through SPX's relationship with Bank of America, employees have access to special banking rewards and benefits through the Bank of America Employee Banking and Investing Program.

Benefits may include:

- Special banking offers available to SPX employees
- Access to eligible Bank of America checking accounts
- Banking rewards and benefits
- Promotional offers for eligible employees

To learn more about the current benefits, rewards and eligibility requirements, visit the Bank of America SPX employee offer site at go.bofa.com/ebi500tiered or connect with a Bank of America banking specialist at **888-383-7200**.

Work-Life **BALANCE**

Adoption Assistance

At SPX, we know that family comes in many forms. We are proud to support your journey to parenthood by helping ease the financial costs of bringing a new child into your home.

How We Support You

If you are looking to grow your family through adoption, SPX will reimburse up to $5,000 per child to help cover eligible adoption-related expenses.

Who is Eligible?

You can take advantage of this program if you:

- Are a full-time regular employee.
- Are an eligible employee at a participating location.
- Have completed at least one month of service with the SPX team.

Ready to Learn More?
Every adoption journey is unique. To get the full details on eligible expenses and how to start the reimbursement process, please reach out to local HR Support or visit the SPX Benefits Portal.

Dependent Care FSA (DCFSA) | Fidelity

The Dependent Care Flexible Spending Account (FSA) helps you manage the cost of caring for loved ones while you work. Contributions are deducted from your paycheck before taxes, providing immediate savings on essential care services.

Account Overview

- **2027 Contribution Limit:** Up to $7,500 per household (or $3,750 if married and filing separately). You must actively enroll every year to participate.
- **Eligible Dependents:** Children under age 13, or a spouse/dependent of any age who is physically or mentally unable to care for themselves.
- **Eligible Expenses:** Daycare, preschool, before/after school programs, summer day camps (not overnight), and adult day care.

Important Considerations

- **No Rollover:** Unlike the Health Care FSA, the DCFSA does not have a rollover feature. Any unused funds will be forfeited after the March 31, 2028 claim submission deadline.
- **IRS Non-Discrimination Testing:** To comply with federal law, the DCFSA is monitored annually. If the plan is found to disproportionately benefit highly compensated employees, your contribution election may be adjusted mid-year.
- **Funds Availability:** Unlike an HCFSA, funds are only available as they are deposited into your account.

For more information on the Dependent Care FSA and eligible expenses, please visit the Reference Center in the SPX Benefits Portal.

Employee Assistance Program | Health Advocate

We all face challenges, but you don't have to navigate them alone. The Employee Assistance Program (EAP) provides a safe, confidential space to speak with professionals who are dedicated to your emotional well-being.

This program is available to you, your spouse, dependent children, parents, and parents-in-law by phone, online, or face-to-face. You and your family members have access for up to 8 free sessions per issue, per year. In a crisis, help is available 24/7/365.

How We Can Help

Our licensed counselors are equipped to help you manage life's complexities, including:

- **Personal Well-Being:** Navigating anger, grief, loss, anxiety, depression, or chronic mental illness.
- **Workplace Harmony:** Managing job-related stress, burnout, and resolving work conflicts.
- **Family & Home Life:** Strengthening marital and family relationships, including support for emotional or physical abuse.
- **Health & Recovery:** Specialized guidance for addiction and eating disorders.

Concierge Services: Your Personal Assistant

Think of the Concierge team as your professional research and advocacy group. From the small to-do list items to major life transitions, Health Advocate is available to handle the legwork—making your life happier, healthier, and a whole lot easier. Best of all? These services are available to you, your spouse, dependent children, parents, and even your parents-in-law.

How We Can Support You:

- **Healthcare Navigation:** We take the stress out of medicine by solving complex billing issues, coordinating care between multiple doctors, and even securing appointments with hard-to-reach specialists.
- **Family & Caregiving:** Get expert help finding elder care for parents, researching childcare or summer camps, and getting answers to tough parenting questions.
- **Daily Logistics:** We handle the research for pet care, relocation/moving support, and finding transportation to and from medical appointments.
- **Financial & Legal Well-being:** Access project experts for financial wellness support, legal concerns, or guidance on choosing the medical plan that best fits your family's needs.

Help is Just a Call Away

To get started, simply call to connect with an intake counselor who will guide you through the process.

- Call **866-799-2691**
- Download the HealthAdvocate app by scanning the QR code below
- Email answers@HealthAdvocate.com
- Visit online at HealthAdvocate.com/spxtechnologies
- Registration Code: **SPXTECH**

Download on the App Store

GET IT ON Google Play

CVS Virtual Mental Health may be a better option for employees who anticipate needing longer-term therapy.

Please evaluate your care needs before beginning treatment to help avoid changing providers after your **8 EAP sessions** have been used.

Visit CVS.com/virtual-care to get started.

Time Away from Work

Taking time away from work is important for rest, personal commitments, and maintaining a healthy work-life balance. SPX offers several paid time off programs to help employees recharge, observe holidays, serve their communities, and fulfill civic and military responsibilities.

Eligibility and program provisions may vary by location, employee classification, business unit, or collective bargaining agreement (CBA). Employees should refer to their local policies or contact their local Human Resources representative for details about the time away from work programs available to them.

Flexible Time Off

Flexible Time Off allows salaried exempt employees to request paid time away for vacation, personal needs, illness, bereavement, jury duty, and other approved absences. Time off does not accrue and is subject to manager approval and business needs.

Accrued Paid Time Off

Accrued Paid Time Off may be used for vacation, personal needs, family responsibilities, and other approved absences. Accrual rates and carryover provisions vary by location.

Sick Leave

SPX provides paid sick leave to eligible non-exempt employees for their own illness or injury, medical appointments, and other qualifying health-related needs. Employees must use available paid sick leave for qualifying absences before using accrued PTO. Once paid sick leave is exhausted, accrued PTO may be used.

Unless otherwise required by applicable law, unused paid sick leave does not carry over from year to year and is not paid out when employment ends.

Holidays

SPX provides paid holidays throughout the year. Refer to your local holiday calendar for the dates observed at your location.

Volunteer Time Off

At SPX, we believe in making a positive impact in the communities where we live and work. To support employee volunteerism, eligible employees receive up to four hours of paid Volunteer Time Off (VTO) each calendar year to participate in qualifying community service and charitable activities during scheduled work hours.

To be eligible for Volunteer Time Off, employees must:

- Be a regular, full-time U.S. employee who is not covered by a collective bargaining agreement
- Be regularly scheduled to work at least 30 hours per week
- Have completed at least 12 consecutive months of service with SPX
- Not be on a Performance Improvement Plan (PIP) or final disciplinary warning

Eligible Activities

Volunteer Time Off may be used to support qualified nonprofit organizations and community service activities, including:

- Building or repair projects through charitable organizations
- Food bank, pantry, or soup kitchen volunteer work
- Community clean-up and disaster relief efforts
- Youth, education, or senior citizen mentoring programs
- Hospital, nursing home, or community outreach programs
- Charitable drives supporting the collection of food, clothing, toys, or other essential items

Employees should **obtain manager approval** before using Volunteer Time Off and record time in accordance with company procedures.

Time Away from Work (Continued)

Jury Duty

SPX provides paid time off to support employees in fulfilling their civic responsibility to serve on a jury. Employees should notify their manager as soon as they receive a jury summons and provide any required documentation.

Bereavement

Employees may receive up to five days of paid leave following the death of a family member or loved one. This time may be used to grieve, make arrangements, and attend services.

Military Leave

SPX provides military leave to eligible employees who attend military training, are called to active duty, or fulfill other qualifying military obligations, in accordance with applicable federal and state laws.

- **Short-Term Military Leave**
  If you attend military training or other inactive duty assignments, you may receive up to two weeks of pay continuation per calendar year. If your military pay is less than your regular base pay, SPX will provide differential pay during this period. You must provide documentation of your military pay upon returning to work.
- **Long-Term Military Leave**
  If you are called to active duty for more than two weeks, you will transition to an unpaid leave of absence after the initial two-week paid period. If your military pay is less than your regular base pay, SPX provides differential pay for up to 60 days. Documentation of your military pay is required to determine eligibility.

Benefits and Additional Information

You may be eligible to continue certain benefits during your military leave, in accordance with plan provisions and federal law. For full details about eligibility, pay, benefits, and return-to-work requirements, refer to the Military Leave Policy or contact your local HR.

Leave of Absence and Income Protection

SPX offers leave and income-protection programs to support employees who need time away from work for qualifying personal, family, or medical reasons.

Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid, job-protected leave during a 12-month period for qualifying reasons. These may include the birth, adoption, or foster placement of a child; an employee's own serious health condition; or caring for an eligible family member with a serious health condition.

FMLA Eligibility

To qualify for FMLA leave, you must:

- Have worked for SPX for at least 12 months (these months do not have to be consecutive); and
- Have completed at least 1,250 hours of service during the 12 months immediately preceding your leave.

FMLA itself does not provide pay. However, depending on the reason for your absence, FMLA may run concurrently with Short-Term Disability, Parental Leave, Caregiver Leave, or other applicable paid time off.

How to Request a Leave

Notify your supervisor, HR Manager, and contact Sedgwick, SPX's leave administrator, at **800-779-3293** to begin the leave process and determine your eligibility.

Provide Advance Notice
If your leave is foreseeable, such as for a birth or adoption, please notify your supervisor and HR at least 30 days in advance.

Paid Family Leaves at a Glance

SPX offers two paid leave programs to support employees during important family events. Employees must satisfy the applicable FMLA eligibility requirements to qualify.

- **Parental Leave:** Receive up to six weeks of paid bonding time following the birth, adoption, or foster placement of a child. Leave may be taken continuously or in one-week increments and must be used within one year of the child's arrival.
- **Caregiver Leave:** Receive up to two weeks of paid leave each year to care for an immediate family member with a serious health condition. Leave may be taken in half-day increments, and medical certification is required.

Important: State-paid caregiver or parental leave benefits will run concurrently with the applicable SPX leave program. Any state-paid benefits received will offset the pay provided by SPX, so that your total benefits do not exceed 100% of your regular pay.

Income Protection

Short-Term Disability (STD)

If you are unable to work because of a non-work-related illness or injury, Short-Term Disability provides up to 26 weeks of income replacement.

During the first eight weeks of disability, the plan replaces 100% of your pay. A seven-day waiting period applies unless you are hospitalized on the first day.

From weeks nine through 26, the plan replaces 70% of your pay.

When applicable, Short-Term Disability may run concurrently with FMLA. To report a claim, notify your supervisor and contact Sedgwick at **800-779-3293** within 30 days of the start of your disability.

Please note: Work-related injuries and illnesses must be reported promptly through Workers' Compensation. Contact your local Human Resources representative immediately to report the incident and begin the claim process.

Long-Term Disability (LTD)

If your disability extends beyond 26 weeks, Long-Term Disability coverage through Lincoln Financial provides continued income protection by replacing 60% of your monthly pay, up to $15,000 per month.

SPX includes the value of your employer-paid LTD premium as taxable income. As a result, if you become eligible to receive LTD benefits, those benefit payments will generally be tax-free.

If you are not actively at work on the date your coverage is scheduled to begin, coverage will not take effect until you return to active, full-time work for one full day. Disabilities related to pre-existing conditions are not covered during the first 12 months of participation.

Sedgwick will provide the necessary information to Lincoln Financial as part of the transition from Short-Term Disability to Long-Term Disability.

If you are approved for Long-Term Disability, your employment with SPX will end, and your active employee benefits will terminate. A COBRA election notice will be mailed within 14 days after your employment ends, providing an opportunity to continue eligible benefit coverage.

If your disability is expected to be temporary and you become able to return to work, contact your local Human Resources team to discuss whether restoration of employment and your previous position may be available.

For questions about an LTD claim, contact Lincoln Financial at **800-291-0112**, Monday through Friday, from 8:00 a.m. to 5:00 p.m. ET.

Benefits CONTACTS

Vendor	Subject	Contact Information
Aetna	Medical	1-800-223-0712 | aetna.com
Aetna	Dental	1-877-238-6200 | aetna.com
Aetna	Critical Illness, Accident Insurance, Hospital Indemnity	1-800-607-3366 | Hours: M-F 8:00 a.m. – 6:00 p.m. ET aetna.com
Aflac	Basic Life AD&D, Supplemental Life & AD&D	1-800-433-3036 | aflacgroupinsurance.com
AIG International Services	Business Travel Accident Insurance	1-800-523-8662
ARAG	Legal Services	1-800-247-4184 araglegalcenter.com | Access Code: 10476spx
Bank of America	Discounted Banking Services	1-888-383-7200
Color Health	Cancer Management	color.com/
CVS Virtual Care	Virtual Primary & Mental Health Care	1-800-552-8159 | caremark.com
Empathy	Funeral Concierge Support	1-720-707-2413 | join.empathy.com/aflac-loss-support
Fidelity	401(k) Savings Plan, Health Savings Account (HSA), Flexible Spending Accounts	1-877-401-5779 | 401k.com
Health Advocate	Employee Assistance Program (EAP), Personal Healthcare Advocates	1-866-799-2691 | Hours: M-F 8:00 a.m. – 10:00 p.m. ET HealthAdvocate.com/SPXTechnologies Mobile App: Health Advocate
Hinge Health	Joint & Muscle Support Program	1-855-902-2777 help@hingehealth.com | hingehealth.com
International SOS	Travel Assistance	1-800-523-8662
Lincoln National Life Insurance Company	Long-Term Disability Claim Management	1-800-291-0112 | Hours: 8:00 a.m. – 5:00 p.m. ET mylincolnportal.com | Company Code: SPX
Mercer	Auto/Home Insurance, Identity Protection Program, Employee Purchase Program, Pet Insurance	1-877-295-3939 | spxvoluntarybenefits.com
Payer Matrix	Prescription Management	1-877-305-6202 | customerservice@payermatrix.com
Pelago	Substance Use Management Program	1-877-349-7755 | pelagohealth.com
Rightway	Prescription Drugs	joinrightway.com/rx
Sedgwick	FMLA Leave, Short-Term Disability, and Paid Leaves	1-800-779-3293 claimlookup.com | Client #8521
VIA Benefits	Medicare Assistance	1-833-858-4450 | discover.viabenefits.com/SPX
Vision Service Plan (VSP)	Vision	1-800-877-7195 | vsp.com
WellRight	Wellness Platform	1-888-935-5471 | spxwellbeing.wellright.com

All 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.

Patient Protections Disclosure

The SPX Kaiser Permanente plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the SPX Benefits Service Center at **888-305-3576**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from SPX or Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente at **800-278-3296**.

The Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

- **Carrier: Kaiser Permanente**
  - Deductible Plan (Individual: 20% coinsurance and $1,000 deductible; Family: 20% coinsurance and $2,000 deductible (Individual within a family: $1,000 deductible)
- **Carrier: Aetna**
  - **Plan 1: BASIC HSA HPN PLAN** (Individual: 30% coinsurance and $4,500 deductible; Family: 30% coinsurance and $9,000 deductible
  - **Plan 2: HYBRID PRIMARY CARE PHYSICIAN PLAN** (Individual: 30% coinsurance and $5,500 deductible; Family: 30% coinsurance and $11,000 deductible
  - **Plan 3: CHOICE HSA HPN PLAN** (Individual: 20% coinsurance and $2,000 deductible; Family: 20% coinsurance and $4,000 deductible)
  - **Plan 4: CHOICE II BASIC HSA** (Individual: 30% coinsurance and $4,500 deductible; Family: 30% coinsurance and $9,000 deductible)
  - **Plan 5: Choice POS II - Core Plus HPN PLAN** (Individual: 20% coinsurance and $750 deductible; Family: 20% coinsurance and $1,500 deductible)
  - **Plan 6: Choice POS II - Choice HSA** (Individual: 20% coinsurance and $2,000 deductible; Family: 20% coinsurance and $4,000 deductible)
  - **Plan 7: Choice POS II - Core Plus PLAN** (Individual: 20% coinsurance and $750 deductible; Family: 20% coinsurance and $1,500 deductible)

If you would like more information on WHCRA benefits, please contact your Plan Administrator or the SPX Benefits Service Center at **888-305-3576**.

Newborns' and Mothers' Health Protection Act

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid

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

ALASKA – Medicaid

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

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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

FLORIDA – Medicaid

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

GEORGIA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

ILLINOIS - Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: hfs.boc.hipp@illinois.gov

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP)
Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 | TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid

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

MONTANA – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
https://www.nj.gov/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid and CHIP

Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA - Medicaid

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

TEXAS – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WYOMING – Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

WISCONSIN – Medicaid and CHIP

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

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

SPX is committed to the privacy of your health information. The administrators of the SPX Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices from the following sources:

- 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**.

HIPAA Special Enrollment Rights

SPX Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the following SPX health plans (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction):

- Kaiser Permanente DEDUCTIBLE PLAN
- Aetna:
  - Plan 1: BASIC HSA HPN PLAN
  - Plan 2: HYBRID PRIMARY CARE PHYSICIAN PLAN
  - Plan 3: CHOICE HSA HPN PLAN
  - Plan 4: CHOICE II BASIC HSA
  - Plan 5: CHOICE POS II - CORE PLUS HPN PLAN
  - Plan 6: CHOICE POS II - CHOICE HSA
  - Plan 7: CHOICE POS II - CORE PLUS PLAN
- Delta Dental:
  - Core PPO Plan
  - Basic PPO Plan
- VSP Vision Plan

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the SPX Benefits Service Center at **888-305-3576**.

Wellness Program Disclosures

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at the SPX Benefits Service Center at **(888) 305-3576** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notices Regarding Wellness Program

The SPX wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to participate in the SPX Wellness Program.

However, employees who choose to participate in the wellness program will receive an incentive of the removal of the tobacco surcharge from the health plan premium and reimbursement for any surcharge already paid for completing the 6-week Pelago tobacco cessation program by November 10, 2027. Although you are not required to complete the 6-week Pelago tobacco cessation program by November 10, 2027, only employees who do so will receive removal of the tobacco surcharge and reimbursement for any surcharge already paid.

Additional incentives of up to $600 may be available for employees who participate in certain health-related activities such as Annual Physical/OB-GYN Visit, Biometric Screening, Dental Exam, Eye Exam, Cancer Screenings (up to 3). If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the SPX Benefits Service Center at **888-305-3576**.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Hinge Health Pelago Tobacco Cessation Program, etc. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are any medical professional such as a Registered Dietitian, Health Coach, Physical Therapist, Doctor, Nurse, Dentist in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the SPX Benefits Service Center at **888-305-3576**.

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)
*** Continuation Coverage Rights Under COBRA***

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to SPX, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: SPX Benefits Service Center

How is COBRA continuation coverage provided?

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

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

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

- **Disability extension of 18-month period of COBRA continuation coverage:** If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must notify SPX Benefits Service Center **888-305-3576** within 30 days.

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

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

SPX
SPX Benefits Service Center

6325 Ardrey Kell Road, Suite 400
Charlotte, North Carolina 28277
United States

888-305-3576

[1] *https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start*

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1 2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

[1] *Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.*

[2] *An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.*

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at **1-800-318-2596**. TTY users can call **1-855-889-4325**.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the SPX Benefits Service Center at **888-305-3576**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name SPX		4. Employer Identification Number (EIN) 38-1016240
5. Employer address 6325 Ardrey Kell Road, Suite 400		6. Employer phone number 888-305-3576
7. City Charlotte	8. State North Carolina	9. ZIP code 28277
10. Who can we contact about employee health coverage at this job? SPX Benefits Service Center		
11. Phone number (if different from above) 888-305-3576		12. Email address

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:
    - Regular full-time employee scheduled to work 30 or more hours per week
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    - 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
  - ☐ We do not offer coverage.
  - ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?
(mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

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15. For the lowest cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

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16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $_____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

** An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)*

SPX TECHNOLOGIES

2027 Benefits Guide

Gallagher

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

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