

Write your well-being story (noun)





2025

Take *charge* of your well-being

(noun)

We all have different well-being goals. A. O. Smith understands this, and we offer a wide range of benefits to meet you wherever you are — and wherever you're going.

Whether you're focused on improving your mental health, catching up on routine care or making the most of vacation time, you'll find the answers here. Explore it all, and make well-being part of your story.

This guide provides information about **UnitedHealthcare** and other benefits available to you. It can be used as a resource to decide which benefits to enroll in and who will be covered, as well as being a reference throughout the year.



IMPORTANT INFORMATION ABOUT OPEN ENROLLMENT:

- A. O. Smith medical plans meet or exceed the government requirements for affordable coverage and benefits value. If you waive A. O. Smith coverage to enroll in the Health Insurance Marketplace, you will not be eligible for a subsidy.
- Contact your HR representative with any corrections to your home address and telephone number.

Disclaimer: This guide is only a summary of your benefits offered by A. O. Smith Corporation. Details of the health insurance, retirement plans, and life and disability are contained in the Summary Plan Descriptions (SPD), plan documents and insurance policies. If any discrepancies exist between this guide and the more detailed documents, the SPD and policy documents will prevail. These documents are available on AOSnet, or you may request a copy from your HR representative.



Write your wellness story

(verb)

Wellness means something different to everyone. It can mean being active like _____ or walking. Eating healthy foods like _____ or _____. Or feeling _____ and joyful. Whatever you're working toward, A. O. Smith offers resources to help.

Take a moment to _____ about what could help you on your wellness journey. Want to make sure you're saving money? Try 90-day _____ or use a(n) Flexible Spending Account (FSA) to pay for health care or dependent care costs. Want to make sure you're using all your benefits? Get your mouth and _____ checked with dental and vision coverage. And be sure to see a _____ for preventive care too. It's covered 100% at network providers.

Of course, your wellness benefits are about far more than _____ and dental benefits. You can get anytime support plus _____ counseling sessions per issue per year through Emotional Wellbeing Solutions. Track your daily _____ with the Calm Health app. Or get a curated list of _____ from WorkLife Services.

If something like _____ is holding you back, how about a little encouragement? Through Rally, you can earn rewards for things like _____, _____ and participating in Know Your Numbers.

Make the most of your benefits. Read the enclosed guide today.



Chapters in your well-being story

(noun)

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IMPORTANT NOTE:

- If you are currently covered by the A. O. Smith Health Plan and you do not make an election for health care coverage during this Open Enrollment period, you will NOT be enrolled in medical or dental for 2025.
- Enrollment in the Consumer-Driven Health Plan (CDHP) will include a company-paid Critical Illness Policy of \$5,000 administered by The Hartford. Employees will have the option to purchase up to a \$10,000, \$15,000 or \$20,000 benefit.
- The company's Health Savings Account (HSA) contribution for participants who select the CDHP will be \$500 individual and \$1,000 employee "plus" in 2025.
- You can sign up for the A. O. Smith Health Plan when you're first hired by the company. If you choose not to enroll at that time, you will have another opportunity to sign up during the annual benefits enrollment period (Open Enrollment), which is held in November each year. If you were hired in October, November or December, you need to complete 2024 enrollment and 2025 enrollment.



Please review your benefits itinerary

Your health care is a partnership between you and the company. A. O. Smith health plans are self-funded, so you and the company share the medical expense. Any medical, pharmacy or dental expense that is not paid by you out of your pocket is paid by A. O. Smith.

Your health care choices matter, so take some time to understand your benefits options.

Core Benefits You May Elect:

Medical & Pharmacy*

- Consumer-Driven Health Plan (CDHP) with Health Savings Account (HSA)
- PPO Plan with Flexible Spending Account (FSA)

Dental*

- Standard plan

Benefits Automatically Included with Medical Coverage:

- Diabetes care with Teladoc (formerly Livongo)
- Hypertension care with Teladoc (formerly Livongo)
- Musculoskeletal care with Hinge Health
- Real Appeal® weight-loss program
- Rally® Rewards
- Quit For Life® tobacco cessation
- 2nd.MD second-opinion services
- Nurse in the Family complex care management support
- Emotional Wellbeing Solutions (EWS) (formerly EAP)
- WorkLife Services with Optum
- Company-paid \$5K Critical Illness 3.0 with CDHP

Optional Benefits to Elect:

- Vision (Standard or Premier Plan)
- Supplemental Life (Employee and/or Dependent Life)
- Voluntary Critical Illness 3.0
- Accidental Injury Policy
- Accidental Death & Dismemberment (AD&D)
- Allstate Identity Theft Protection
- 401(k)

*If you want medical and/or dental benefits in 2025, you must enroll or you will not have coverage.



To help you decide, compare plans or see if your physician is in-network, use the premember website whyuhc.com/aosmith. No registration is needed.



Know how to enroll

(verb)

All employees (hourly and salary) must enroll online for 2025 and going forward. All of your benefits elections will be made in the Benefitplace benefits portal. In Benefitplace, you will verify your personal information, select or add dependents (if needed) and make your benefits elections.

The decisions you make during your enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

Know when to enroll

(verb)

The 2025 Open Enrollment window will be held from November 6 through November 20, 2024. The benefits choices you make now will cover you and your dependents through the plan year, which runs from January 1 through December 31 of each year.

KNOW HOW TO MAKE CHANGES DURING THE YEAR

Unless you experience a Family Status Change (Special Enrollment Event), you cannot make changes to the benefits you elect until the next Open Enrollment period. A Family Status Change includes the following:

- Loss of other health coverage for you or a dependent
- Termination of Medicaid or CHIP
- Marriage or divorce
- Birth of a child, adoption or legal guardianship

If you experience one of these life events, you must make changes to your benefits within 30 days of the event.

Enrolling online with Benefitplace

(noun)

- 1
 - If you have access to Employee Central (EC), open EC, click on the “My Benefits” link under the Quick Actions section and you will gain automatic access to the portal — no username/password required.
 - If you do not have access to EC, see your local HR representative to use a company-provided computer/laptop/tablet to register and complete your enrollment.
 - Or download the Benefitplace app, use the company ID of “aosmith” to activate the app. Register with username and password.
- 2 **FIRST-TIME USERS: VERIFY YOUR PERSONAL DATA IS CORRECT**

Review your Profile to be sure all the correct data was loaded to Benefitplace. In the “Your Contact Information” section, please provide your personal email address, which will be used for password recovery if you forget or need to reset your password. Click on “Begin Enrollment” and follow the prompts/steps as if you were shopping online. You will select your benefits and add them to your cart. When finished, click on “Save.”
- 3

Review your elections in the Benefits Summary section. You can print a copy of your elections after you save your elections. A paper confirmation statement will also be mailed to your home in December. You must notify HR of any errors before January 1, 2025!

RETURNING USERS DURING 2025: AFTER YOUR ACCOUNT IS SET UP

You can return to Benefitplace at any time during the year to check your current coverage, view benefits summaries or review your wellness options.

If you have a family status change during the year, click on “Life Events” to make changes to your coverage. You will be required to upload documentation to support your life event. Your event will be approved or denied within seven days of your change.



Take your benefits on the go with the Benefitplace app

Get easy access to your coverage details, ID cards, educational content and more - in the palm of your hand.

Download today! Use company ID: aosmith



Choose your health plan

(noun)



CDHP

Less money out of your paycheck.

Higher individual/family deductible — \$1,650/\$3,300.
Prescriptions included in deductible.

Lower combined medical and prescription out-of-pocket maximum — \$4,500/\$9,000.
Out-of-network maximum — \$13,500/\$27,000.

Annual employer HSA contribution:

- \$500 for employee/\$1,000 for employee + one or more dependents.
- HSA funds roll over to the next year.

HSA tax savings — employee contributions are taken pretax; additional tax savings when you invest and money not taxed when used for qualified medical expenses.

HSAs are portable. If you leave employment with A. O. Smith, your HSA goes with you for future medical expenses.

Company-paid Critical Illness Policy of \$5,000. Coverage provided by The Hartford.

Preventive medication, including diabetes-related medications, **bypasses the deductible**, and you pay 20% coinsurance until the out-of-pocket maximum is met.

PPO

More money out of your paycheck.

Lower individual/family deductible — \$900/\$1,800.

Higher combined medical and prescription out-of-pocket maximum — \$6,400/\$12,800.
Out-of-network maximum — \$14,200/\$28,400.

No company contribution.

Flexible Spending Account (FSA) — use it or lose it!

FSA tax savings — employee contributions are taken pretax, and money not taxed when used for qualified medical expenses.

FSAs are not portable but allow a 2.5-month grace period to use previous year's funds until March 15. Any unused FSA dollars not spent after the grace period are forfeited.

A voluntary Critical Illness Policy is available.

Medications require a copay or coinsurance until the prescription coinsurance maximum (\$2,500/\$5,000) is met.



If your legal spouse is employed full-time (30 or more hours per week), your spouse is required to elect medical coverage through their employer, if offered. Your spouse can be covered under the A. O. Smith Health Plan if they are not eligible for any other medical coverage.

Understand the *costs*

(noun)

2025 EMPLOYEE HEALTH CARE RATES

Coverage Level	Monthly Rate (Annual Total)		Annual Net Savings for CDHP
	CDHP	PPO Plan	
Employee only	\$93 (\$1,116)	\$185 (\$2,220)	\$1,104
Employee plus children	\$196 (\$2,352)	\$407 (\$4,884)	\$2,532
Employee plus spouse	\$244 (\$2,928)	\$478 (\$5,736)	\$2,808
Family	\$308 (\$3,696)	\$581 (\$6,972)	\$3,276

TOBACCO SURCHARGE

Tobacco use harms nearly every organ in the body and is the leading cause of preventable death. It also results in increased health care costs. If you choose to use tobacco products, you will pay a Tobacco Surcharge when enrolled in the A. O. Smith Health Plan.

The 2025 Tobacco Surcharge is \$780 annually or \$65 a month. If you and your spouse are enrolled in the A. O. Smith Health Plan and both you and your spouse use tobacco products, the total surcharge will be \$1,560. You will see this deduction on your paycheck, labeled "Smoking Surcharge."

Completing your tobacco attestation

You will complete the tobacco questionnaire during your electronic enrollment through Benefitplace.

New employees in 2025

If you are newly hired in 2025 and you use tobacco, you need to complete the Quit For Life® program by October 31 to avoid paying the Tobacco Surcharge for 2026.



GET HELP TO QUIT

Join Quit For Life and develop an individualized plan with the help of a coach. Complete the program by October 31, 2024, to avoid the Tobacco Surcharge for 2025. See page 27 for more information.



EARN A DISCOUNT!

Participate in Know Your Numbers, a company-sponsored wellness activity, in 2025 to earn a wellness discount of \$180 on your health insurance premiums in 2026. See page 28 for more information.

The Quit For Life program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. **This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.**

Save money on prescriptions

(noun)

30-DAY PRESCRIPTIONS

Through Express Scripts®, you have access to a broad network of retail pharmacies for short-term prescriptions (up to a 30-day supply). Simply present the Express Scripts ID card or show the ID card from the Express Scripts phone app and pay the appropriate cost at the pharmacy.

90-DAY PRESCRIPTIONS

When filling prescriptions for maintenance medications you will be taking for more than 90 days, you are required to use Express Scripts Mail Order or a Walgreens® pharmacy. Ask your physician to write a prescription for a 90-day supply of each maintenance medication and have the physician send it to a participating Walgreens pharmacy or Express Scripts Mail Order.

SPECIALTY MEDICATIONS

Specialty medications are only available by Accredo Specialty Pharmacy through mail order. Accredo Specialty Pharmacy provides access to specialty-trained pharmacists to give you the personalized care and guidance you need to manage your condition.



EXPRESS SCRIPTS

Both the CDHP and PPO Plan provide prescription drug coverage through Express Scripts. A. O. Smith uses the Express Scripts Preferred Prescriptions National Formulary to help better manage prescription drugs costs.

LEARN MORE

Go to [express-scripts.com](https://www.express-scripts.com) to register and set up your account. You can log in anytime to price a medication, find a pharmacy, view status of refills, pay a bill, access your ID card and much more. These resources are also offered through the Express Scripts app, available from the App Store® or Google Play®.



EXPRESS SCRIPTS®



If you do not get a 90-day prescription for maintenance medications, you will pay the full (undiscounted) cost of the medication and this cost will not apply to your out-of-pocket maximum.



Explore the Consumer-Driven Health Plan (CDHP)

(noun)

The CDHP is paired with a Health Savings Account (HSA). Together, the CDHP and HSA give you greater control by allowing you to plan, save and pay for health care.

FOUR WAYS THE CDHP BENEFITS YOU:

- 1 More control over your health finances
- 2 A lower cost per paycheck
- 3 The ability to open an HSA (with contributions from A. O. Smith)
- 4 The extensive provider network of UnitedHealthcare

CDHP HAS A LOWER OUT-OF-POCKET MAXIMUM

Plan Provision	Coverage for Care in the Network	
Deductible*	Total deductible before HSA contribution: \$1,650 – Individual \$3,300 – Family**	Total deductible after HSA contribution: \$1,150 – Individual \$2,300 – Family**
Coinsurance Percentage	15% – Tier 1 providers 25% – in-network providers	
Annual Coinsurance Maximum	\$2,850 – Individual \$5,700 – Family**	
Preventive Care — Employee Portion	0%	
Office Visit — Employee Portion Emergency Room — Employee Portion	100% until deductible met, then 15%/25% coinsurance maximum. 0% after total out-of-pocket maximum is met.	
Prescription Drugs — Employee Portion	100% until deductible is met, then 20% coinsurance. 0% after total out-of-pocket maximum is met.	
24/7 Virtual Visits	Until the deductible is met, you will pay \$54 .*** After you have met your deductible, 24/7 Virtual Visits will be \$0 . Mental health visit rates may be higher as coverage aligns with behavioral health benefits. Refer to your benefits plan documents for more information.	
Annual Out-of-Pocket Maximum (Medical and Pharmacy)	\$4,500 – Individual \$9,000 – Family (individual out-of-pocket maximum of \$7,350)**	

*The company HSA contribution, \$500 Individual/\$1,000 Family, can be used to partially offset the deductible.

**The Family deductible applies to the following coverage levels: • Employee plus children • Employee plus spouse • Family

***The Designated Virtual Visit Provider's reduced rate for 24/7 Virtual Visits is subject to change at any time.



PRESCRIPTION DRUGS

With the CDHP, you will pay 20% of the in-network cost for preventive medications, including diabetes drugs and supplies. You will pay the full in-network cost for any non-preventive medication until your deductible is met. After the deductible, you will pay 20% of the cost for all prescriptions until you reach the coinsurance maximum. This applies to both retail and mail-order prescriptions. After the out-of-pocket maximum is met, the Plan will pay 100% of your medical and pharmacy expenses.



EXPRESS SCRIPTS®



HERE'S HOW THE CDHP WORKS



Your deductible

When you have an eligible expense such as a doctor visit, the entire cost will apply to your deductible. You pay the cost of your health care expenses until you meet your deductible. You can choose to pay for care from your HSA or let it grow and pay with cash or a credit card.



Your coverage (coinsurance)

After the deductible is paid, there is coinsurance. With coinsurance, the health plan shares costs with you. The plan pays a percentage of each eligible expense, and you pay the rest. For example, for in-network Tier 1 care, the plan pays 85% and you pay 15%.



Your out-of-pocket maximum




You are protected with an out-of-pocket maximum. This amount is the most you will have to pay in the plan year for covered services. The plan will then pay 100% of all remaining covered expenses for the rest of the plan year. Your deductible and coinsurance will go toward your out-of-pocket maximum.



In-network

Preventive care is covered 100% in the network.

Out-of-network

		
DEDUCTIBLES: \$1,650 – Individual \$3,300 – Family	YOUR DEDUCTIBLE: You choose to pay: Out of pocket OR with your HSA	DEDUCTIBLES: \$4,950 – Individual \$9,900 – Family
COINSURANCE MAXIMUMS: \$2,850 – Individual \$5,700 – Family	<div style="text-align: center;"></div> YOUR COVERAGE (COINSURANCE): Your plan pays 85% You pay 15%* <div style="text-align: center; margin-top: 10px;">  </div>	COINSURANCE MAXIMUMS: \$8,550 – Individual \$17,100 – Family
OUT-OF-POCKET MAXIMUMS: \$4,500 – Individual \$9,000 – Family	YOUR OUT-OF-POCKET MAXIMUM: When you reach your out-of-pocket maximum, plan pays 100%	OUT-OF-POCKET MAXIMUMS: \$13,500 – Individual \$27,000 – Family

*When you use a Tier 1 physician.

Prepare for health expenses with an HSA

(noun)



Select the CDHP during Open Enrollment and A. O. Smith will make a lump-sum contribution to your account in January.*

An HSA offers flexibility and convenience. It's a great way to manage your health care expenses and help grow your savings at the same time.



EARN

You'll receive a contribution from A. O. Smith every year.

For employee-only coverage, you'll receive \$500.

For family coverage, you'll receive \$1,000.

The money goes in tax-free and comes out tax-free.



SAVE

Set aside tax-free money from each paycheck to go into your HSA.

You can choose the amount, up to:

\$3,800 for individuals**

OR \$7,550 for families**

Change your contribution anytime throughout the year.



PAY

Use your HSA dollars to save and pay for qualified medical expenses.

To pay, you simply use your **HSA Debit Mastercard®** and the charges are deducted from your account.

OR you can choose to build your savings and watch your account grow.

HSA ELIGIBILITY REQUIREMENTS

To open an HSA and contribute funds to it, you must meet certain criteria:

- You cannot be covered by any other non-high-deductible health plan, such as a spouse's plan.
- You may not be enrolled in Medicare.
- You cannot receive health benefits under TRICARE®.
- You may not have received Veterans Administration (VA) benefits within the past three months.
- You cannot be claimed as a dependent on another person's tax return.
- You cannot be covered by a health care Flexible Spending Account or a Health Reimbursement Account.



IT'S YOURS TO KEEP

The money in your HSA carries over from year to year. Plus, if you change health plans, retire or leave A. O. Smith, the money remains yours. Use your HSA to pay for:

- Physician services
- Prescription drugs
- Deductibles
- Out-of-pocket expenses
- Dental services
- Vision services
- Eligible over-the-counter items (visit [HSAstore.com](https://www.hsastore.com) for a full list)

*When you enroll in the CDHP as a new hire, the HSA company contribution will be deposited in your HSA within 60 days of the benefits start date. The sooner you enroll, the sooner your company contribution gets into your account. If you already have an HSA, the contribution will be deposited in your existing HSA.

**The IRS annual maximum is \$4,300 for individuals and \$8,550 for families, which includes all contributions: the A. O. Smith contribution and your personal contribution. Employees 55 or older may make an additional \$1,000 "catch-up" contribution each year.

The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high-deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

HSAs are individual accounts offered by Optum Bank, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Discover the PPO Plan

(noun)

The PPO Plan offers a lower deductible combined with a higher monthly premium. With this plan, you pay a fixed fee (copay) for certain services, such as visits to your physician’s office, specialist and diagnostic visits, occupational and physical therapy, and chiropractic care. The main difference is how you pay for the health services you use.

PRESCRIPTION DRUGS

With the PPO Plan, you pay a \$10 copay for 30-day prescriptions for generic drugs at a participating retail pharmacy or a \$25 copay for a 90-day maintenance prescription (Express Scripts mail order or Walgreens). If you need a formulary (brand-name) or non-formulary drug, you pay a percentage of the cost of the prescription (does not apply to your annual medical deductible).



EXPRESS SCRIPTS®

Plan Provision	Coverage in the Network*						
Deductible	\$900 – Individual \$1,800 – Family**						
Coinsurance Percentage	15% – Tier 1 providers 25% – in-network providers						
Coinsurance Maximum (Medical)	\$3,000 – Individual \$6,000 – Family**						
Coinsurance Maximum (Pharmacy)	\$2,500 – Individual \$5,000 – Family**						
Preventive Care — Employee Portion	0%						
Office Visit — Employee Portion	\$25 per visit Tier 1 providers \$35 per visit in-network providers \$40 per visit for urgent care \$40 per visit in-network specialist						
Emergency Room — Employee Portion	\$200 per visit, plus deductible and coinsurance						
Prescription Drugs — Employee Portion Specialty medications are available from Accredo Specialty Pharmacy only.	<table border="0"> <tr> <td>Retail (30-day) – Generics \$10</td> <td>Express Scripts Mail Order or Walgreens – Generics \$25</td> </tr> <tr> <td>Formulary – 30% coinsurance (\$25 minimum)</td> <td>Formulary – 30% coinsurance (\$125 maximum)</td> </tr> <tr> <td>Non-formulary – 40% coinsurance (\$40 minimum)</td> <td>Non-formulary – 40% coinsurance (\$200 maximum)</td> </tr> </table>	Retail (30-day) – Generics \$10	Express Scripts Mail Order or Walgreens – Generics \$25	Formulary – 30% coinsurance (\$25 minimum)	Formulary – 30% coinsurance (\$125 maximum)	Non-formulary – 40% coinsurance (\$40 minimum)	Non-formulary – 40% coinsurance (\$200 maximum)
Retail (30-day) – Generics \$10	Express Scripts Mail Order or Walgreens – Generics \$25						
Formulary – 30% coinsurance (\$25 minimum)	Formulary – 30% coinsurance (\$125 maximum)						
Non-formulary – 40% coinsurance (\$40 minimum)	Non-formulary – 40% coinsurance (\$200 maximum)						
24/7 Virtual Visits	\$10 copay						
Annual Out-of-Pocket Maximum (Medical and Pharmacy)	\$6,400 – Individual \$12,800 – Family**						

*Out-of-network maximum is \$14,200 Individual and \$28,400 Family.

**The Family coverage amounts apply to the following coverage levels: • Employee plus children • Employee plus spouse • Family

Save on health care and dependent care

(noun)

The Flexible Spending Account (FSA) program offers you the opportunity to save money by participating in two spending accounts — health care (only available with the PPO Plan) and dependent (day) care. The dependent care FSA can be combined with the PPO or CDHP.

These two accounts let you set aside pretax money to pay for certain health care and dependent care expenses. The dependent care FSA does not cover medical expenses; it only covers childcare expenses for your dependents. You can choose to participate in either one or both of the accounts, if eligible.

HOW TO USE YOUR SPENDING ACCOUNTS

- 1 Decide how much you want to contribute to each account during the calendar year before you enroll.
- 2 Pay out of pocket for eligible medical expenses or dependent care bills from 2025 with your Health Care Spending Account debit card.
OR
Get reimbursed for eligible expenses from the appropriate spending account when you submit receipts with a claim form.
- 3 Go to FSASTore.com to see a full list of over-the-counter items for reimbursement.

SPENDING ACCOUNT CONTRIBUTIONS

	Health Care FSA	Dependent Care FSA
Yearly Contribution Minimum	\$100	\$100
Yearly Contribution Maximum	\$3,200	\$5,000
Additional Limitations	N/A	<ul style="list-style-type: none"> • Maximum combined contribution for you and your spouse: \$5,000 • Maximum contribution for your spouse if you and your spouse file separate tax returns and they contribute to a similar account at work: \$2,500

To be eligible for reimbursement, the expenses must be incurred during the year in which you are contributing to the account(s), or within the 2.5-month grace period immediately following the end of the year. For example, expenses incurred in 2024 (or by March 15, 2025) can be reimbursed out of plan year 2024 contributions. Expenses are incurred on the date the service is provided, not the date you are billed for the service or the date you pay for it.



Visit FSASTore.com to purchase eligible items with your Health Care Spending Card.



THINGS TO BE AWARE OF:

- You may not stop contributing or change the amount you are contributing unless you have a qualified family status change (such as marriage, birth or adoption of a child).
- Any expenses reimbursed through an FSA may not be used as a deduction on your federal income taxes.
- You may use the dependent care FSA only if you are paying for dependent care so you can work.

FSA's are administered by UnitedHealthcare and are subject to eligibility and restrictions. An FSA is not insurance. It may also be referred to as a Flexible Spending Arrangement. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.



Keep your teeth healthy

(noun)

Problems in your mouth can affect other parts of your body, so it's important to take care of your oral health.



2025 MONTHLY DENTAL CARE RATES:

Employee only: **\$12.50** | Employee + children: **\$25**
 Employee + spouse: **\$28.50** | Family: **\$46**

Feature	Coverage Level
Deductible	\$50 – Individual \$100 – Family
Annual Benefit Maximum	\$2,000 – Individual
Preventive Services <ul style="list-style-type: none"> Up to two routine oral exams including cleaning (not subject to annual deductible) Dental X-rays Topical application of fluoride for dependent children Space maintainers for dependent children Topical application of sealants for dependent children 	100% of covered charges
Basic Restorative Services <ul style="list-style-type: none"> Emergency treatment to relieve pain Extractions of erupted teeth Composite fillings Treatment of periodontal disease 	80% of covered charges subject to annual deductible and annual benefit maximum
Major Restorative Services <ul style="list-style-type: none"> Fixed bridgework, partial or full dentures Implantology Repair or recementing of crowns, onlays, inlays, bridgework or dentures Oral surgery including impacted extractions 	70% of covered charges subject to annual deductible and annual benefit maximum
Orthodontic Services <ul style="list-style-type: none"> Orthodontic treatment for dependent children under age 19 	50% of covered charges subject to annual deductible and lifetime maximum orthodontic benefit of \$1,500 . ProClear Orthodontic Aligners available at a discounted fee of \$1,295 .



A. O. Smith offers dental coverage that helps pay for preventive services, diagnostic dental procedures and orthodontics for you and your family.



Keep your vision sharp

(noun)

Regular eye exams are important for more than protecting your vision. In fact, these exams can help identify a number of chronic illnesses, such as diabetes and glaucoma. VSP Vision Care® offers coverage with two plan options.



2025 MONTHLY VISION RATES:

Standard plan:

Employee only: **\$4.82** | Employee + children: **\$10.70**
Employee + spouse: **\$9.12** | Family: **\$15.04**

Premier plan:

Employee only: **\$8.06** | Employee + children: **\$17.88**
Employee + spouse: **\$15.24** | Family: **\$25.14**



YOU HAVE ACCESS TO AN EASY-TO-USE, IN-NETWORK, ONLINE EYEWEAR OPTION

Through [eyeconic.com](https://www.eyeconic.com), you can buy eyewear without risk and get free shipping and returns. Plus, you receive discounts on annual supplies of contact lenses. Check this option out, and enjoy the interactive virtual try-on feature.

Feature	Standard Plan	Premier Plan
Comprehensive Eye Exam (Every 12 months)	\$20 copay	\$20 copay
Pair of Eyeglass Lenses <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal or lined lenticular lenses (other lens options available at a discounted rate) Standard scratch coating covered in full 	\$20 copay	\$20 copay
Frames	\$150 frame allowance \$200 for featured brand names	\$175 frame allowance \$225 for featured brand names
Lens Enhancements <ul style="list-style-type: none"> Standard scratch coating and progressive lenses Premium progressive lenses Custom progressive lenses 	Free single vision or lined bifocal Covered in full <ul style="list-style-type: none"> Premium = \$95–\$105 Custom = \$150–\$175 Average savings of 20%–25% on other lens enhancements	Free single vision or lined bifocal Covered in full <ul style="list-style-type: none"> Premium = \$95–\$105 Custom = \$150–\$175 Average savings of 20%–25% on other lens enhancements
Contacts (Instead of Glasses)	\$150 allowance for contacts; copay does not apply.	\$175 allowance for contacts; copay does not apply.
Diabetic Eyecare Plus Program	\$20 copay for diabetic-related follow-up visits	\$20 copay for diabetic-related follow-up visits
Extra Savings <ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses Retinal screening — maximum copay of \$39 Laser vision correction — 15% discount 	<ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses Retinal screening — maximum copay of \$39 Laser vision correction — 15% discount 	In addition to the extra savings, each covered family member can select one of the following upgrades at the time of service: +\$75 frame allowance or contact lenses or anti-reflective coating or photochromic lenses or premium progressive lenses Go to vsp.com and click on “Special Offers”



Get the best eye care and eyewear with VSP. Visit [vsp.com](https://www.vsp.com) or call **1-800-877-7195** for more information about your vision plan and available providers.

Make your retirement dreams possible

(noun)

A. O. SMITH RETIREMENT SECURITY PLAN

Your retirement plan consists of two components: a **401(k) plan** and a **Core Pension Plan**.

401(k) Matching Contribution

This matching contribution plan relies on a percentage of your salary that you contribute.

Participation

- You're automatically enrolled upon hire and at Open Enrollment unless you choose to opt out.
- The Plan is available to U.S. employees scheduled to work at least 1,000 hours.

Contributions

- Begin on the first of the month following your date of hire.
- You can elect to contribute pretax and/or post-tax (Roth) contributions to your account.
- You do not pay federal income taxes on the money you contribute (except for designated Roth deferrals).
- Must be made through payroll deduction.
- Automatically increased each year until you reach 7%.
- You can change your contribution at any time.

IRS Regulations

- Current contribution limit: \$23,000 per year.
- Ages 50+ can make "catch-up" contributions of an additional \$7,500.
- Rolling over balances from qualified plans into your account may be allowed.

Contact your HR representative for more information.

Matching Contributions

A. O. Smith will match 100% of your contributions on the first 1% of your compensation that you invest in the plan, then 50% on the next 5% of your compensation that you contribute.

Example

- You contribute 6%.
- A. O. Smith matches the first 1% at 100%: $100 \times 1 = 1\%$.
- A. O. Smith matches the remaining 5% at 50%: $0.5 \times 5 = 2.5\%$.
- A. O. Smith matches 3.5%: $1 + 2.5 = 3.5\%$.

Both your contribution and the company contribution are deposited to your account each pay period.

You can find more information about the A. O. Smith 401(k) plan in the Summary Plan Description.

Core Pension Contribution

This is a non-matching contribution of 3% of your cash compensation.

Participation

The benefit is payable to employees who worked at least 1,000 hours and are employed on December 31 or ended their employment during the year as a result of:

- Retirement on or after age 65
- Death
- Total or permanent disability
- Job abolishment

Contributions

- Amount is 3% of your eligible compensation (base, bonus and overtime pay), up to the IRS limit.
- Deposited into your account each January.
- Noted as "Employer Non-Elective" on your OneAmerica® statement.
- Contributions are made at the discretion of the company.

Investment Options

You can choose your own investment funds from the Plan's lineup of options. Or, if you prefer a "hands-off" approach, you may select one of the T. Rowe Price Retirement Blend Trusts based on your expected year of retirement. This will provide you with a diversified portfolio of mutual funds that is actively managed by a team of investment professionals.



Take a quick pulse to see if you are saving enough with the Retirement Income Calculator at oneamerica.com. Manage your account and access helpful videos and tools at aosmithretirement.com.



QUESTIONS?

Contact OneAmerica for more information at **1-800-858-3829, option 2**. Specialists are available Monday through Friday, 8 a.m. to 10 p.m. ET.

Protect yourself and your loved ones

(noun)

VOLUNTARY LIFE INSURANCE underwritten by The Hartford

As an employee of A. O. Smith Corporation, you have a company-paid life insurance policy that is explained in the Additional Company-Paid Benefits section of this guide. If you want more life insurance, the Supplemental and Dependent Life Insurance program provides an opportunity for you to purchase additional life insurance coverage for yourself and, if applicable, your spouse and dependent children.

When you enroll for voluntary coverage as a new hire:

- Supplemental life coverage is available without evidence of insurability up to the lesser of three times annual base pay or \$300,000.
- Spouse life coverage is available without evidence of insurability up to \$50,000. If your spouse is also an employee of A. O. Smith, you cannot purchase spouse life coverage because they already have life insurance coverage as an employee.

You must be actively at work for coverage (or increases in coverage) to become effective. Your spouse and/or children must not be hospitalized or confined because of illness or disease for coverage (or increases in coverage) to become effective.

The amount of spouse supplemental life insurance coverage may not exceed 100% of the combined Basic Life and supplemental amount of life insurance of the employee.

Coverage Options

Supplemental Coverage: \$10,000

- 1 times annual base pay
- 2 times annual base pay
- 3 times annual base pay
- 4 times annual base pay
- 5 times annual base pay subject to a maximum of \$500,000

Dependent Spouse Life Coverage:

- \$10,000
- \$25,000
- \$50,000
- \$75,000
- \$100,000

Dependent Child Life Coverage:*

- \$1,000
- \$2,500
- \$5,000
- \$10,000

Monthly Rates

For supplemental or dependent spouse life coverage:

Age	Employee Rate/\$1,000	Spouse Rate/\$1,000
Under 25	\$0.068	\$0.08
25–29	\$0.077	\$0.09
30–34	\$0.085	\$0.10
35–39	\$0.111	\$0.13
40–44	\$0.153	\$0.18
45–49	\$0.264	\$0.31
50–54	\$0.408	\$0.48
55–59	\$0.638	\$0.75
60–64	\$0.850	\$1.00
65–69	\$1.267	\$1.49
70+	\$1.751	\$2.06

The rate for Dependent Child Life insurance on your child(ren) is **\$0.07** per thousand dollars of coverage, regardless of their age or the number of children covered.

Dependents over the age of 26 are not eligible for this coverage.

This is only a brief summary of the program. Limitations and exclusions apply. The terms and conditions of coverage are set forth in the policy insuring these benefits.

*Dependent Child Life coverage ends at age 26. When your child turns 26, it is your responsibility to terminate coverage for your dependent.



Evidence of Insurability (EOI) is required when you elect coverage or increase coverage amount anytime after you are hired (first eligible). You should complete the EOI as soon as possible because the increased coverage will not go into effect until it is reviewed by The Hartford and the increased coverage is approved.



VOLUNTARY AD&D underwritten by The Hartford

As an employee of A. O. Smith Corporation, you have a company-paid life insurance and accidental death benefit that is explained in the Additional Company-Paid Benefits section of this guide. If you want additional coverage providing your family with protection from accidental loss of life and severe injury (also known as voluntary Accidental Death & Dismemberment or AD&D), you can purchase coverage for yourself, your spouse and dependent children.

AD&D provides a cash payment for a severe covered accident that results in loss of life or dismemberment.

- Coverage options for you range from \$50,000 to \$500,000 of coverage, in units of \$50,000. **Benefits amounts over \$250,000 cannot be greater than 10 times your annual earnings.**
- You must be actively at work for coverage (or increases in coverage) to become effective. Your spouse and/or children must not be hospitalized, receiving chemotherapy or radiation therapy, confined at home under the care of a physician for sickness or injury, or totally disabled for coverage to become effective.
- Monthly cost for you is \$0.02 per thousand dollars of coverage, or for your family, \$0.03 per thousand dollars of coverage.

If, within 365 days of a covered accident, bodily injuries result in:	The plan will pay this % of the benefit amount:		
	You	Your Spouse	Your Children
Loss of life	100%	60%	10% or up to \$50,000
Total paralysis of both upper and lower limbs, OR Loss of any two: hand, foot or eyesight, OR Loss of speech and hearing in both ears, OR Loss of either hand or foot and sight in one eye	100%		
Loss of one hand or foot, or sight in one eye, OR Loss of speech or loss of hearing in both ears, OR Loss of movement of the upper and lower limbs of one side of the body (hemiplegia)	50%		
Loss of thumb and index finger on same hand, OR Loss of movement of one limb (uniplegia)	25%		



DID YOU KNOW?

A covered accident is a sudden, unforeseeable event resulting in a covered injury or loss that happens while you have AD&D coverage.



THE HARTFORD CRITICAL ILLNESS COVERAGE 3.0

A critical illness, such as cancer or a stroke, can have a devastating effect on a family. A. O. Smith offers a Critical Illness policy of \$5,000 at no additional charge to participants in the CDHP. Critical Illness coverage is also available to purchase. The voluntary policy benefit amounts are \$5,000, \$10,000, \$15,000 and \$20,000. The policy will pay out up to five times the face value of the benefits amount.

How it works

Critical Illness coverage provides you with a lump-sum payment should you or a family member suffer from a covered condition. If you are enrolling in Critical Illness as a new member for January 1, 2025, and you are receiving treatment for cancer, that cancer cannot be claimed on this policy. To be a covered condition with The Hartford, the cancer diagnosis or any other condition diagnosis must occur in the policy year you or your dependent are enrolled. Rates are based on your age and the level of coverage you choose. The rates will be visible when you enroll for coverage.

The below chart summarizes the coverage for eligible conditions. See your HR representative for a more comprehensive summary.

Covered Conditions	Initial Benefit	Recurrence Benefit
Invasive Cancer, Benign Brain or Spinal Cord Tumor	100% of Initial Benefit	100% of Initial Benefit
Non-invasive Cancer, Mild Heart Attack, Moderate Stroke	25% of Initial Benefit	Not applicable
Major Heart Attack, Sudden Cardiac Arrest, Heart Transplant, Severe Stroke	100% of Initial Benefit	100% of Initial Benefit
Coma, Loss of Hearing/Speech or Vision	100% of Initial Benefit	50% of Initial Benefit
End-stage Renal Failure, Major Organ Transplant, Paralysis	100% of Initial Benefit	100% of Initial Benefit
Advanced Dementia, MS, Parkinson's, ALS	100% of Initial Benefit	Not applicable
Aneurysm, Angioplasty/Stent, Coronary Artery Bypass Graft, Bone Marrow Transplant, Severe Infectious Disease	25% of Initial Benefit	Not applicable
CHILD SPECIFIC: Cerebral Palsy, Congenital Heart Disease, Genetic Disorders, Congenital Structural Defects	100% of Initial Benefit	Not applicable

ALLSTATE IDENTITY PROTECTION

Allstate offers a monitoring solution that protects you from the hassles of identity theft. Allstate is able to detect fraud sooner to reduce your damage exposure. Allstate will also assist you with remediation if your identity is stolen and reimburse you up to \$1 million of expenses to resolve the issue.

This solution includes tri-bureau credit monitoring on annual credit reports and monthly credit scores. Upon activation of your account, participants receive access to online tools like credit monitoring, social monitoring, monthly credit scores and a credit report annually at no additional cost. Social monitoring is great for monitoring your children with Facebook®, Twitter®, Instagram® and others.

Elder Fraud protection, Robocall Blocker and Ad Blockers are also now included.

FINANCIAL MONITORING

Add all your credit card information and other ID cards, such as a driver's license and medical ID cards, for monitoring in the Financial Transactions section. You will receive proactive alerts for credit transactions and debit and checking accounts, as well as new account authorizations, new deposit accounts opened and personal information request changes. These alerts can be configured based on your preferences when setting up your Allstate account.

The coverage will cost \$9.95 a month for employee-only coverage or \$17.95 a month for family. Allstate's family coverage is defined as "under house or under wallet" and does not limit the number of family members or age of family members.

THE HARTFORD ACCIDENT/INJURY INSURANCE

Accident/Injury insurance helps relieve financial strain for you in the event of a covered injury. An accident/injury insurance policy provides lump-sum payments for more than 80 accidental injuries.

Covered accident injuries include broken bones, dislocations, fractures, burns and treatments associated with those injuries. A list of covered injuries and treatments is available from your HR representative.

This policy is available to any employee working more than 20 hours a week and is separate from the A. O. Smith Health Plan.

How it works

The Hartford provides you with a lump-sum payment should you or a family member suffer from a covered injury. The Hartford uses a model called “logical claims,” which means the claimant doesn’t have to submit receipts for each qualifying event to receive a benefit. The Hartford takes into consideration all the needed medical events per occurrence and includes them in the lump-sum benefit.

For example, physical therapy and follow-up visits are both future occurrences, and medical documentation won’t be provided with the initial claim. Instead of waiting for those qualifying events to occur, The Hartford takes those into consideration and includes them with the lump-sum benefit payout. If a future occurrence does occur that The Hartford did not include, the claimant would provide the compensable treatment information to their claims specialist to receive the benefit.

2025 Monthly Rates			
Employee only	\$5.64	Employee plus children	\$9.43
Employee plus spouse	\$8.87	Family	\$14.83

The Accident/Injury policy contains a full list of benefits amounts for injury and treatment services. Some services need to be provided within 72 hours of an accident. For example, if you fall and break your ankle, you must go to the ER or urgent care within 72 hours of the accident for the visit to be covered under the policy. Contact your HR representative for more coverage information.



See your provider *virtually*

(adverb)

Get care anytime, without the wait, with virtual care. Using your smartphone or other connected device,* you can access virtual primary care and same-day urgent care.

VIRTUAL PRIMARY CARE

Connect with a primary care provider (PCP) without leaving home or work.

Cost of a virtual primary care visit

- Copays, deductible and coinsurance apply. Preventive care is covered 100% when you see a network provider.

Consider virtual primary care for:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Referrals to quality network specialists
- Medication review and prescriptions, if needed**

A Care Team will guide you, when needed, to in-person care such as labs, imaging, specialists and more.

*Data rates may apply.

**Certain prescriptions may not be available, and other restrictions may apply.

***The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

Virtual primary care are services available with a provider via video, chat, email or audio-only where permitted under state law. Virtual primary care services are only available if the provider is licensed in the state that the member is located at the time of the appointment. Virtual primary care is not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Certain prescriptions may not be available, and other restrictions may apply. The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

24/7 VIRTUAL VISITS

Connect with a doctor by phone or video anytime, without leaving home. No appointment necessary.

Cost of a 24/7 Virtual Visit

- **If you're enrolled in the PPO Plan**, the cost is \$10.
- **If you're enrolled in the CDHP**, the cost is \$54*** until your deductible is met. After the deductible is met, there is no additional cost. Mental health visit rates may be higher as coverage aligns with behavioral health benefits. Refer to your benefits plan documents for more information.

Consider 24/7 Virtual Visits for when:

- You have a common condition such as the cold/flu, fever, sore throat, allergies, pink eye, migraine, minor infection (bladder, ear, sinus, urinary), etc.
- Your doctor isn't available, or you are too sick to leave home
- You become ill while traveling
- You're considering the ER but it's not an emergency
- You need a prescription**



Visit myuhc.com/virtualcare or download the **UnitedHealthcare app**.

Find the right doctor

(verb)

Choosing a care provider can impact the quality and cost of care you receive. UnitedHealthcare has made it easier to find the right doctors for you and your family.

CHOOSE TIER 1 PHYSICIANS

Tier 1 physicians meet the UnitedHealth Premium® program quality and cost-efficient-care criteria.

Look for the Tier 1 blue dot when searching for a doctor on myuhc.com or the **UnitedHealthcare app**. You may be surprised by how much you can save!

Kaelin, Stephanie E, NP
Family Practice, Nurse Practitioner, Family Nurse Practitioner

800 Weatherly Dr Ste 201
Clarksville, TN 37043
(931) 436-9981 Phone
711 TTY

- Tier 1 Provider
- Accepting All Patients
- In-Network Provider

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with them for advice on selecting other physicians. You should also discuss designations with a physician before choosing them. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Tier 1 providers may be subject to change. Visit myuhc.com for the most current information, or call the number on your health plan ID card.

Get extra care for health conditions

(noun)

HYPERTENSION CARE

The Hypertension Care Program with Teladoc is provided for employees and their family members who have hypertension or high blood pressure. Lowering blood pressure can reduce your risk of stroke and heart attack.

The program provides members with:

- A smart blood pressure monitor
- Tracking through the Teladoc Health app
- High blood pressure alerts
- Text messages and coaching tips to improve blood pressure
- The ability to share blood pressure reports with a Care Team

How to participate

If you're eligible, you'll receive information in the mail inviting you to register with Teladoc and receive your new blood pressure monitor. Upon receipt, you can download the Teladoc Health app and get started.

DIABETES CARE

The Diabetes Care Program is designed for employees and their family members who have a diagnosis of prediabetes or diabetes and are taking a prescribed medication for their diabetic condition. Managing a health condition like diabetes can be challenging and expensive. Being diligent about taking your diabetes medications and monitoring your blood sugar is critical to maintaining your health.

Teladoc diabetes care

Join Teladoc and receive a smart glucose meter, unlimited test strips and lancets shipped to your home at no additional cost.

Smart glucose meter results can be uploaded and monitored by a Certified Diabetes Educator who can help you keep your glucose in a healthy range.



Learn more and enroll at TeladocHealth.com/Go/aosmith, registration code: AOSMITH. Or call Teladoc at **1-800-945-4355**.

Download the app from the App Store or Google Play, and start using it today.



Receive test strips and lancets whenever you need them, shipped directly to your home at no additional cost.

Teladoc
HEALTH

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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HINGE HEALTH

Hinge Health offers pain-relief solutions and injury recovery for employees and adult dependents who have musculoskeletal pain and discomfort. Hinge Health therapy includes pelvic floor and small joint support. Even if you have pain in your hand, fingers or feet, you can use this service. Hinge Health offers a home therapy solution for members to do on their own time at their convenience.

The program is a 12-week solution that is coach-led and remotely delivered with direct access to a dedicated physical therapist. Hinge Health offers options for prevention, acute care, chronic care, post-surgery rehabilitation and expert medical opinions.

Members are provided with the following:

- Weekly coaching
- Access to a licensed physical therapist
- Wearable sensors with a personalized therapy treatment plan
- Enzo wearable pain relief device, if needed
- Tablet already programmed with your therapy plan to connect with your coach and therapist

How it works

To qualify, complete an online clinical assessment with Hinge Health and an intake coach will determine if you will benefit from the program. Go to hingehealth.com/aosmith to get started.

Immediately following the assessment, you will get feedback if you qualify or if more information is needed. Your intake coach will develop your treatment plan with a physical therapist. A member kit will be sent to your home with instructions and devices ready to use. The tablet will provide demonstrations on how to complete your exercises/therapy. You can connect with your coach as often as you like, and you get to keep all the tools to use ongoing as needed at no additional cost to you.



EXPERT TREATMENT FROM HOME

Get personalized care for joints, muscle therapy and women's pelvic health.



The information provided through Back Pain Solutions and/or the Hinge Health app is for informational purposes only. Hinge Health staff cannot diagnose problems or suggest treatment. The program and app are not a substitute for your doctor's care. Members are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. Back Pain Solutions and Hinge Health are not an insurance program and may be discontinued at any time. This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.



Live your *healthiest* life

(adjective)

Your health benefits include access to a variety of programs and resources designed to help you (and your family members) achieve that goal.



Program	Description	Enroll/Contact Information
Know Your Numbers	Employees can participate in a company-sponsored wellness activity to earn a \$180 discount on health insurance premiums for the coming year.	Watch for an announcement at your location in early spring.
Real Appeal® Weight Loss	Real Appeal works to help you, your spouse or an adult family member lose weight. It includes a transformation coach with online weekly coaching to support your goals. You will also receive a Success Kit to help kick-start your weight loss.	Go to aosmith.realappeal.com to enroll online. Download the Real Appeal app.
Rally® Rewards	Rally provides financial rewards for specific health actions. Employees earn up to \$250 in rewards, while spouses can earn up to \$100 a year in rewards. See the schedule of rewards on page 28.	Download the Rally HealthSM app or visit myuhc.com ® and click on “Visit Rally Health & Wellness” to enroll. Take a short health survey to get started.
Maven	Maven offers 24/7 support for pregnancy and postpartum. You can book virtual appointments or message providers. Join groups, access clinically vetted articles and take classes too.	Download the Maven Clinic app or visit myuhc.com to get started.
Nurse in the Family	Nurse in the Family provides support and compassion to you and your family if someone is suffering from a chronic condition or if someone is having surgery and would like additional guidance.	Call UnitedHealthcare at 1-800-980-0643 .
Quit For Life® (tobacco cessation)	Quit For Life is a proven program to help you quit tobacco. Quit For Life provides one-on-one support, motivation and quit aids like the nicotine patch or gum for no additional cost.	Call UnitedHealthcare at 1-800-980-0643 to enroll.
Emotional Wellbeing Solutions (EWS)	EWS is a modern, flexible employee assistance program (EAP) that offers support for everyday life. Call anytime to speak with an Emotional Wellbeing Specialist, who will listen to your needs and connect you with resources that can help.	Call 1-866-248-4094 or log on to liveandworkwell.com (access code: aosmith).
WorkLife Services (EWS)	WorkLife Services through EWS can connect you with childcare, home repairs, eldercare and other resources in your community.	Call 1-866-248-4094 or log on to liveandworkwell.com (access code: aosmith).
Substance Use Treatment Helpline	This is a confidential service provided to help members overcome addiction. The program provides a substance abuse treatment advocate to discuss your personal situation and appropriate treatment options.	Call 1-855-780-5955 or visit liveandworkwell.com/recovery .

These services are for general informational purposes only and are not intended to be medical advice or a substitute for professional health care. You should consult an appropriate health care professional for your specific needs. Please refer to your benefit plan documents for information about coverage.

Real Appeal is a voluntary weight management program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

Maven and Maven Wallet are products of Maven Clinic Co. Maven is an independent company contracted to provide family-building support including care advocacy, virtual coaching and education. Maven does not provide medical care and is not intended to replace your in-person health care providers. Use of the services is subject to terms of service and privacy policy. Maven® is a registered trademark of Maven Clinic Co. All rights reserved.

Get *rewarded* for healthy choices

(past participle)

Rally offers fun and engaging ways to help you move more, eat better, feel your best — and earn rewards in the process.

Get started today

Rally is available through myuhc.com (click on “Visit Rally Health & Wellness”) and via the Rally Health app. To start earning rewards, follow these simple steps:

- 1 Register for Rally at myuhc.com or via the app.
- 2 Complete eligible health actions from the table below.
- 3 Earn rewards — up to \$250 for you and up to \$100 for your covered spouse.

Activity	Employee Reward	Spouse Reward
Complete Rally Health Survey	\$50	\$25
Participate in onsite Know Your Numbers	\$50	\$0
Complete the following quizzes: <ul style="list-style-type: none"> • Veggies IQ • Personal Finance • PCP 	\$25	\$25
Complete one of the following preventive screenings: Annual physical, mammogram, colorectal screening, cervical screening or prenatal visit	\$100	\$25
Complete Real Appeal weight loss or Quit For Life	\$100	\$50
Find and price care	\$25	\$25
Complete two Public Steps/Non-Steps Challenges	\$50	\$25
Enroll in Disease Management Asthma, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease or diabetes	\$150	\$50
Complete any of the following: <ul style="list-style-type: none"> • View EAP Video “Making the most of your EWS & BH Benefits” • Download and log into the NEW Rally app • Complete a 24/7 Virtual Visit 	\$50 each	\$25 each
Complete one of the following: Second A1C exam or creatinine or urine protein test	\$50	\$25

Rally Health® provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Find support for a diagnosis

(noun)

SECOND OPINION WITH 2ND.MD

Don't take chances with your or your family's health — get the right diagnosis and the right treatment.

It's always a good idea to have any medical diagnosis or treatment carefully reviewed by a recognized expert in that medical specialty. 2nd.MD gives you access to a robust network of medical experts across the United States. Experience live virtual consultations with an expert and results in three to five days.

How it works

2nd.MD assists with collecting all of your relevant medical records, images and test samples and sends them to a carefully selected physician for an independent review. Everything is done online or by phone, so no travel is needed. Following the review, you'll receive:

- A confidential report summarizing the expert's findings
- Detailed medical analysis
- Recommendations about your diagnosis and treatment plan

2nd.MD can help in the following situations:

- You have a question about your existing diagnoses or treatment options.
- You are unclear about your diagnosis or you aren't getting better with the current treatment.
- You wonder if you really need surgery or other recommended medical procedures.
- You want to make sure you are getting the right care from the right medical specialist.

Confidential support and expert information! On average, about 82% of the treatments prescribed by physicians are corrected or changed.



Call **1-866-269-3534**, visit **2nd.MD/aosmith** or download the 2nd.MD app.

The information provided through 2nd.MD does not constitute medical advice and does not diagnose, treat or prescribe treatment of medical conditions. All information provided in connection with 2nd.MD is for informational purposes only, and does not create a physician-patient treatment relationship. Information provided through 2nd.MD does not substitute medical diagnosis or treatment from your treating physician, and you should discuss the information provided with your treating physician before making any decisions. The 2nd.MD service is subject to change. Coverage exclusions and limitations may apply.



WELCOME TO NURSE IN THE FAMILY

Have you ever wished you had quick and easy access to a knowledgeable nurse so you could ask questions about situations at home and work that are affecting your life? Now you do. Nurse in the Family puts various health services and resources at your fingertips when you need them.

Call us anytime

You may contact the nurse team at any time if you have questions about:

- Your health and prescription benefits
- A new diagnosis
- Finding a primary care physician
- A medical claim

Simply call **1-800-980-0643** for help with any questions related to your health plan benefits.

Nurses may also reach out to you

UnitedHealthcare's team of nurses may also reach out to you or your caregiver with guidance, recommendations and support. Nurses may call to provide support if:

- You have a health condition that requires complex care.
- You recently received care at a hospital or plan to be hospitalized.
- You suffered injuries from an accident.
- You're expecting a baby.

Each time you or someone in your family needs support, you will have the same nurse — or a "nurse in the family." If your nurse is not available, other nurses can help you, too.



Call **1-800-980-0643** for help with any questions related to your health plan benefits.

Make mental health a priority

(noun)

Living your healthiest life includes taking care of your mind. Your health benefits include programs to help you build resilience, boost happiness and reduce anxiety.

TALKSPACE

Talkspace provides professional counseling via text, audio or video messaging. Whether you are busy traveling, have difficulty finding a therapist in your area or simply don't have time to drive to an office visit, support is here — anytime, anywhere. Talkspace offers flexible plans to meet your needs at an affordable cost.

Here's how Talkspace can fit your life:

- With Talkspace, you can message a licensed therapist, 24/7.
- Find a therapist with an online matching tool. You'll see the same therapist each session.
- Start therapy within hours of choosing your therapist.
- Therapists respond daily, five days a week.
- Schedule live video sessions, when needed.
- Download the Talkspace app on your mobile phone or desktop computer.

Talkspace is *your* space. To use in *your* time. It's private, confidential and convenient. Simply register (first visit only) and choose a provider at talkspace.com/connect.

Receive five weeks of virtual counseling per issue annually with Talkspace when you obtain an Emotional Wellbeing Solutions (EWS) authorization code. Call EWS to get your code.

EMOTIONAL WELLBEING SOLUTIONS (EWS)

When you're dealing with the pressures of everyday life, it can be easy to simply smile and say, "I'm fine." But sometimes, emotions like stress, sadness or even anger can linger.

In those moments, EWS is here for you. It's a modern, flexible employee assistance program (EAP) that offers support for everyday life. Call anytime to speak with an Emotional Wellbeing Specialist, who will listen to your needs and provide help with a range of life concerns and stressors, including:

- Stress, anxiety and depression
- Relationship problems
- Parenting and family issues
- Eldercare support
- Workplace conflicts and changes
- Legal and financial concerns

You can also access five counseling sessions per issue per year in person or virtually with a network provider.

To get started, call **1-866-248-4094** or visit liveandworkwell.com, access code: **aosmith**. For a more personalized experience, register with your own login and password.



Optum Emotional Wellbeing Solutions is known as Employee Assistance Program (EAP) in California. **This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

CALM HEALTH

Calm your mind. Change your life.

Mental health is hard. Getting support doesn't need to be. The Calm Health app puts the tools to feel better in your back pocket, with personalized content to manage stress and anxiety, get better sleep and feel more present in your life. Relax your mind, and wake up as the person you want to be.

Stress less

Learn how to calm anxiety and find the tools for in-the-moment stress relief.

Sleep more

Fall asleep easily and naturally with our Sleep Stories, sleep meditations, exclusive sleep music and sleep sounds.

Live mindfully

Calm Health provides guided meditations for all ages (kids and adults) and from beginner to advanced levels. Guided meditations cover stress relief, breath exercises and more. It is designed to fit into your lifestyle in practical ways.

Visit liveandworkwell.com to get started.

The Calm Health mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Calm Health mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Calm Health is available to members ages 13+ at no additional cost as part of your benefit plan. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the mobile application.

LIVEANDWORKWELL.COM

liveandworkwell.com is available around the clock, from the convenience of your desk or the comfort of your home. You'll find 24/7 confidential access to professional care, self-help programs and resources specific to your needs — whether you're dealing with a temporary life challenge, seeking support for stress and anxiety, or dealing with substance use.

- **Find the right support for you.** Simply answer a few questions and we'll show you the top benefits and resources available for you, based on your needs.
- **Get clear information about your benefits.** Learn what's covered and available to you.
- **Set goals and improve your mental health.** Whatever your goals, getting connected to resources just got easier.
- **Connect with care quickly, on your own terms.** Learn about your options, and choose what fits your lifestyle and needs. Therapists are available virtually.

Spanish speakers can visit **MenteSana-CuerpoSano.com**. Use your **liveandworkwell.com** access code to enter.

Contact us anytime you need help with any of life's concerns at **1-866-248-4094**, or log on to **liveandworkwell.com**. TDD/TTY: Dial **711** and enter the toll-free number listed above.

NEW — EMOTIONAL HEALTH COACHING (AVAILABLE JAN. 1, 2025)

Emotional Health Coaching through Teladoc provides digital and virtual coaching with certified coaches trained in mental health at no cost to you. Coaches can help you establish positive short-term goals and offer guidance when you feel like you need support to move forward.

You will be able to connect with the same coach every time with 30-45 live sessions and access to unlimited chat with that same coach. Emotional Health Coaching provides a blend of human and digital access to coaches in an app.

Emotional Health Coaching is another level of help within the suite of emotional health options. Use this as a guide on your journey to better emotional health.

Level 1

The Calm Health app provides a self-guided option for you to engage in a digital format when you feel stressed, have anxiety or feel depressed. It's available at no additional cost to you.

Level 2 (2025)

Emotional Health Coaching with Teladoc provides digital and virtual targeted support and guidance for personal health improvement. It's available at no additional cost to you.

Level 3

Emotional Wellness Solutions (formerly EAP) provides up to 5 no-cost sessions of professional counseling and assistance for emotional health and other life issues with master's-level therapists or psychologists.

Level 4

Behavioral Health benefits through the A. O. Smith Health plan provide professional counseling for more complex health issues with master's-level psychologists and psychiatrists. In-person outpatient or inpatient treatment may include out-of-pocket medical costs.

WORKLIFE SERVICES

Need to find resources for childcare, home repair or others things on your to-do list? WorkLife Services can help. They'll do all the research for you and provide you with details of services available, costs, professional credentials and contact information.

Call **1-866-248-4094** anytime and ask to speak to a WorkLife advisor.

You can also go to **liveandworkwell.com**, log in and click on the Benefit & Claims menu to scroll down to WorkLife Services. Or see your HR representative for more details.

Adult and Eldercare Services

- Financial planning
- Retirement planning
- Legal services
- Housing assistance
- Respite care insurance information
- Medicare/Medicaid support
- Long-distance caregiving

Child and Parenting Services

- Childcare
- Parenting support
- Special needs support
- Help for teens
- Pregnancy services
- Childbirth/nursing professionals
- Adoption support
- Grandparenting assistance
- Help for non-traditional families
- Domestic relocation

Life Learning

- Special education resources
- College selection
- Career consulting
- Financial aid assistance
- Alternative education programs
- Community education programs
- Adult education classes

Convenience Services

- Household needs
- Recreational activities
- Shopping, entertainment, dining and nightlife options



Take time for you

(noun)

All regular full-time employees are provided paid holidays, vacation, bereavement time and jury duty. The following section summarizes the key features of paid time off. For more details, see the written policies or ask your local HR representative.

HOLIDAYS

Holiday pay is available for full-time and part-time employees scheduled to work 30 or more hours. To be eligible for holiday pay, you must work or take approved vacation before and after the holiday. Employees on unpaid leave of absence or short-term disability leave do not receive holiday pay.

The 10 paid holidays at A. O. Smith are:

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Thanksgiving Friday
- Christmas Eve
- Christmas Day
- New Year's Eve

VACATION

Paid vacation is available to all regular full-time and part-time employees who work 30 or more hours per week based on length of service. You earn vacation throughout the year while you are working, but your entire number of days for the year are available at the beginning of the year.

- If you terminate employment and have used fewer days than you earned, you will receive a payout of unused earned vacation.
- If you have used more days than you earned, your last paycheck will be reduced accordingly.
- You must receive approval from your supervisor before taking any vacation.
- Vacation does not "roll over" to the next year and cannot be waived or "cashed out."
- If you do not use your vacation by the end of the year, the vacation time is lost.

Contact your HR representative for the vacation schedule at your location.

BEREAVEMENT

You'll receive up to three days (depending on the specific relationship) paid at your regular rate of pay. Days granted for bereavement are to be consecutive workdays and taken within one week of one of the following events: the day of death, the day of the funeral or day of the memorial service. You must receive approval from your local Human Resource department and your supervisor, accompanied by proper documentation.

JURY DUTY

If you're called for jury duty, the company will make up the difference between your jury duty pay and your regular rate of pay. Please provide your HR representative with documentation of your jury duty.

Know your options for *leave*

(noun)

Leave of absence includes FMLA and disability benefits to provide individuals and their families with financial protection in the event you are unable to work due to an illness or injury. A. O. Smith provides this coverage at no additional cost to you.

FAMILY MEDICAL LEAVE

The Family and Medical Leave Act (FMLA) provides employees with job-protected and unpaid leave for qualified medical and family reasons. FMLA is available to eligible employees for the birth or placement for adoption or foster care of a child, or for the serious health condition of an employee or a covered family member.

Employees may also be eligible for leave to care for an ill or injured service member or to address certain situations relating to a covered service member's deployment to a foreign country.

A. O. Smith requires the use of FMLA, if available, during your short-term disability leave. FMLA rules vary by state. Contact your HR representative for details regarding your FMLA process.

MATERNITY LEAVE

You are assured your job will remain open and available for you, whether you are the mother, father or adoptive parent, for up to 12 weeks.

The company provides short-term disability benefits for recovery of the mother based on the length of disability your doctor certifies to The Hartford.

Notify your supervisor, your HR representative and The Hartford before going on maternity leave.

SHORT-TERM DISABILITY

Receive a percentage of your pay for a maximum of 26 weeks. All hourly and salaried employees are eligible.

The first seven calendar days are considered the waiting period. Paid short-term disability starts after the waiting period. If your disability results in hospitalization, the short-term disability coverage may commence the first day of injury.

As with any illness, you should contact your supervisor and your HR representative when you know you are going to miss work for more than three days.

Begin your claim as early as possible to avoid delay of payment. Obtain a claim form by one of these methods:

- Notifying your HR representative
- Contacting The Hartford at **1-800-898-2458**
- Filing a claim online at [TheHartford.com](https://www.thehartford.com)

Contact your HR representative for more details.

LONG-TERM DISABILITY

Non-union hourly and salaried employees can receive long-term disability if the disability extends beyond 26 weeks.

Your claims representative with The Hartford will work with you prior to your short-term disability ending to complete the transition to long-term disability. Your physician will be required to provide additional medical records to determine if you are totally disabled.

If approved, your pay under this program will be paid by The Hartford and will continue until you are no longer considered disabled or you reach retirement age. Your health and life insurance benefits may continue after your original disability date. After you begin receiving long-term disability, you will be billed directly by A. O. Smith for monthly health and life insurance premiums.



TO FILE A CLAIM, YOU WILL NEED THE FOLLOWING INFORMATION AVAILABLE:

- Name, address, policy number (395042)
- Name of your department and last day of active full-time work
- Your manager's or HR representative's name and phone number
- The nature/reason of your claim
- Your treating physician's name, address, phone number and fax number

Know you're *covered*

(past participle)

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

A. O. Smith provides life insurance to all full-time employees who work 40 or more hours a week. The plan will pay a life insurance benefit to your named beneficiary in the event of your death.

For salaried employees, the amount payable is two times your annual earnings. For hourly employees, the amount payable is one times your annual earnings. If you die as a result of an accident, the plan will pay a benefit to your named beneficiary.

The company pays for the entire cost of the life and accidental death and dismemberment coverage. You can also purchase voluntary supplemental coverage.

TRAVEL ACCIDENT BENEFIT

If you die in an accident while traveling on company business, the plan will pay to your named beneficiary a benefit equal to three times your base annual earnings. The plan also pays a benefit if you are accidentally dismembered while traveling on company business. The company pays for the entire cost of travel accident coverage.

Contact your HR representative if you are traveling to a "War Risk" country, such as Afghanistan, Algeria, Colombia, Egypt, India, Iraq, Israel, Russia, Saudi Arabia and Ukraine. These countries are excluded from the standard Business Travel Accident Policy, and we must secure travel insurance by individual when traveling to these countries. Contact your HR representative at least two weeks prior to your travel, and provide them with your travel dates.

UNITEDHEALTHCARE GLOBAL TRAVEL BENEFITS

A. O. Smith provides travel insurance for our international business travelers through UnitedHealthcare Global. The global insurance coverage provides travel assistance, medical assistance, medical and dental benefits, medical evacuations, security/political and natural disaster evacuations, and security services including ground transportation to evacuation site. **All evacuations must be arranged and approved by UnitedHealthcare Global in order to be eligible for coverage.**

When traveling internationally on business, you should always have the UnitedHealthcare Global Business Travel Medical ID Card with you in case you are in need of medical attention. UnitedHealthcare Global does have direct pay relationships with many international clinics, so you may not receive a bill. However, if you do receive a bill, the Welcome Kit contains the international claim form and instructions to get your bill paid properly.

Make sure you carry your insurance card with you at all times. As a covered member, you are covered for emergency and urgent care in case of illness, emergency or accident while traveling overseas on business.





Boost your benefits vocabulary

(noun)

CDHP

Consumer-Driven Health Plan. The CDHP has a higher deductible but lower monthly employee premium. The deductible is a combined deductible that includes pharmacy and medical expenses.

PPO

Preferred Provider Organization. The PPO Plan has a lower deductible with a higher monthly employee premium and higher total out-of-pocket maximum. The PPO Plan has separate copays and coinsurance for prescription drugs and a separate out-of-pocket maximum for prescription drugs.

DEDUCTIBLE

The amount of money you pay before the health care plan begins to pay.

COINSURANCE

The percentage of medical expenses you pay after you meet your deductible.

COINSURANCE MAXIMUM

The most coinsurance you will have to pay in a calendar year.

COPAY

A fixed amount you pay for a covered health service. Your medical copays count toward your coinsurance maximum and out-of-pocket maximum.

NETWORK TIER 1 PROVIDERS

In-network physicians who have met quality and efficiency standards resulting in more savings for A. O. Smith and the employee. These providers are noted on the UnitedHealthcare website with Tier 1 near their names.

OUT-OF-NETWORK PROVIDERS

Doctors, hospitals and other health care professionals who do not participate in the UnitedHealthcare network. In most cases, the services they provide will be at a higher cost.

FORMULARY DRUGS

A list of prescription drugs that are covered by your health care plan. A formulary can contain both brand-name and generic drugs.

NON-FORMULARY DRUGS

Brand-name and generic prescription drugs that are not on your health care plan's formulary list. Typically, non-formulary drugs are higher-cost or newer "designer" drugs that have a lower-cost alternative.

MAINTENANCE MEDICATION

A prescription drug that is prescribed for more than 90 days.

SMART90®

Maintenance medications require a 90-day prescription from your physician that must be filled at a participating Walgreens or Express Scripts Mail Order.

OUT-OF-POCKET COSTS

The money you pay for health care expenses. The out-of-pocket maximum is the most you will have to pay in a calendar year.

SUMMARY PLAN DESCRIPTION (SPD)

A complete, written description of the benefits included in your health care plan.

EXPLANATION OF BENEFITS (EOB)

A statement provided to you from UnitedHealthcare explaining what medical treatments or services were paid by you and/or A. O. Smith Group Health Plan. This statement also includes which expenses were applied to your deductible, out-of-pocket or out-of-network maximums.

Contact your benefits providers

(verb)

Vendor	Description	Contact
UnitedHealthcare	Medical Find care and costs, get answers to your benefits questions or get help with resolving a claim.	1-800-980-0643 myuhc.com UnitedHealthcare app
Optum Bank	Health Savings Account View transactions or statements, make a payment, obtain tax information, manage beneficiaries.	1-800-791-9361 optumbank.com Optum Bank app
Express Scripts	Prescriptions Price a medication, refill prescriptions, review claims, set up auto-refills.	1-877-861-8166 express-scripts.com Express Scripts app
VSP	Vision care Review claims and benefits, find a doctor, view or print ID card.	1-800-877-7195 vsp.com
Anthem Dental	Dental care Check on a claim, find a dentist, view or print ID card, estimate dental fees.	1-844-729-1565 anthem.com/dental Sydney Health app
The Hartford Critical Illness	Insurance Initiate or check on a claim or ask questions about your benefits.	1-800-523-2233 thehartford.com/benefits/myclaim
The Hartford at Work Short-term Disability	Disability File a claim, check the status of a claim, view claim handler information. Policy #395042.	1-888-277-4767 thehartford.com/benefits/myclaim
2nd.MD	Expert Medical Opinion program Ask an expert about a medical diagnosis or treatment options, or get answers about your second-opinion benefits.	1-866-269-3534 2nd.MD/aosmith 2nd.MD app
UnitedHealthcare Global	Business travel medical Provides medical, security and travel assistance services. Group #905235; UHCG ID: 902627129.	1-866-870-3475 BusinessTravel@uhcglobal.com
Allstate Identity Theft	Identity theft Protect your personal identity from theft. Provides financial and social media monitoring of your identity and helps with claim resolution and financial remediation.	1-800-789-2720 allstateidentityprotection.com

Read the *required* notices

(adjective)

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides benefits under the Plan for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy (including lymphedema).

If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

- 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

The amount you must pay for such covered health services (including copayments and any annual deductible) is the same as required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

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

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator.

For more information on notification or prior authorization, contact your HR department.

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 [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the following pages, 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 [insurekidsnow.gov](https://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 [askebsa.dol.gov](https://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your state for more information on eligibility:

<p>ALABAMA Medicaid</p>	<p>myalhipp.com 1-855-692-5447</p>
<p>ALASKA Medicaid</p>	<p>The AK Health Insurance Premium Payment Program myakhipp.com 1-866-251-4861 CustomerService@MyAKHIP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>
<p>ARKANSAS Medicaid</p>	<p>myarhipp.com 1-855-692-7447</p>
<p>COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p>Health First Colorado Website: healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711</p>
<p>FLORIDA Medicaid</p>	<p>myflfamilies.com/medicaid 1-877-357-3268</p>
<p>GEORGIA Medicaid</p>	<p>medicaid.georgia.gov 1-877-423-4746</p>
<p>INDIANA Medicaid</p>	<p>Healthy Indiana Plan for low-income adults 19–64 in.gov/fssa/hip/ 1-877-438-4479 All other Medicaid indianamedicaid.com 1-866-963-7383</p>
<p>IOWA Medicaid</p>	<p>dhs.iowa.gov/ime/members 1-800-338-8366</p>
<p>KANSAS Medicaid</p>	<p>kdhe.ks.gov/250/About-Medicaid-CHIP 1-800-766-9012</p>
<p>KENTUCKY Medicaid</p>	<p>chfs.ky.gov 1-800-372-2973</p>
<p>LOUISIANA Medicaid</p>	<p>dhh.louisiana.gov/index.cfm/subhome/1/n/331 1-888-342-6207</p>
<p>MAINE Medicaid</p>	<p>maine.gov/dhhs/ofi/public-assistance/index.html 1-207-287-3707 TTY: Maine relay 711</p>
<p>MASSACHUSETTS Medicaid and CHIP</p>	<p>mass.gov/topics/masshealth 1-800-862-4840</p>
<p>MINNESOTA Medicaid</p>	<p>mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp 1-800-657-3739</p>

MISSOURI Medicaid	dss.mo.gov/mhd/participants/pages/hipp.htm 1-855-373-9994
MONTANA Medicaid	dphs.mt.gov/MontanaHealthcarePrograms/HIPP 1-800-694-3084
NEBRASKA Medicaid	dhhs.ne.gov/pages/accessnebraska.aspx 1-855-632-7633
NEVADA Medicaid	dhcfp.nv.gov 1-800-992-0900
NEW HAMPSHIRE Medicaid	dhhs.nh.gov/ombp/medicaid/ 1-603-271-9700
NEW JERSEY Medicaid and CHIP	Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: njfamilycare.org/default.aspx CHIP Phone: 1-800-701-0710
NEW YORK Medicaid	health.ny.gov/health_care/medicaid/ 1-800-541-2831
NORTH CAROLINA Medicaid	dma.ncdhhs.gov/ 1-888-245-0179
NORTH DAKOTA Medicaid	nd.gov/dhs/services/medicalserv/medicaid/ 1-800-472-2622
OKLAHOMA Medicaid and CHIP	insureoklahoma.org 1-888-365-3742
OREGON Medicaid	healthcare.oregon.gov/Pages/index.aspx 1-800-722-4134
PENNSYLVANIA Medicaid	dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx 1-800-692-7462
RHODE ISLAND Medicaid	eohhs.ri.gov/ 1-855-840-4774
SOUTH CAROLINA Medicaid	scdhhs.gov 1-888-549-0820
SOUTH DAKOTA Medicaid	dss.sd.gov 1-866-718-0084
TEXAS Medicaid	YourTexasBenefits.com 1-800-252-9240
UTAH Medicaid and CHIP	Medicaid Website: medicaid.utah.gov Medicaid Phone: 1-801-538-6155 CHIP Website: Chip.utah.gov CHIP Phone: 1-877-KIDS-NOW
VERMONT Medicaid	greenmountaincare.org/ 1-800-250-8427
VIRGINIA Medicaid	dmas.virginia.gov/ 1-800-884-9730

WASHINGTON Medicaid	hca.wa.gov/health-care-services-supports/program-administration 1-855-682-0787
WEST VIRGINIA Medicaid	mywvhipp.com 1-855-699-8447
WISCONSIN Medicaid and CHIP	dhs.wisconsin.gov/medicaid/index.htm 1-800-362-3002
WYOMING Medicaid	health.wyo.gov/healthcarefin/medicaid 1-855-294-2127

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
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 7 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.

NOTICE OF COBRA RIGHTS

Qualifying Events

Under federal law, you have a right to continue some or all of the coverage under the A. O. Smith Corporation Group Insurance Plan (the "Plan") if your coverage would otherwise terminate for any of the following reasons ("qualifying events"):

1. Termination of your employment with A. O. Smith Corporation for any reason (other than termination as a result of misconduct in employment) or a reduction in hours of employment with the employer;
2. Death;
3. Divorce or legal separation of the employee and his/her spouse;
4. Employee or qualified beneficiary entitlement to Medicare benefits;
5. Loss of dependent child status due to the failure of a child to meet the eligibility requirements;
6. Entering the uniformed services pursuant to the Uniformed Services Employment and Reemployment Rights Act; or
7. With respect to retirees, the employer files for reorganization under Chapter XI of the bankruptcy law.

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid 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 [healthcare.gov](https://www.healthcare.gov).

Continuation Period

The occurrence of a qualifying event entitles you, the employee or other qualified beneficiary to elect to continue your medical coverage under the Plan for 18 months, in the event of termination of employment, reduction in hours of employment or uniformed service leave, or 36 months in the event of the other previously listed events. These periods of entitlement generally commence upon the occurrence of the loss of coverage, which in some cases is later than the event itself.

If you are, or any other qualified beneficiary is, disabled at the time of the termination or reduction in hours of the employee resulting in his/her loss of coverage under the Plan or within 60 days of such an event, your period of continuation coverage, or that of the disabled qualified beneficiary, may be extended to 29 months if you notify the Plan Administrator within 18 months of the employee's termination or reduction in hours that you, or any qualified beneficiary, are disabled.

Further, within 60 days of the date, if a determination is made under the Social Security Act of your, or any qualified beneficiary's, disabled status, a copy of the determination must be provided to the Plan Administrator.

Continuation Coverage

You may elect to continue the medical coverage you enjoyed on the day before the qualifying event under the Plan. The continuance of your coverage under the Plan is at your sole expense unless otherwise provided for under company policy.

You are not obligated to use the continuation coverage option and are free to obtain the health benefit protection you desire from any source. You are not precluded from electing continuation coverage even if another qualified beneficiary decides to decline the continuation of his/her coverage.

In other words, each qualified beneficiary has an independent right to select his/her desired coverage subject to the following rules:

- A qualified beneficiary who is either a covered employee or the spouse of a covered employee may make a binding election to continue coverage on behalf of some or all of the qualified beneficiaries.
- If the covered employee declines to continue coverage under the Plan, the spouse of the covered employee has an independent right to elect continued coverage for himself/herself and any other qualified beneficiary, including the covered employee. The covered employee has the same independent right in the event his/her spouse declines continuation coverage.
- The child's parent(s) or other legal guardian(s) may make an election on behalf of a minor child. Please note that if a child is born to you or adopted by you during your period of elected continuation coverage, the child will be a qualified beneficiary and be eligible for coverage under the group health Plan.

Notification

The Plan Administrator shall notify — by written COBRA Notice — all qualified beneficiaries of their continuation rights upon the employee's death, termination of employment or reduction of hours of work, or Medicare entitlement.

You, or another family member, have the responsibility of notifying the Plan Administrator of a divorce, legal separation or a child losing dependent status under the Plan within 60 days of the occurrence of any such event. When timely notified of such events, the Plan Administrator shall notify — by written COBRA Notice — all qualified beneficiaries of their continuation rights. If the Plan Administrator does not receive notification of such event within that 60-day period, the affected individual(s) will not be entitled to continue coverage.

In addition, if you are enrolled for continuation coverage and are determined to no longer be disabled under the Social Security Act, you must notify the Plan Administrator within 30 days of such determination.

Election Period

You have 60 days from the latter of the date coverage would otherwise terminate due to the occurrence of the qualifying event or the date of your COBRA Notice to elect continuation coverage. If, within the above time limitation, you do not elect to continue Plan coverage, you will jeopardize your right to continuation of coverage.

Cost and Payment

As a qualifying beneficiary, you are entitled to continue coverage under the Plan at the rates established by the employer. The employer will charge the premium for coverage which is permitted by law.

Your first payment for coverage is due no later than 45 days after the date on which you elect continuation coverage and will cover the period from your termination of employment or loss of coverage through such date of payment.

Thereafter, premium payments must be paid by the first day of the month to which the coverage premium relates. Upon your election to continue coverage, the Plan Administrator will notify you of the dollar amount of the required first premium and the due date for that payment as well as the first monthly payment.

If you elect continuation coverage, all monthly payments must be made by check or money order made payable to A. O. Smith Corporation for the exact amount owed, based on the coverage you have selected.

It is possible that the monthly payment amount assessed you for continuation coverage will change during your continuation period. If it does, you will be notified of the new amount which you must pay to continue coverage. If you fail to make a monthly payment by its due date (or within any grace period permitted by law), your continuation coverage will be terminated.

Your right to coverage will also terminate before the end of the maximum continuation period (18, 29 or 36 months, as applicable) upon the occurrence of any of the following events, whichever is the first to occur:

- The Employer no longer provides group health coverage to any of its employees;
- You become covered under another group health plan and such plan does not prohibit or limit your coverage relative to a preexisting condition or the preexisting condition period is satisfied as a result of the application of creditable coverage under another group health plan;
- You become entitled to Medicare benefits; or
- If you are receiving extended coverage due to disability, the time you are determined to no longer be disabled under the Social Security Act.

If you have any questions regarding your coverage continuation rights, please contact your local Human Resources representative or the Plan Administrator at **1-800-631-7819**.

A. O. SMITH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Company's Pledge to You.

This notice is intended to inform you of the privacy practices followed by the A. O. Smith Group Health Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It was effective on October 1, 2020.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. A. O. Smith Corporation requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information.

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information.

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment.

We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations.

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment.

Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment and health care operations.

As Permitted or Required by Law.

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization.

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates.

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor.

We may disclose protected health information to certain employees of A. O. Smith Health Plan for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

YOUR RIGHTS

Right to Inspect and Copy.

In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing or other expenses associated with your request. Your request to inspect or review your health information must be submitted to: benefitquestions@aosmith.com. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend.

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures.

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed on page 44. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions.

You have the right to request that we not use or disclose information for treatment, payment or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications.

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to Be Notified of a Breach.

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of This Notice.

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Group Health Plan Administrator

A. O. Smith Corporation
11270 W. Park Place
Milwaukee, WI 53224
1-414-359-4000

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [hhs.gov/ocr](https://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.