



WHAT'S NEW 2023 BENEFITS

YOU. POWERED.[™]

BENEFITS - WE'VE GOT YOU COVERED.



This document provides a general overview of the benefit plans offered by Briggs & Stratton. It does not include all the details, limits or exclusions. If there is any discrepancy between the information in the benefit summary and the actual plan documents, plan amendments or insurance contracts, those will govern in all cases. Briggs & Stratton may amend, modify or terminate plan benefits and/or contributions, in whole or in part, at any time in its sole discretion. The plans do not constitute a contract between the employer and any covered person nor should they be considered as an inducement or condition of the employment of any employee. Nothing in the plans will give any employee the right to be retained in the service of the employer.

BENEFITS ARE CHANGING WITH YOU IN MIND...

Accessibility to affordable benefits continues to be a concern for employees and their eligible family members. In order to determine which plans provide the best value, you need to consider how much you will spend when you use the benefit as well as the amount of money you will spend on premiums each pay period.

Most employees focus on their medical coverage more than any other benefit. While access to affordable healthcare is important; Briggs & Stratton has added several other benefits to provide you financial protection against the unknown. Take a look at:

- Accident Coverage
- Hospital Indemnity Coverage
- Critical Illness
- Life insurance coverage for yourself, your spouse and/or children
- Disability benefits

In different ways, all of these benefits work to protect the money you work so hard to earn. With this protection in place, you can focus on making your plans and dreams for the future a reality.

FIVE REASONS TO ENROLL IN BENEFITS

With the many updates to our benefit package, now is the time to evaluate and consider all of the benefits offered to you. **Review the:**

1. **Medical plans.** Briggs & Stratton has replaced the **HRA Plan with a new PPO Plan** with lower deductibles and copays for office visits and prescription drugs.
2. **Company-paid life insurance and AD&D coverage.** Briggs & Stratton has updated the plan so all employees will have 2X your annual base pay. Log into the enrollment system to verify your beneficiaries for this benefit.
3. **New voluntary benefits.** Study the details and pick the plan(s) that fit your needs. Coverage will be issued without medical questions and will be effective on 1/1/2023, or as soon as you are actively at work, whichever is later.
4. **Flexible spending accounts.** These plans allow you to set aside money pre-tax for healthcare and/or daycare expenses for your dependents. Everyone must re-enroll each year.
5. **Premiums each pay period.** Accessibility to affordable benefits continues to be a challenge for employers across the nation. Briggs & Stratton is not immune to those rising costs; but we have worked hard to manage the rising premiums while still providing employees quality benefits.

Enrollment support

We're always looking for ways to bring you added value – like these benefit enhancements coming in 2023. If you need someone to help explain your benefit options in greater detail, Briggs & Stratton has added additional support. Just call **877-232-1083 and press 2** to speak to a certified benefits counselor who will explain your options, answer your questions, and record your 2023 benefit elections.

Now is the time to take a fresh look and re-enroll!



IMPORTANT PLAN AND PROGRAM CHANGES

Briggs & Stratton is working hard to standardize the benefits for all employees. Consolidating our plans enable us to simplify benefit administration, improve benefit coverage and increase the level of service while keeping costs affordable for the company and our employees. Take a look at what's changing in 2023.

BENEFIT	WHAT'S CHANGING IN 2023	CONSIDERATIONS
MEDICAL PLAN CHANGES		
<p>NEW PPO Plan replaces the HRA Plan</p>	<p>Briggs & Stratton's new major medical plan offers a lower deductible and copays for doctor visits and prescriptions. The premiums are higher, but this plan provides lower costs when you need care. The summary of the plan is on page 8-9, but here are a few features:</p> <ul style="list-style-type: none"> • Access your Primary Care Physician for just \$25. • Access to both in-network and out-of-network providers. • Deductible of \$1,500 single / \$3,000 family. • 20% coinsurance after the deductible has been met. 	<p>In order to determine if this plan is right for you, consider how much you will spend when you receive care, as well as the amount of money you will spend on premiums each pay period.</p> <ul style="list-style-type: none"> • How often do you use your medical plan? • Are you looking for a plan that has a simple copay for primary care physicians and specialists? • Are you willing to pay a higher premium to keep your medical expenses lower? • Use the healthcare estimator tool to compare each plan, based on your personal health care needs.
<p>The copay for specialty prescriptions is increasing to \$250</p> 	<p>Specialty medications, used to treat complex, chronic conditions, are among the most expensive medicines on the market. With research and development improving, new specialty medications are becoming available and costs to the Plan are rising at an alarming rate.</p>	<p>All copays for prescription drugs will count towards the annual out-of-pocket max. Once the out-of-pocket max has been reached, the Plan pays for all expenses at 100%.</p> <ul style="list-style-type: none"> • Many pharmaceutical companies offer financial assistance and copay cards. • Through the pre-authorization process, Express Scripts will provide information on copay assistance.
<p>New ID cards will be issued in December.</p> 	<p>Anthem will issue a new ID card in December. This ID card is to be used for both medical and pharmacy providers. This eliminates the need to carry two cards.</p>	<p>Watch for your new ID card from Anthem in December.</p> <ul style="list-style-type: none"> • Show the new ID card when you receive care. • Show the new ID card when getting your prescriptions filled.
WELLNESS PROGRAM CHANGES		
<p>2023 Wellness Program</p> 	<p>Briggs & Stratton provides wellness credits to eligible participants who complete the wellness activities (as described on page 7). There are two steps to receive rewards:</p> <ol style="list-style-type: none"> 1. You (and your eligible spouse, if covered) must complete a biometric screening or provide screening data from a preventive physical. 2. You have the freedom to choose from a variety of wellness activities below to earn more credits. <p>The money you earn is a reward for the time that you have invested in maintaining or improving your health.</p>	<ul style="list-style-type: none"> • Make time to attend your biometrics event at work or go to your Primary Care Physician. • Are there any health changes you can do today to ensure that your biometric results will fall within the "healthy range?" • Consider participating in the pre-diabetes program with Lark; or coaching program with Marathon Health.

BENEFIT	WHAT'S CHANGING IN 2023	CONSIDERATIONS
WELLNESS PROGRAM CHANGES (cont.)		
Wellness Rewards earned by 9/30/2022	In January 2023: <ul style="list-style-type: none"> The wellness rewards that you have earned will be deposited into your HSA or HRA account with Optum. Employees who do not participate in the medical plan will receive a cash reward. 	<ul style="list-style-type: none"> When you login to enroll, you will see the wellness rewards you have earned. Watch for the distribution of your wellness rewards in early January 2023.
Wellness Rewards earned by 9/30/2023	In January 2024: <ul style="list-style-type: none"> Employees enrolled in the PPO or EPO Plans will receive premium credits each pay period. Employees enrolled in the HSA Plan will still receive their credits as an annual deposit into their HSA account. 	<ul style="list-style-type: none"> Continue to participate in the wellness program. In January 2024, you will see a premium credit on your paycheck, which lowers the cost of your medical coverage. Review the program in more detail on page 7.
ACCOUNTS THAT HELP YOU SAVE		
HRA Accounts will be closing 6/30/2024	Beginning in January 2024, Briggs & Stratton will be providing premium credits for all employees who complete the wellness activities and are enrolled in the new PPO plan or the EPO Plan. Employees will be able to use the money in their HRA Account to pay for eligible expenses through 6/30/2024. Any funds left in the account on July 1, 2024 will be forfeited.	<ul style="list-style-type: none"> If you are enrolled in the PPO Plan or the EPO Plan in 2023, you may use your HRA money to pay for: <ul style="list-style-type: none"> Medical Expense (deductibles, coinsurance, copay's, prescription drugs). Dental & Vision Expenses. Unreimbursed healthcare expenses for your spouse or eligible dependents. If you switch and enroll in the HSA Plan in 2023, your account will be considered a "limited purpose HRA," and can be used for dental and vision expenses only. If you are not enrolled in a Briggs & Stratton medical plan, your account will be active through your last day of coverage. You have 90 days to submit claims for reimbursement.
Contribution Limits for Flexible Spending Accounts (FSA) 	The IRS contribution limits for 2023 are: <ul style="list-style-type: none"> \$2,850 for Healthcare FSA and limited purpose FSA. \$5,000 per household for Dependent Care FSA (\$2,500 for married individuals filing a separate tax return). 	<ul style="list-style-type: none"> Will you have health expenses that remained unreimbursed in 2022? If so, you might consider increasing your Healthcare FSA deduction. Reminder: While you have until March to submit your Healthcare FSA claims, receipts must be dated no later than December 31, 2023 to avoid forfeiting your money.
HSA Contribution Limits 	<ul style="list-style-type: none"> The IRS contribution limits (employee + employer) will increase in 2023: <ul style="list-style-type: none"> \$3,850 for Single. \$7,750 for employee +1 or Family. The catch-up contribution remains at \$1,000. 2022 HSA contributions will "roll-over" to 2023. <p>Note: Make sure to review the contribution amount during Annual Enrollment as midyear changes will impact the amount defaulted for 2023.</p>	Your HSA contributions are made on a pre-tax basis each pay check. <ul style="list-style-type: none"> Check your balance. Can you invest in any of the mutual funds available? If you are participating in the Wellness Program, you may be eligible for an employer contribution. Make sure you consider this when making your election.

BENEFIT	WHAT'S CHANGING IN 2023	CONSIDERATIONS
LIFE AND AD&D INSURANCE		
<p>Company paid life insurance and AD&D coverage will be provided by New York Life.</p> 	<p>Briggs & Stratton has contracted with New York Life to provide all company-paid life insurance and AD&D coverage for employees. All benefit-eligible employees (hourly and salaried) will have the same benefit:</p> <ul style="list-style-type: none"> Salaried employees will maintain their current level of coverage. Coverage for hourly employees will increase to 2X your annual base pay up to \$500,000. A new age reduction schedule will apply: <ul style="list-style-type: none"> Benefits reduce to 65% at age 65. Benefits reduce to 50% at age 70. 	<p>Take a moment to review your coverage:</p> <ul style="list-style-type: none"> Are your beneficiaries up to date? If your employer-paid coverage amount has changed, review the amount of voluntary life insurance you have. Do you need more coverage for yourself and/or your family members?
<p>Voluntary life insurance and AD&D coverage to be provided by New York Life.</p> 	<p>New York Life will be providing standard voluntary benefit options for all employees interested in electing voluntary life insurance. To view your options, see page 14.</p>	<ul style="list-style-type: none"> Consider your age; premiums increase every five years. Double coverage –If both you and your spouse are employed by Briggs & Stratton, you may be covered both as an employee and a dependent.
LEAVE ADMINISTRATION & DISABILITY BENEFITS		
<p>New York Life will be administering all Leave of Absence (LOA) and Disability benefits effective 1/1/23.</p> 	<p>Employees will contact New York Life to:</p> <ul style="list-style-type: none"> Request a Leave of Absence (FMLA, State FMLA and/or Medical Leave). Submit a Short-Term Disability (STD) claim. Submit a Long-Term Disability (LTD) claim. 	<p>Employees who are currently on a leave of absence as of December 31, 2022 will continue to work with Prudential until they are able to return to work.</p> <p>Employees requesting a leave on or after January 1, 2023 will call 888-842-4462.</p>
DISABILITY BENEFITS		
<p>New disability benefits for all hourly employees.*</p>  <p><small>*STD and LTD Benefits for salaried employees and Milwaukee hourly union employees will not change.</small></p>	<ul style="list-style-type: none"> Briggs & Stratton will provide Short-Term Disability (STD) benefits that will be paid at 60% of base pay up to \$500 per week. Hourly employees will have the opportunity to purchase voluntary Long-Term Disability (LTD) benefits. LTD benefits are eligible for payment after 180 days of an approved disability. Coverage for pre-existing conditions will be limited for the first year. <p>LTD insurance will pay 60% of your average pay up to \$3,000 per month if you cannot work because of a disability, illness, or injury. LTD is paid monthly.</p>	<ul style="list-style-type: none"> New benefits begin with any disability benefits that begin on or after January 1, 2023. Benefits will be paid by New York Life on a weekly basis. Are you interested in purchasing coverage that insures your income if you cannot work? Medical questions will not be asked if you enroll at Annual Enrollment this fall. Employees must be actively at work on the effective date when LTD benefits go into effect.
NEW VOLUNTARY BENEFITS THROUGH CIGNA		
<p>Accident Plan</p> 	<p>Accident coverage pays a benefit directly to you if you are injured (on or off the job) and need treatment. The money can be used however you wish. As medical costs continue to rise, the Accident plan provides peace of mind against unexpected health care expenses.</p> <ul style="list-style-type: none"> To help prevent illness, this plan can also pay you a \$50 wellness benefit. See page 11. Guaranteed coverage if you enroll this fall and no limitations for pre-existing conditions. 	<ul style="list-style-type: none"> Do you or your eligible family members participate in sports? Would an accident be a financial hardship to you and your family? Are you interested in additional Accidental Death & Dismemberment coverage?

BENEFIT	WHAT'S CHANGING IN 2023	CONSIDERATIONS
NEW VOLUNTARY BENEFITS THROUGH CIGNA (cont.)		
Hospital Indemnity Plan 	<p>Hospital Indemnity Insurance will pay a flat dollar amount for each day you or a covered family member is hospitalized due to an accident, sickness or pregnancy. See page 11.</p> <p>The benefits are paid to you directly, and you can use the money however you wish.</p> <ul style="list-style-type: none"> To help prevent illness, this plan can also pay you a \$50 wellness benefit. Guaranteed coverage if you enroll this fall, and no limitations for pre-existing conditions. 	<ul style="list-style-type: none"> Do you or an eligible family member anticipate an inpatient hospital stay in 2023? Are you looking for a way to reduce your out-of-pocket medical expenses? Are you concerned about the cost if you or covered family member needs to be hospitalized?
Critical Illness Plan 	<p>Critical illness insurance can provide financial support to help you upon diagnosis of a covered condition. The plan can pay you a lump-sum cash benefit, which you can use in any way to meet your needs.</p> <p>Covered illnesses include: cancer, heart attack, stroke, MS, COVID-19, end-stage renal failure, organ transplants, Parkinson's disease, and Alzheimer's disease.</p> <ul style="list-style-type: none"> To help prevent illness, this plan can also pay you a \$50 wellness benefit. See page 11. Guaranteed coverage if you enroll this fall, and no limitations for pre-existing conditions. 	<ul style="list-style-type: none"> Are you concerned about the expenses associated with a serious illness? Are you concerned about how you will pay for daily living expenses should you be diagnosed with one of these conditions? Choose between \$10,000 - \$40,000 of coverage.
OTHER BENEFITS		
EMPLOYEE ASSISTANCE PROGRAM (EAP) 	<p>The EAP gives you and your family members confidential support to help with personal issues, such as:</p> <ul style="list-style-type: none"> Relationships Parenting Depression and anxiety Substance abuse Life's transitions and eldercare Stress management Grief or loss Work/Life balance Financial and legal matters <p>Up to 5 sessions per issue, per year, per family member.</p>	<ul style="list-style-type: none"> Services are available 24/7/365 Just call 866-799-2728 Website: www.HealthAdvocate.com/Briggs Email: answers@HealthAdvocate.com
PERSONAL TRAVEL ASSISTANCE 	<p>New York Life Secure Travel offers pre-trip planning assistance while traveling, and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.</p>	<p>Emergency services must be coordinated through Generali.</p> <p>Global Assistance.</p> <ul style="list-style-type: none"> Call (888) 226-4567 from the US and Canada Call collect (202) 331-7635 from other locations Email: ops@us.generaliglobalassistance.com
401(K) RETIREMENT BENEFIT CONTRIBUTION LIMITS		
ANNUAL MAXIMUM CONTRIBUTION INCREASES. 	<ul style="list-style-type: none"> Employees may contribute up to \$22,500 per year. Catch-up contribution will increase to \$7,500 per year. 	<ul style="list-style-type: none"> Make sure you are saving enough for your retirement. Can you contribute more? Make sure you contribute 6% to get the full company match.

BRIGGS & STRATTON 2023 WELLNESS PROGRAM

Briggs & Stratton is committed to providing you the resources to promote physical, emotional and financial wellness. Whether you are just starting your wellness journey or are well on your way, Briggs & Stratton's Wellness Program is designed to support and motivate you every step of the way.

Program Eligibility

- All benefit-eligible employees employed prior to 9/30/2023.
- Covered spouses who are enrolled in a Briggs & Stratton medical plan.

There are two steps to qualify for Wellness Rewards.

1. Know your numbers! The Briggs & Stratton Wellness Program requires participating employees and their covered spouses to complete a biometric screening.

- Schedule your screening between 10/1/22 and 9/30/23
- Receive extra points if the results are within healthy range
- Receive extra points if the results are within normal range:

BIOMETRIC VALUES (EARN UP TO 3 POINTS)	POINTS
REQUIRED Biometric screening <ul style="list-style-type: none"> • Attend an on-site screening event; • Make an appointment at our on-site clinics; or • Visit your primary care physician or healthcare provider. Form submission is only required for screenings completed by your healthcare provider. 	1
Healthy Value 3 out of 4 <ul style="list-style-type: none"> • Total Cholesterol/HDL ratio: Males <5.1 or Females <4.5 • Blood Pressure: <120/80 mmHG • BMI: 18.5 - 24.9 or waist circumference <35 inches (females) or <40 inches (males) • Fasting Blood Glucose:< 100 mg/dl 	2
Moderate Value 3 out of 4 <ul style="list-style-type: none"> • Total Cholesterol/HDL ratio: Males 5.1 - 9.5 or Females 4.5 - 6.9 • Blood Pressure: 120 - 139 mmHG SBP and 80 - 89 mmHG • BMI: 25-29.9 • Fasting Blood Glucose: 100 - 125 mg/ dl 	1

2. Choose the wellness activities that are meaningful to you.

Employees and eligible spouses may pick from the list of wellness activities below to earn the maximum reward!

ACTIVITY – Login to www.my.marathon-health.com	POINTS
Tobacco Free/User Status <ul style="list-style-type: none"> • Complete the Online Tobacco Free Statement; or • Complete the 6-week Tobacco Cessation Online Workshop 	2
Online Health Assessment	1
Preventive Health Exam	2
Age/Gender Appropriate Screening/Exam Includes: mammogram, dental exam, vision exam, pap smear, colonoscopy, prostate screening, skin check	1
Flu Shot (Influenza Vaccine) or COVID-19 vaccine	1
Health Coaching: Complete in-person or telephonic coaching sessions with a Marathon Health clinician, health coach or registered dietitian, or participation in the Lark diabetes program	2
Online Marathon Health Workshop: Visit the eHealth Portal (my.marathon-health.com) for available topics	1
Financial Wellness Activity: Complete Fidelity's Money Checkup or Planning – go to www.401k.com . Watch for additional resources through Prudential.	1
Participate in a community fitness event such as a 5k, triathlon or bike	1

WELLNESS PROGRAM REWARDS

The premium credits earned by the Employee and Spouse are independent.

- To get the employee reward, the employee must earn 5 points
- To get the spouse reward, the eligible spouse must earn 5 points

• **Employees and eligible spouses enrolled in the PPO or EPO Plan:** will receive premium credits that will reduce your medical premiums in 2024.

• **Employees and eligible spouse enrolled in the HSA Plan:** will continue to receive employer contributions into your HSA Account.

• **Employees NOT enrolled in the Briggs & Stratton Medical Plan:** will continue to receive a cash reward.

Rules for Payment:

- Wellness rewards are earned based on activities completed between 10/1/22 and 9/30/23.
- You must be an active employee on **01/01/24** to receive Wellness Rewards
- Rewards are granted in 2024, based on employee's health plan enrollment on 01/01/24

Questions?

Contact Marathon Health via email at wellness@marathon-health.com or phone at [802-846-4675](tel:802-846-4675).

REMINDER

Employees must use the money in your HRA account before July 1, 2024!

2023 MEDICAL PLAN CHOICES

NEW PPO PLAN

BENEFIT HIGHLIGHTS <i>(Per Calendar Year)</i>	ANTHEM NETWORK	OUT OF NETWORK <i>(Reasonable & Customary Apply)</i>
Deductible¹	\$1,500 Individual	\$6,000 Individual
	Not to exceed \$3,000 family	Not to exceed \$12,000 per family
Coinsurance %	Plan pays 80% Member pays 20%	Plan pays 60% Member pays 40%
Coinsurance Maximum	\$4,000 Individual Not to exceed \$8,000 Family	\$5,000 Individual Not to exceed \$10,000 per family
Maximum Out of Pocket <i>(Includes deductible and coinsurance)</i>	\$5,500 per Individual Not to exceed \$11,000 family	\$11,000 Individual Not to exceed \$22,000 per family
MEDICAL SERVICES		
Routine Wellness Visits	Covered 100%	No Coverage
Preventive Care/Screening/Immunization	Covered 100%	No Coverage
Office Visits	\$25 Copay	Covered 60% after Deductible
Specialist Visits	\$60 Copay	Covered 60% after Deductible
Outpatient Behavioral Health	\$25 Copay for office visits <i>All other charges - 80% after Deductible</i>	Covered 60% after Deductible
Lab work <i>(Non-routine)</i>	Covered 80% no Deductible	Covered 60% after Deductible
Telemedicine Visit <i>(24/7 Urgent Care via phone or computer)</i>	\$25 Copay for the office visit	N/A
Urgent Care	\$50 Copay for office visit <i>All other charges - 80% after Deductible</i>	Covered 60% after Deductible
Emergency Room	Covered 80% after Deductible <i>(50% after deductible if non-emergent)</i>	Covered as in-network if an Emergency <i>(50% after deductible if non-emergent)</i>
Other Covered Medical Expenses	Covered 80% after Deductible	Covered 60% after Deductible
PHARMACY BENEFITS <i>(30 Day Prescription Unless Marked)</i>	EXPRESS-SCRIPTS NETWORK PHARMACY	NON-NETWORK PHARMACY
Preventive Prescriptions	Payable in full, no deductible	No Coverage
Retail - 30 Day Supply Tier 1 – Generic Tier 2 – Preferred Brand Drugs (Formulary) Tier 3 – Non-Preferred Brand Drugs (Non-Formulary)	\$15 Copay \$35 Copay \$70 Copay	No Coverage
Mail Order or Retail - 90 Day Supply Tier 1 – Generic Tier 2 – Preferred Brand Drugs (Formulary) Tier 3 – Non-Preferred Brand Drugs (Non-Formulary)	\$45 Copay \$105 Copay \$210 Copay	No Coverage
Specialty Medication (30 days only)	\$250 Copay	No Coverage

¹Deductible/Coinsurance cross apply between PPO and Non-PPO limits.

PPO PLAN WITH HSA

EPO PLAN

ANTHEM NETWORK		OUT OF NETWORK <i>(Reasonable & Customary Apply)</i>	ANTHEM NETWORK	OUT-OF-NETWORK <i>(Emergency Care Only)</i>
<u>Employee Only</u> \$1,850 Individual	<u>Employee Plus</u> \$3,000 Individual	\$6,000 Individual	\$4,000 individual	No Coverage
Not to exceed \$3,700 per family		Not to exceed \$12,000 family	Not to exceed \$8,000 family	No Coverage
Plan pays 90% Member pays 10%		Plan pays 60% Member pays 40%	Plan pays 60% Member pays 40%	No Coverage
<u>Employee Only</u> Not to exceed \$3,650	<u>Employee Plus</u> Not to exceed \$2,500 or \$7,300 Family	\$5,000 per member Not to exceed \$10,000 per family	\$4,000 individual Not to exceed \$8,000 per family	No Coverage
\$5,500 per member Not to exceed \$11,000 per family		\$11,000 Individual Not to exceed \$22,000 per family	\$8,000 per member Not to exceed \$16,000 per family	No Coverage
Covered 100%		No Coverage	Covered 100%	No Coverage
Covered 100%		No Coverage	Covered 100%	No Coverage
Covered 90% after Deductible		Covered 60% after Deductible	\$40 Copay	No Coverage
Covered 90% after Deductible		Covered 60% after Deductible	\$60 Copay	No Coverage
Covered 90% after Deductible		Covered 60% after Deductible	\$40 Copay for office visits <i>All other charges - 60% after Deductible</i>	No Coverage
Covered 90% after Deductible		Covered 60% after Deductible	Covered 80% no Deductible	No Coverage
Covered 90%		N/A	\$40 Copay	No Coverage
Covered 90% after Deductible		Covered 60% after Deductible	\$50 Copay for office visit <i>All other charges - 60% after Deductible</i>	No Coverage
Covered 90% after Deductible <i>(50% after deductible if non-emergent)</i>		Covered 90% after Deductible <i>(50% after deductible if non-emergent)</i>	Covered 60% after Deductible	No Coverage
Covered 90% after Deductible		Covered 60% after Deductible	Covered 60% after Deductible	No Coverage
EXPRESS-SCRIPTS NETWORK PHARMACY	NON-NETWORK PHARMACY	EXPRESS-SCRIPTS NETWORK PHARMACY	NON-NETWORK PHARMACY	
Payable in full, no deductible		No Coverage	Payable in full	No Coverage
After your Deductible, you pay: 20% Copay 30% Copay 40% Copay		No Coverage	\$15 Copay \$35 Copay \$70 Copay	No Coverage
After your Deductible, you pay: 10% Copay 20% Copay 30% Copay		No Coverage	\$45 Copay \$105 Copay \$210 Copay	No Coverage
After your Deductible, you pay: 25% coinsurance to a maximum of \$250 per prescription per month		No Coverage	\$250 Copay	No Coverage

HOW DO I CHOOSE A MEDICAL PLAN?

Choosing medical coverage is an individual decision. Take a fresh look at all your medical options to determine which one is best to meet your needs. Consider how much you will spend when you receive care, as well as the amount of money you will spend on premiums each pay period.

- **Choose the EPO Plan if you are looking for lower paycheck deductions and higher costs when you need care:**
A good choice if you want to pay less out of your paycheck, expect to need minimal care, and don't mind paying a higher deductible or copayment when you need care.
- **Choose the HSA Plan if you are comfortable paying a little more from your paycheck, but you are looking to save money tax-free to use when you need care:**
A good choice if you don't want to be caught short if something unexpected happens, but you also don't want to pay for more coverage than you need.
- **Choose the PPO Plan if you don't mind paying higher paycheck deductions and lower costs when you need care:**
A good choice if you prefer to pay more out of your paycheck so you're less likely to have high costs later when you need care. This option makes your costs more predictable and easier to budget. However, you have ongoing, higher paycheck deductions whether you use the medical plan or not.

When you login to the enrollment website, use the Plan Comparison Tool to help you learn which plan provides the best value.

VOLUNTARY LONG-TERM DISABILITY (LTD) FOR ALL HOURLY EMPLOYEES

You are eligible to purchase LTD insurance which pays a monthly benefit in the event you become disabled because of a long-term illness or injury. LTD benefits provide you with 60% of your monthly pay up to \$3,000 per month after 180 consecutive days of a disabling illness or injury. Many long-term-disability claims are for chronic problems such as cancer and musculoskeletal conditions.

According to the Council for Disability Awareness, the average duration of a claim is nearly three years — 34.6 months. In order to keep the premiums affordable, New York Life's voluntary LTD benefit will exhaust after three (3) years.

Why is this benefit important?

- Not everyone has savings and support to provide income after short-term disability coverage ends.
- Employees may elect this coverage at Annual Enrollment without medical questions. Since the premiums will be deducted from your paycheck with after-tax dollars, LTD benefits will be tax free.
- New York Life will help you file for Social Security Disability benefits, if you are eligible.

Notes: Coverage for pre-existing conditions that you were treated for within 3 months prior (including diagnosis, treatment or medication) will not be covered for 12 months after your effective date of coverage. Employees must be actively at work on the effective date of the insurance in order for the coverage to take effect. This means if you are not actively at work on the effective date of the coverage, you will not be eligible for coverage until you return to work on a full-time basis working the normal functions of your job.



NEW VOLUNTARY BENEFITS IN 2023



These supplemental health benefits provide financial support to employees and their families in the event of an accident, hospitalization or diagnosis of a serious illness. The benefit is paid directly to the employee in the form of a lump sum payment. The money can be used to help pay out-of-pocket costs or loss of income due to a variety of healthcare situations.

Accident Insurance

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things.

Plan Features

Voluntary accident insurance pays direct benefits for a range of injuries and accident-related expenses such as:

- Fractures
- Dislocations
- Concussion
- Hospitalization
- Emergency Room Treatment
- Accidental Death

Benefits are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the cost of your medical care and rehabilitation that follows an accident. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

Hospital Indemnity

The last thing you want to think about is the bill you will receive after your insurance company covers its portion of your hospital stay. Since out-of-pocket costs including deductibles and coinsurance can build quickly, the bills that result from a hospital stay can be overwhelming for anyone – with or without medical insurance.

Cigna's hospital indemnity insurance can help ease the financial burden of a hospital stay as it pays a fixed cash benefit directly to you when you experience a covered hospital stay for events like an in-patient procedure or childbirth.

Plan Features

- Hospital Admission (Non-ICU and ICU): \$1,000
- Hospital Stay: \$100 per day (limit of 30 days)
- Hospital ICU Stay: \$200 per day (limit of 30 days)
- Newborn Nursery Care Admission: \$500
- Newborn Nursery Care Stay: \$100 per day (limit of 30 days)
- Benefits are paid in addition to other insurance you may have

Critical Illness Insurance

Critical illness insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer.

Critical Illness insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have.

Plan Features

- Choose a benefit amount between \$10,000 and \$40,000
- Conditions covered include:
 - Coronary Artery Disease
 - End Stage Renal Failure
 - Heart Attack
 - Major Organ Failure Requiring Transplant
 - Stroke
 - Cancer
- You do not have to be terminally ill to receive benefits

TAKE ADVANTAGE OF THE WELLNESS BENEFITS AND RECEIVE \$50 TO KEEP YOU HEALTHY!

Each of the three voluntary benefits provided by Cigna provide an annual wellness benefit. Preventing disease can save you the cost of expensive treatment programs later, and of course, help our employees and their family members maintain good health.

If you get one of the preventive exams below, notify Cigna and you will receive \$50. If you have elected all three plans, you will receive \$150. This is a nice reward which can help reduce your annual premiums.

Examples of preventive care include:

- Routine examinations and annual checkups
- Mammograms
- Pap smears
- Cancer screenings
- Fasting blood glucose
- Breast ultrasound
- Chest x-ray
- Blood test for triglycerides or cholesterol
- Lead poisoning screening
- Osteoporosis screenings

Notes: No health questions are required at enrollment. There are no limitations for pre-existing conditions if you apply at Annual Enrollment in fall 2022. All benefits are portable and can be taken with you if you change jobs. The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your Summary Plan Description (SPD) for complete details.

DENTAL COVERAGE

Briggs & Stratton's comprehensive dental plan is administered by Delta Dental of Wisconsin. Under this program, you have your choice of seeking services from any dental provider you wish; however you will receive the highest level of coverage from participating dentists.

If you visit a Delta Dental PPOSM or Delta Dental Premier® dentist, the claim will be filed with Delta Dental on your behalf.

If you choose a dentist who is not contracted with Delta Dental, you may be subject to any difference in fee rates that are set by Delta Dental. Some out-of-network dentists will require you to submit your own claim to Delta Dental.

BENEFIT HIGHLIGHTS	DELTA DENTAL PPO OR DELTA DENTAL PREMIER NETWORK	OUT-OF-NETWORK <i>(Reasonable & Customary Apply)</i>
Deductible	\$25 per member, \$75 per family	
Annual Maximum	\$1,500 per member	
Class I—Preventative <i>Exams, Cleanings, Fluoride¹, Sealants², Treatments and X-Rays (Bitewing Twice Every 12 months - Full Mouth Once Every 3 Years)</i>	Covered 100%, Deductible Waived <i>(diagnostic and preventative dental services are not applied to the individual annual maximum)</i>	Covered 100%, Deductible Waived
Class II—Basic Fillings <i>Periodontics, Root Canals, Emergency Exams and Simple Extractions</i>	Covered 80% after Deductible	Covered 80% after Deductible
Class III—Major <i>Crowns/Inlays/Onlays, Bridges and Dentures, Implants to Replace Missing Permanent Teeth</i>	Covered 50% after Deductible	Covered 50% after Deductible
Class IV—Orthodontic	Covered at 50%, up to \$1,500 lifetime maximum per employee, spouse, dependent child to age 26	

^{1,2} Age limitations apply

VISION COVERAGE

If you are a medical plan participant, you are eligible for an annual preventive vision exam under your medical plan. As long as you use your medical plan provider's network and your provider bills the vision exam as routine, the exam will be covered in full.

If you are interested in additional vision coverage, or waive our medical insurance, the DeltaVision Preferred plan may be a good fit for you.

DeltaVision offers a voluntary vision plan administered by EyeMed Vision Care, the industry's largest diverse network, offering a mix of independent providers, national and regional retailers and online options. This plan includes coverage for important preventive eye care, eye wear and discounts on laser vision correction.

BENEFIT HIGHLIGHTS	EYEMED ACCESS NETWORK	OUT-OF-NETWORK <i>(Reasonable & Customary Apply)</i>
Exams	Covered 100% once every 12 months (to the day)	Up to \$35
Lenses Covered every 12 months	Covered 100%	Single Vision - \$25 Bifocals - \$45 Trifocals - \$55
Frames Covered once every 24 months	Retail allowance of \$130, then member pays 80%.	\$65
Elective Contact Lenses Covered once every 12 months	Covered in lieu of lenses and frames up to \$150 then member pays 85%	Up to \$96
Corrective Surgery	Member pays 85% of retail or 95% of promotional cost	Not Covered

THE BENEFITS OF FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs help you save money by allowing you to pay for certain types of healthcare and dependent daycare expenses on a pre-tax basis.

- You decide how much money to put aside each pay check to cover these expenses up to the maximum.
- This amount is then deducted from your paycheck before taxes and deposited into your FSA.
- When you need money to cover an eligible expense, you can use your FSA card, the pay-my-provider online service, or submit a receipt to get reimbursed. *In all cases, keep your receipts.*

You must re-enroll for 2023! It takes only minutes.

Healthcare Account

Save up to **\$2,850** pre-tax in 2023 and use it for:

- Medical copays, deductibles and coinsurance
- Prescription drug expenses
- Certain over-the-counter medicines as prescribed
- Dental, vision and hearing expenses
- Mileage to/from eligible care (2022 IRS limit - \$.018/mi)
- Breast pumps & supplies

Dependent Day care Account

Save up to **\$5,000** (\$2,500 if married and filing separately) on a pre-tax basis for day care expenses for your dependents while you work:

- Nursery School
- Pre-school
- Before-and-after school care
- Summer day camp
- Elder care (home or custodial)
- Adult or senior day care

Important: Use it or lose it!

According to the IRS rules, any money remaining in the Healthcare or Dependent daycare spending accounts after the deadline for filing claims will be forfeited. The money will NOT roll over into the next year.

CHANGES TO THE HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- In January 2023, Briggs & Stratton will fund employees' HRAs with earned Wellness Program Rewards. Unlike other health savings accounts, only the Company can put money into your HRA and the account is owned by the Company. You may pay for qualified medical, pharmacy, dental and vision expenses with funds from your HRA up to the balance available in your account.
- In 2024, employees who participate in the PPO and EPO plans will receive the wellness rewards as premium credits.



* HSA contributions are not tax-free in CA and NJ

HSA – A SMART WAY TO BUDGET FOR HEALTHCARE

Employees who choose to enroll in an HSA plan will automatically be eligible to open a Health Savings Account (HSA).

HSAs have transformed how we pay for health care. The contributions you make to the HSA are tax-free, accrues tax-free and when used for qualified medical, dental and vision expenses, the distribution is tax free.* From a tax planning point of view, that's about as good as it gets!

Other advantages:

- **Greater earnings potential.** Funds left to accumulate in your HSA can grow. Once your balance reaches \$2,000, mutual fund allocations are available.
- **Portability.** Even if you change jobs, your HSA funds go with you. You own your account.
- **Long-Term Savings.** You can choose to let the funds in your account grow tax-deferred. After age 65, you may make withdrawals from your HSA for any reason without a penalty.

Employer Contribution. If you earn 2022 Wellness Program rewards, the Company will deposit your rewards into your HSA account with the first payroll of 2023. See page 7.

Briggs & Stratton is providing notice to all eligible employees that the HRA accounts will be closing on 6/30/24. Any money remaining in the accounts on 7/1/24 will be forfeited.

WHAT'S NEW FOR LIFE INSURANCE, AD&D COVERAGE?

Effective January 1, 2023, New York Life will be insuring employees and their eligible family members for life insurance, AD&D and disability benefits. New York Life is a leading insurance carrier specializing in innovative and flexible employee benefits solutions.

Life Insurance and AD&D

1. **Basic coverage has been standardized.** Briggs & Stratton will provide all eligible employees (hourly and salaried) with 2X your annual base pay up to \$500,000.
2. **Voluntary life options are the same for all benefit-eligible employees.** The coverage limits have been expanded so that:
 - Employees may purchase additional coverage up to three times your annual base pay to a maximum of \$500,000.
 - You may elect between \$10,000 and \$50,000 for your eligible spouse.
 - You may elect between \$5,000 and \$20,000 for your eligible children.

When you enroll:

- You may see additional coverage options available to you.
- Take note of the premiums for additional voluntary life insurance. Premiums are based on your age as of 12/31 of the plan year and will increase as you move through five-year age bands.
- A new age reduction schedule will apply:
 - Benefits reduce to 65% at age 65
 - Benefits reduce to 50% at age 70
- Other things to consider:
 - Coverage for your family - In addition to insuring yourself, coverage options are also available for your eligible spouse and children.

Guaranteed coverage - During the annual enrollment period, if you (and your dependents) are eligible for coverage, you may enroll without answering any health questions.

WHO IS ELIGIBLE FOR BENEFITS?

If you're a Briggs & Stratton **full-time, or part-time employee who works 30 or more hours per week**, you're eligible to enroll in the benefits outlined in this guide. In addition, the following family members are eligible for coverage:

- Legally married opposite-sex or same-sex spouse.
 - You cannot be covered as both an employee and a dependent.
 - Our medical plan requires that working spouses elect coverage through their employer before they can be enrolled with secondary coverage under our plan. See page 3.
- Eligible **children through the month they turn 26** - your natural child, legally adopted child, child placed in your home for legal adoption, stepchild or a child for whom you have legal guardianship.
- Eligible children who are disabled as long as the child is declared disabled prior to reaching their 26th birthday and the request for extended coverage is submitted to bswift no later than 31 days after their 26th birthday.
- Dependent children cannot be covered by more than one employee.



WORKING SPOUSE PROVISION

We believe every employer should take primary responsibility for providing medical coverage to its own employees. When an employee's spouse enrolls in a Briggs & Stratton plan instead of his or her own employer's plan, the spouse's expenses shift to us. If a spouse has the choice of other coverage but declines it, we believe that adds a cost burden to our Plan.

This provision would not apply if your spouse:

- Is not employed,
- Is self-employed and spouse's business does not offer medical coverage to any employee or self-employed individual,
- Works part-time (even if eligible for coverage),
- Works full-time but is not eligible for coverage through his or her own employer,
- Has primary coverage through his or her own plan and enrolls in a Briggs & Stratton plan as secondary coverage, or
- Is employed by Briggs & Stratton.

Briggs & Stratton may require a spouse to certify that they are not eligible for medical coverage through their employer. Spouses who are found to be ineligible for coverage will be removed from the Plan.

DEPENDENT VERIFICATION

During the enrollment process, you may add new dependents for coverage effective January 1, 2023.

Briggs & Stratton has contracted with bswift to conduct dependent eligibility verification. If you enroll your spouse and/or child(ren) in Briggs & Stratton's medical plan, you will be asked to provide documentation (birth certificate and/or marriage license) to verify their eligibility. bswift will mail you directions as to what is expected of you for the verification process. Your dependents will not be eligible for coverage in 2023 if you do not respond or if you provide incomplete documentation.

How to Make Changes

In accordance with federal regulations, the benefits you choose during Annual Enrollment will remain in effect through the next plan year. However, you may be allowed to make changes in certain benefits if you have a Qualified Status Change. Examples of Qualified Status Changes are:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

To change your benefit elections after a qualified life status event, you must make the change online or by phone within **30 days of the life event**. Written proof of the event, such as a birth certificate, can be provided within 30 days **following** the initial request. Requests or changes made after 30 days will not be accepted.

PLEASE NOTE:

It is very important that you enroll or confirm your benefit elections by November 13th. Additionally, it is important to review your beneficiaries for company-paid life insurance and AD&D benefits.

IF YOU DO NOT ENROLL, your current benefits and levels of coverage will roll over to the new plan year; except Flexible Spending Accounts (Health Care and Dependent Care). You will not be able to make changes to your elections, unless you experience a qualifying event or until the next Annual Enrollment period, whichever comes first.



P.O. Box 702
Milwaukee, WI 53201-0702

**Briggs & Stratton's
Annual Enrollment period is**

OCTOBER 31 - NOVEMBER 13



Use the enrollment period as an opportunity to review your benefits and make sure you are enrolled in the best coverage for you and your family.

Briggs & Stratton strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this brief overview of what is new or what will change in 2023.

This year, we added an extra layer of support to make enrolling easy with Certified Benefits Counselors who will explain your options, answer your questions, and record your 2023 benefit elections. Just call 877-232-1083 then select option 2. Counselors are available 7am-7pm CST.

Annual enrollment is a short period each year when you can review your current elections and make changes to your benefits. Be sure to make your elections on or before November 13.

THREE WAYS TO ENROLL

ONLINE



www.basco.bswift.com
or
mylinks.basco.com > Success Center
> Benefits > bswift

MOBILE APP



www.basco.bswift.com

PHONE



877-232-1083