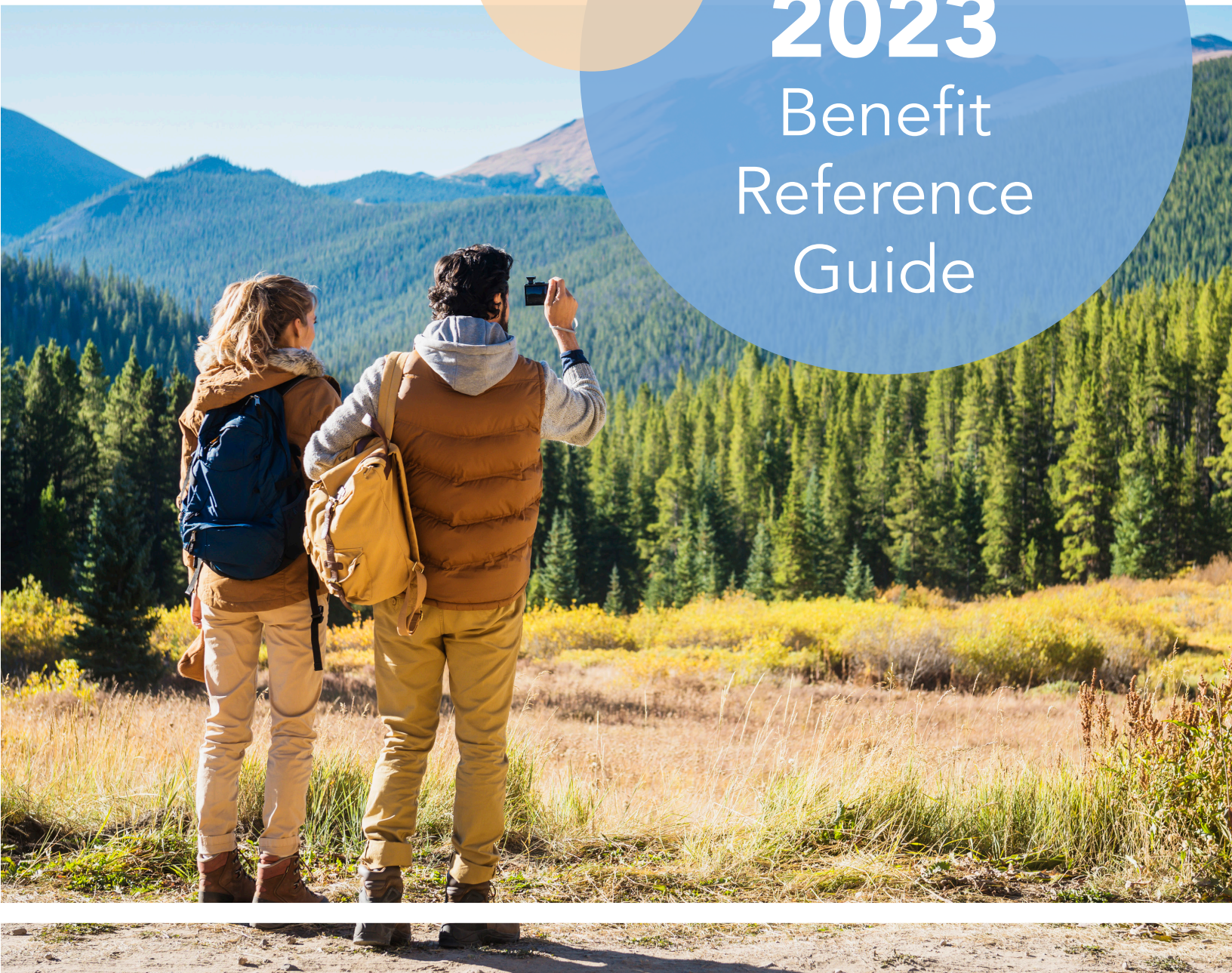




2023 Benefit Reference Guide



Foundations for wellbeing

The Fortune Brands Family of Companies believes your benefits should help lay the foundation for your wellbeing. Our benefits are designed to help you Be Healthy, Be Balanced, Be Inspired and Be Secure. Look for these icons throughout the guide to visually represent the broad categories of programs, benefits and rewards we offer you and your family.



Healthy

Benefits that support your physical health and wellness.



Balanced

Programs that support your life outside of work.



Inspired

Programs that encourage your personal and professional growth.



Secure

Benefits that keep you financially secure, both now and in the future.



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Read this Reference Guide carefully to get answers to your questions. This guide helps you prepare for enrollment and contains useful reference material. You can refer to it throughout the year.

The 2023 Benefits Reference Guide is intended to describe the principal terms of the legal Plan documents that govern the health and welfare benefits provided by each of the companies in the Fortune Brands family of companies (the Plans) in non-technical language; the Reference Guide is not a substitute for the official Plan documents. If there are any inconsistencies between information in the Reference Guide (or any oral interpretation) and the official Plan documents, the official Plan documents will govern. No benefits will be based on the terms of the Reference Guide, unless such benefits are provided for under the terms of the Plan documents.

This Reference Guide is intended to constitute a Summary of Material Modifications (SMM) providing information on your health and welfare benefit plans and outlining changes that take effect Jan. 1, 2023. You should retain this SMM with your other important benefit documents. This SMM is intended to provide an overview of changes and information about some of the benefit plans you may be eligible for as an employee of the Fortune Brands family of companies. If any information in this SMM conflicts with the health and welfare benefit Plan documents and insurance policies, those Plan documents and policies will govern, and benefits will be paid only if provided for in the Plan documents and insurance policies. Your employer as the Plan sponsor of the health and welfare benefit plans reserves the right to amend, modify or terminate these plans at any time. This SMM is not a contract of employment.



Leadership message

At Fortune Brands, it is important that your health and wellness benefits should both lay the foundation and provide ongoing support for your overall wellbeing by helping you and your family Be Healthy, Be Balanced, Be Inspired and Be Secure. We offer quality health plans and additional coverage options, plus numerous programs available at no cost to you, to help you manage your health, improve your wellbeing and plan for the future.

We continuously work with our benefit vendor partners to provide the right programs, resources and support for your benefits. When you have questions, you can engage our vendor partners to help you find the answers and get the right care when you need it. You can find a comprehensive list of contact information at the back of this guide and at fortunebrands.benefitsnow.com.

In 2022 we announced the separation of Fortune Brands and MasterBrand Cabinets into two publicly traded companies. We have been working to ensure a smooth separation and transition for our benefits plans and are pleased that for 2023 we will offer the same types of health and wellness coverage through our existing key service providers for eligible associates, regardless of which company you may work for. Our 2023 Annual Enrollment will continue to be managed through the Fortune Brands Benefits Center. Later in 2023, MasterBrand associates can look forward to the launch of their own new benefits portal; more information on that will be shared at a later date.

I also want to highlight two programs which I am particularly proud that we offer. While these are not necessarily new this year, they illustrate the importance of mental health to overall wellbeing and how Fortune Brands cares for our associates in a holistic way:

- » **LifeMatters® Employee Assistance Program (EAP):** I This free and confidential program is available to all associates and does not require enrollment. The EAP program provides help for you and your immediate family to navigate a variety of possible work/life challenges. Benefits aren't just limited to counseling, but also include resources for legal consultation, financial consultation, as well as child and elder care guidance. In addition to these services, the EAP website provides access to an online resource library to help research topics, view quick tips, videos, webinars and articles on the website. LifeMatters offers a variety of ways for you to access services – phone, website, mobile app, text and email. EAP counselors are always available 24/7/365 by calling **800-634-6433**, so you can speak with a professional EAP counselor when the time is right for you.
- » **MDLIVE for behavioral health:** If you are enrolled in one of our BlueCross BlueShield of Illinois (BCBSIL) medical plans, you may be familiar with telemedicine for MDLIVE. But MDLIVE can also connect you and your dependents to licensed counselors, therapists or psychiatrists by phone or video chat. If you're struggling with stress, anxiety, burnout or any other issue that keeps you from feeling your best, I encourage you to reach out to MDLIVE. It's convenient and completely confidential.

As always, I strongly encourage you to actively participate in the enrollment process and take advantage of all the benefits we offer to support you and your family. This is your opportunity to make sure you have the right coverage in place for 2023.

Warmly,

Nicholas Fink
CEO, Fortune Brands



Eligibility and enrollment

Who is eligible?

Associates are eligible for coverage under the Fortune Brands Consolidated Health and Welfare Plan (Plan) as an associate (as defined in the Plan) if you meet the requirements to be a benefits-eligible associate and satisfy any required waiting period. Refer to the 2023 Annual Enrollment insert for your Division-specific benefits eligibility information, waiting period and rules for associates.

Definition of eligible dependents

The term “dependent” means the associate’s spouse or child, defined as follows:

- » **Spouse:** The person to whom the associate is legally married and from whom the associate is not currently legally separated or divorced.
- » **Child:** Any of the following who is under age 26, regardless of student status, marital status, financial independence, place of residence or employment status:
 - » The associate’s/spouse’s child by birth or legal adoption. A child may be covered as an eligible child as of the date the associate/spouse assumes legal obligation for the total or partial support of the child in anticipation of adoption of the child.
 - » Any other child for whom the associate/spouse has obtained legal guardianship.
 - » Coverage is not provided for spouses of adult children.
- » **Child-incapacitated:** A child of any age who is mentally or physically incapable of self-sustaining employment and who is fully dependent upon the associate for support because of developmental disability, mental retardation or physical disability when the child reaches age 26. Periodic recertification will be required for a child–incapacitated to retain dependent status under the Plan. You will work directly with the insurance carrier for the certification process. If you intend to include medical coverage, contact Blue Cross Blue Shield of Illinois at **800-318-4769** and work with a Health Advocate to get the process started. If your coverage is for dental and/or vision only, contact Delta Dental or VSP directly to start the certification process.
- » **Child-under Qualified Medical Child Support Order (QMCSO):** A child for whom coverage must be provided under the terms of a qualified Medical Child Support Order (QMCSO), if the child otherwise meets the applicable age requirements to qualify as a dependent under the Plan. All court orders requiring coverage for an associate’s child should be sent to the Fortune Brands Benefits Center for review.

Eligibility and enrollment

Adding or changing dependents

Please note that all associates will be required to provide proof of dependent status. When you enroll your eligible dependents for coverage, you are certifying that each person meets the definition of an eligible dependent spouse or child as described above. Enrolling individuals who do not qualify for dependent coverage is considered fraudulent and may result in retroactive cancellation of coverage and disciplinary actions up to and including termination of employment. If you are unsure about whether a family member meets the definition of an eligible dependent under the Plan, contact the Fortune Brands Benefits Center.

Upload your Dependent Verification documents directly into the enrollment system.

- » **Step 1:** Enter your New Dependent Information in the enrollment portal.
- » **Step 2:** Access your FB Benefits Home Page and click the **How to Verify** button under Action Needed!
- » **Step 3:** Review your Dependent Verification Status and use the Upload feature to attach and upload documents. Online upload is available for the following file types: pdf, gif, jpg, png.

Contact the Fortune Brands Benefits Center at **844-321-3247** for help with benefits enrollment, plan eligibility and dependent verification questions.



Alight mobile app

Connect to your benefits on the go with the Alight mobile app. Scan the QR code below to download the app so you can:

- » Enroll in your benefits
- » Find important benefits information
- » View your digital medical, dental and vision ID cards
- » Find an in-network doctor or urgent care
- » And more!



Questions or need help? Contact the Fortune Brands Benefits Center at **844-321-FBHS (3247)**, Monday–Friday, 7:00 am to 7:00 pm CT.

Enrolling is easy

- » Login to the enrollment website at fortunebrands.benefitsnow.com. For first-time users, you will need to click on the “first time user” link on the login page and set up a username and password.
- » You may also call the **Fortune Brands Benefits Center** at **844-321-FBHS (3247)** to enroll by phone. Representatives are available Monday through Friday, from 7:00 am to 7:00 pm CT.

Please review all your elections and dependents’ needs to ensure you and your family have the proper coverage in place. Contributions for your Flexible Spending Accounts and/or Health Savings Accounts must be re-elected each year or your elections default to waive. Remember, you are only able to make mid-year changes to your healthcare coverage by notifying the Fortune Brands Benefits Center within **31 days of a Qualified Life Event**.





Questions about a Qualified Life Event?

Contact the Fortune Brands Benefits Center at **844-321-FBHS (3247)**.

Changes to benefits elections

When can I make a change to my benefits elections?

The elections you make during Annual Enrollment will remain in place for all of 2023. Due to IRS rules, you may not change your elections until the next Annual Enrollment period unless you experience a Qualified Life Event.

Examples of Qualified Life Events include:

- » Having a baby, adopting a child, assuming legal guardianship, having a child placed for adoption — or any event that changes the number of your dependents, including the loss of a dependent through death or divorce
- » Getting married, divorced or if your spouse passes away
- » Experiencing job loss, getting a new job or a change in a benefits ineligible or eligible status
- » Turning 26 and aging off your parent's insurance
- » Becoming eligible for Medicare — including you or your spouse

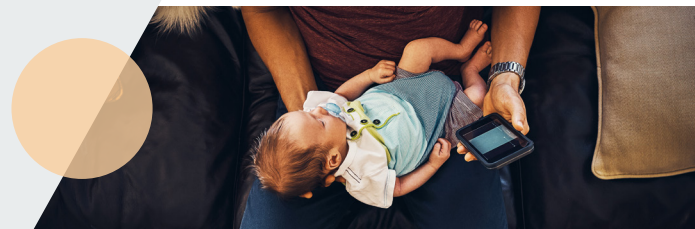
Additionally, you may be responsible for payment of premiums due retroactively to the date the new coverage becomes effective.

To make changes, login to fortunebrands.benefitsnow.com and follow the steps under the appropriate qualifying life event. **You'll get a request from the Fortune Brands Benefits Center by mail and email to provide documents confirming the life event and verifying any new dependents you've added. All Qualified Life Events are subject to verification. If a Qualified Life Event is not verified within the verification window, the event will be reversed retroactively, effective the date of the event.**

Termination of coverage

Coverage for medical, dental and vision will end at the end of the month in which your employment terminates or when you become ineligible for coverage. Flexible, Limited Purpose and Dependent Care Spending Accounts, life insurance, disability coverage, critical illness, accident insurance and pre-paid legal benefits will end effective the date of your termination or ineligibility date.

If you have a Qualified Life Event, you must initiate your event with the FB Benefits Center and make any coverage changes within **31 days of the event**. Failure to report a qualifying life event can result in ineligibility, loss of benefits and more.





Medical and prescription drug plans

Reach your full potential with medical and prescription drug benefits that keep you healthy. The healthcare landscape is always changing, but our medical plans can help you conquer it. We offer three different plans for you to choose from. Choose the level of coverage that's right for you and your healthcare needs.

Medical coverage is provided by BlueCross BlueShield of Illinois (BCBSIL). Keep your costs down by seeing an in-network provider! Find an in-network provider near you at [bcbsil.com](https://www.bcbsil.com). Read on to learn more.

If you enroll in an FBHS medical plan, you also have access to Health Advocacy Services (HAS) through BCBSIL, which provides you with healthcare concierge service on a wide range of healthcare matters.

Your Health Advocate can help you:

- » Get personal assistance with your healthcare matters
- » Connect with a clinician about health questions
- » Sort out a new diagnosis and what to do next
- » Shop for quality, lower-cost providers
- » Provide info on the Member Rewards program
- » Much more!

Call a BCBSIL Health Advocate at **800-318-4769** to learn more!

Stay in-network

Save money by choosing in-network providers for care. These providers have contracted with BCBSIL to provide services at lower rates. Going out of network means you'll be subject to a higher deductible and costs for care.

Medical and prescription drug plans

Comparing your health plan options

2023 PLAN DESIGN	Bronze		Silver		Gold	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (individual/family)	\$3,000/\$6,000		\$1,500/\$3,000		\$600/\$1,200	\$1,200/\$2,400
Annual Out-of-Pocket Maximum (individual/family)	\$5,950/\$11,900	\$11,900/\$23,800	\$3,425/\$6,850	\$7,500/\$15,000	\$3,500/\$7,000	\$7,000/\$14,000
Preventive Care	Covered 100%, no deductible	You pay 40% after deductible	Covered 100%, no deductible	You pay 40% after deductible	Covered 100%, no deductible	You pay 40% after deductible
Doctor's Office Visit	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	<ul style="list-style-type: none"> You pay \$20 for Primary Care Physician (PCP) visit with no deductible You pay \$35 for specialist visit with no deductible 	You pay 40% after deductible
Emergency Room	You pay 20% after deductible		You pay 20% after deductible		You pay 20% after deductible	
Urgent Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Inpatient Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Outpatient Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible

	Bronze			Silver			Gold		
	Generic	Formulary Brand	Non-Formulary Brand	Generic	Formulary Brand	Non-Formulary Brand	Generic	Formulary Brand	Non-Formulary Brand
In-Network Prescription Drug Retail (30-day supply)	You pay 20% after deductible*			You pay 20% after deductible*			You pay \$8	You pay \$30	You pay \$50
Out-of-Network Prescription Drug Retail (30-day supply)	You pay 40% after deductible*			You pay 40% after deductible*			You pay 50% after deductible		
In-Network Prescription Drug Mail Order (90-day supply)	You pay 20% after deductible*			You pay 20% after deductible*			You pay \$20	You pay \$75	You pay \$125
Out-of-Network Prescription Drug Mail Order (90-day supply)	Not Covered**			Not Covered**			Not Covered**		

*Deductible waived for certain preventive drugs

**You must fill out-of-network prescriptions through the specialty provider, RxResults.

Prescription drugs

The prescription drug portion of our medical plan is administered by MaxorPlus. With MaxorPlus, you will have access to a nationwide network of participating retail pharmacies, comprehensive pharmacy benefits and exceptional customer service.

Generally, each drug is placed in one of three payment tiers: generic, formulary brand or non-formulary brand. For the Silver and Bronze plans, certain preventive drugs (generics and brands for which no generic is available) will not require you to meet your deductible first. You will only have to pay the co-insurance amount. View the list of preventive drugs at fortunebrands.benefitsnow.com.



MaxorPlus member portal

Set up your account at maxorplus.com to:

- » Find an in-network pharmacy
- » Set up mail order
- » Estimate costs
- » And more!

Be sure to opt in to the myMaxorLink program to receive automatic notifications of potential savings on your medications.

Medical and prescription drug plans

myMaxorLink

Looking to save money on your prescription drugs? The **myMaxorLink** program takes the guesswork out of comparing prices and automatically notifies you when there's a savings opportunity on one of your medications.

It's easy! There's no mobile app to download and no special username or password to remember. Just opt in to myMaxorLink from your MaxorPlus member account at maxorplus.com. When MaxorPlus finds potential savings, they'll send an SMS to the mobile number you've provided in your member account. The text will contain a hyperlink that when clicked will take you to a secure message center where you can read more. From there, you can choose to contact your doctor or pharmacist to discuss the alternatives MaxorPlus identified so you can spend less!

You can opt out anytime via the member portal, calling MaxorPlus Member Services or by texting **STOP** to the SMS text number (**73529**).

Specialty medications

We're also partnering with RxResults on specialty medications. You will now be required to obtain prior authorization from RxResults before you can fill a specialty prescription, so RxResults can confirm it's covered, and you can avoid any surprises at the pharmacy.

RxGuidance

With RxResults' RxGuidance program, you can learn about lower-cost alternatives that could save you money. Here's how it works:

1. If your doctor submits a prescription for a high-cost drug, RxResults will notify your pharmacist of lower-cost alternatives.
2. Your pharmacist can discuss alternatives with you or reach out directly to your doctor to request a new prescription for the lower-cost drug.
3. If you continue to fill the higher-cost drug, you will pay the difference between it and the lower-cost drug. RxResults will then reach out to you to make sure you're aware of any alternatives and help you make informed decisions going forward.

If you have any questions, contact RxResults' Member Services Team at **888-871-4003** Monday through Friday between 7:00 am and 7:00 pm CT.



Medical and prescription drug plans

Annual deductible and out-of-pocket maximum

The **deductible** is what you pay out of pocket before your insurance starts paying its share of your costs. It doesn't include amounts taken out of your paycheck for health coverage. Here's how the deductible works if you have family coverage.

The Bronze and Gold coverage levels have an embedded deductible. Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

The Silver coverage level has a "true family deductible." This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no "individual deductible" in this plan when you have family coverage.



The **out-of-pocket maximum** is the most you and your covered family members would have to pay in a year for healthcare costs. It doesn't include amounts taken out of your paycheck for health coverage under the Bronze, Silver and Gold plans. The deductible **does** apply to the out-of-pocket maximum.

The Bronze and Gold coverage levels have a traditional out-of-pocket maximum. Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

The Silver coverage level has a true family out-of-pocket maximum. This means the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no "individual out-of-pocket maximum" in this plan when you have family coverage.



You pay more when you go out of network


You could pay more through a higher deductible, higher co-insurance and the amount that exceeds what's considered "Reasonable and Customary" (R&C). The R&C amount is typically based on the amount Medicare pays.

Out-of-network charges **will not count** toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges — they **will not count** toward your out-of-network annual deductible or out-of-pocket maximum.

Contact BCBSIL Health Advocacy Services (HAS) for help to understand your coverage **800-318-4769**.

Ask Sara


Need help determining which medical plan is best for your family?



Hi, I'm Sara.


I'll ask you a few questions to estimate how much each plan may cost you for a year based on your medical needs.

Generally, the best plan for you provides coverage you (and your family) need at the lowest cost. So, estimating your anticipated expenses is a great place to start.




Estimated Care Costs
What you pay for care.

+



Annual Plan Cost
What you pay per paycheck.

=



Estimated Total Annual Cost
What you may spend annually.

Ready to begin?

You have access to our online benefit decision support tool, "Ask Sara."

Here's how it works:

- » Login or create an account at fortunebrands.benefitsnow.com and click Enroll Now to start the enrollment process.
- » As you make your medical plan elections, you'll see "Ask Sara" icons appear when the tool is available. This will help you determine which plan is best for your needs.

Not including physicals, how many times do you (and your family) expect to see a doctor next year?

Physicians are fully covered. Don't include those visits so we can better estimate your costs.

	Primary Care Physicians (PCP)	Specialist
Patricia (you)	- 3 +	- 1 +
Christopher (spouse)	- 2 +	- 1 +
Miguel (child)	- 3 +	- 1 +
Maria (child)	- 3 +	- 1 +

11 4
A total of 11 primary care physician visits is average. A total of 4 specialist visits is average.

Maintenance Prescriptions Up Next

- » Answer a few health-related questions about you and anyone else you're planning to include in your coverage.
- » See Sara estimate your total annual costs and show you your medical plan options.
- » Consider the suggested contribution to your Health Savings Account or Health Care Flexible Spending Account as applicable and make your election.
- » Complete your enrollment.

Are you (or a family member) planning to have a baby next year?

If you're unsure, you can choose Yes if you want to include maternity-related costs in your estimate.

Yes No / I prefer not to answer

Emergency Room Visits Up Next

Annual Plan Cost	\$4,877.64
+ Estimated Care Costs <small>(Doctor visits or prescription costs, for example)</small>	\$5,085.00
= Estimated Total Annual Cost	\$9,962.64

The "estimated care costs" are provided for informational purposes only and intended to assist you, in your discretion, with deciding which health plan might work best for you. The estimate is based on in-network cost, coverage, and utilization averages (adjusted for your answers, if any, to the utilization questions). Your actual costs and utilization of medical services may differ from the estimate provided here. Neither your employer nor Hewitt Associates LLC is responsible for the accuracy of cost and coverage data or the estimated care costs results shown here.

Health Care Flexible Spending Accounts

This enrollment period is for coverage beginning January 1, 2023.

Consider contributing to a Health Care Spending Account to pay for expenses not covered by your health plan.

Why Contribute to a Flexible Spending Account?

- Save more on taxes. Estimate your Income Tax Savings.
- Funds never expire on your contribution.
- You have immediate access to all of your money.
- Remember, you must spend the entire balance each year or you lose whatever remains.

Enter an Amount

Your Annual Contribution: \$ 0

\$3,997 is our estimated annual care cost.

Coverage Provider

Annual Deductible: \$3,250 Individual / \$6,500 Family

Out-of-Pocket Maximum: \$12,000 Family

Primary Office Visit: 100% covered

[Benefit Details](#)

Our Estimate: **\$9,962.64**

Plan Cost + Estimated Care Costs (for an average family of 3)

Get a personalized estimate after entering your family's medical needs.

\$187.60

Original Cost: \$210.68
Credit: (\$23.08)

The "Ask Sara" tool makes it easier to compare your medical plan options and select the benefits that fit your budget and your health. The tool is free to use and secure.



Health Savings Account (HSA)

An HSA is a great way to pay your medical expenses now and save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover future healthcare expenses. Plus, it's tax-free!



1. Enroll in either the **Bronze** or **Silver High-Deductible Health Plan (HDHP)**.



2. **Save money** in your HSA through pre-tax payroll deductions.



3. **Pay** for eligible **medical expenses**.

Health Savings Account (HSA)



2023 contribution limits

Individual: \$3,850 **Family:** \$7,750

Age 55 or older: You can also make additional "catch-up" contributions to your HSA up to \$1,000.

Note: A minimum annual election of \$50 is required to enroll in pre-tax payroll deductions.

You may also contribute to your HSA on a post-tax basis, so long as your combined contributions do not exceed the IRS limits. More information regarding your contribution options can be found online under Your Spending Accounts or by consulting your tax advisor.

Save up to 30% on taxes

\$100 **without** an HSA

\$70 in
your
pocket



\$30
in
taxes

\$100 with an HSA

\$100
in your
pocket



Savings apply to qualified medical expenses, now and in the future.

Every little bit counts — and adds up quickly:

If you save	In 5 years	In 10 years	In 15 years
\$50 per month	\$3,000	\$6,000	\$9,000
\$100 per month	\$6,000	\$12,000	\$18,000
\$250 per month	\$15,000	\$30,000	\$45,000

Who can you use your HSA for?

You, your spouse and dependent children (IF they are claimed as dependents on your federal income taxes).

Your spouse and dependent children do NOT need to be covered by your health plan in order to use your HSA.

You own your HSA

It goes where you go and carries over each year.



Change
jobs



Switch health
plans



Retire

Health Savings Account (HSA)

Rules about eligibility

- » **You are eligible to contribute to an HSA if:**
 - » You're enrolled in a Bronze or Silver medical plan.
 - » You're covered by a second medical plan, it must also be a High-Deductible Health Plan (HDHP) for you to be eligible for an HSA. For example, if you're also enrolled in your spouse's coverage, that plan must also be an HDHP.
- » **You can't contribute to an HSA if:**
 - » You're enrolled in Medicare or a veteran's medical plan.
 - » You're claimed as a dependent on someone else's federal tax return.
 - » You or your spouse currently participate (or previously participated within the current plan year) in a general purpose Health Care Flexible Spending Account (Health Care FSA).
- » In general, you can't contribute to an HSA if you use a Health Care FSA for medical expenses. If you have an HSA and a Health Care FSA:
 - » Your HSA can be used for medical expenses.
 - » Your Health Care FSA will become a Limited Purpose FSA, which means it will be **limited** to paying for qualified dental and vision expenses. After your medical and prescription deductible has been met, you will then be able to use Limited Purpose FSA funds for qualified medical expenses. You will need to submit an Explanation of Benefits (EOB) to Smart-Choice as confirmation that you've met your deductible requirement.

Using your HSA funds and Smart-Choice card

- » Due to IRS regulations, you must be covered under an HDHP on the first day of the month in order to contribute to the HSA during that month. This means if you enroll in the Bronze or Silver medical plans after the first of the month and you elect to contribute to an HSA, your contribution will start on the first applicable pay date the following month.
- » Although you can enroll your children up to age 26 in your medical coverage, you can't use money from your HSA to pay their healthcare expenses unless you claim them as dependents on your federal income taxes (generally children up to age 18 or age 23 if they are full-time students).
- » Your Smart-Choice card is easy to use with all of your pre-tax healthcare accounts accessible in one place; the card determines which account balances should be used for expenses to avoid forfeitures at the end of the year.
- » If you currently have money in a Health Care FSA and you want to contribute to an HSA in the 2023 plan year, you can either use the funds by Dec. 31 or up to \$570 of your remaining Health Care FSA balance can carry over to a Limited Purpose FSA in 2023.

HSAs are owned by the individual, not the employer. This means it is fully portable, and the account and funds are always yours, even if you leave employment.

HSAs are administered by Smart-Choice and UMB Bank, n.a., a subsidiary of UMB Financial Corporation and, as such, are subject to banking regulations including Customer Identification Program (CIP) rules. CIP is a requirement in which financial institutions need to verify the identity of individuals wishing to conduct financial transactions with them and is a provision of the USA Patriot Act. If you newly enroll and open an HSA, UMB may request additional information from you to satisfy CIP requirements. If you receive a request from UMB for additional information, you should respond promptly. Without this information, UMB and Smart-Choice are not able to open an HSA.

Contact Smart-Choice at **844-321-FBHS (3247)** for more information on the CIP and HSA account opening process.



Find a complete list of qualified expenses at [irs.gov/publications/p502](https://www.irs.gov/publications/p502).





Flexible Spending Accounts (FSAs)

FSAs are another great way to set aside pre-tax dollars via payroll deductions to pay for eligible out-of-pocket expenses. FSA benefits are administered by Smart-Choice Accounts.

Important things to note about FSAs:



If you have a balance in your Health Care FSA at the end of the 2023 plan year, you must use the entire balance if you plan on enrolling in an HSA for the 2024 plan year, or you may carry over up to \$570 to a Limited Purpose FSA.



If you enroll in a Health Care or Limited Purpose FSA, you will receive a debit card from Smart-Choice to pay for your eligible expenses. You will also have an option to submit a claim for reimbursement. Please note that Dependent Care FSAs do not receive a debit card; these claims must be filed manually with Smart-Choice.



Do the math. Estimate your eligible expenses prior to enrolling in an FSA to avoid forfeiting unused funds that would not be eligible for carryover.



Don't forget to keep your receipts in case you need to verify an expense!



For a complete list of eligible expenses, please visit fortunebrands.benefitsnow.com.



Don't forget! The CARES Act, passed in May 2020, permanently expanded the list of eligible items to include over-the-counter medicines and feminine care products. And if you have an HSA, you can also contribute to a Limited Purpose FSA to use for dental and vision expenses before you meet your medical plan deductible.

Flexible Spending Accounts (FSAs)

The Fortune Brands family of companies offers three types of FSAs:

Health Care FSA

You are eligible to enroll in a Health Care FSA when you enroll in a Gold medical plan.

With a Health Care FSA, you can use tax-free funds to pay for out-of-pocket medical, dental and vision care expenses. The Health Care FSA pre-tax contribution **maximum is \$2,850** for plan year 2023. At the end of the plan year, if you have a remaining balance in your Health Care FSA, you can carry this balance (up to \$570) over into the 2024 plan year. If you have a balance in your Health Care FSA at the end of the 2022 plan year, you must use the entire balance if you plan on enrolling in an HSA for the 2023 plan year, or you may carry over up to \$570 to a Limited Purpose FSA.

Limited Purpose FSA

You are eligible to enroll in a Limited Purpose FSA when you enroll in a Bronze or Silver medical plan and an HSA.

If you elect to enroll in a Bronze or Silver plan and contribute to an HSA, you are eligible to enroll in a Limited Purpose FSA. A Limited Purpose FSA is much like a general purpose Health Care FSA. It has the same contribution maximum (**\$2,850** for plan year 2023) and if you have a remaining balance at the end of the plan year, you can carry this balance (up to \$570) over into the 2024 plan year. However, under the Limited Purpose FSA, eligible expenses are limited to qualifying dental and vision care expenses for you, your spouse and your eligible dependents until you meet your health plan's deductible. After you meet your health plan's deductible and provide your EOB for documentation to Smart-Choice, you can get reimbursed for all FSA-qualified healthcare expenses.

Dependent Care FSA

With a Dependent Care FSA, you can use pre-tax money to cover eligible child care or elder day care expenses for your qualified dependents to allow both you and your spouse to work or attend school. The annual pre-tax contribution maximum is **\$5,000** per household for eligible expenses such as before- and after-school care, expenses for day care, preschool or nursery school, nanny service and summer camp. Please note that Highly Compensated Employees (HCEs), as defined by the IRS, are not eligible to participate in the Dependent Care FSA. For the 2023 plan year, an associate who earns more than \$135,000 in 2022 is an HCE. Any balances in your Dependent Care FSA will be forfeited at the end of the plan year.

A minimum annual election of \$50 is required to enroll in any FSA.



Flexible Spending Accounts (FSAs)

Smart-Choice Accounts

Get to know your HSA and FSA

Smart-Choice is Fortune Brands' HSA and FSA administrator. If you enroll in the HSA or Health Care FSA, you will receive a debit card directly from Smart-Choice to use when paying for qualified healthcare expenses. Please note that Dependent Care FSA accounts do not receive a debit card; these claims must be filed manually with Smart-Choice.

Keep up with your account via text message

When you sign up for text messages through Smart-Choice, you'll instantly be notified of account details that are important to you.

Simply login to fortunebrands.benefitsnow.com, click on "Your Spending Account," and go to "Your Profile" to select which text messages you'd like to receive.

How it works

Wherever you go, you can manage your Health Care FSA, Dependent Care FSA or HSA with the Reimburse Me mobile app.

- » Receive time-sensitive alerts
- » Check your account balance(s)
- » Submit paperless claims
- » View pending authorizations
- » Sign up for direct deposit
- » Repay an overpayment
- » Manage your HSA account

Ways you can stay up to date

Whether you have a Health Care and/or Dependent Care FSA or an HSA through Smart-Choice, you can request to have the following text messages sent to your mobile device:

- » **Account balance notice.** If you'd like to receive text reminders with your available balance and any deadlines for using the money in your account, you can sign up for text updates — weekly, monthly or quarterly — until your balance reaches zero.
- » **Low account balance alert.** If your account balance falls below the threshold amount you specify, you'll be alerted by text message.
- » **Receipt reminder for Smart-Choice cardholders.** If you're required to submit a receipt (and any additional information, if necessary) to validate the use of your Smart-Choice card, you'll receive a text message that includes the deadline for submitting this documentation.



Get started

Login using the same user ID and password you use to access Smart-Choice through fortunebrands.benefitsnow.com.

Quick tip: When you have a claim that requires validation, an alert will appear at the top of your Accounts page. Click on the alert to submit your supporting document(s).

For more information on spending account IRS regulations visit irs.gov/publications/p969.



Dental coverage

You have three dental plan options to choose from, all provided by Delta Dental of Illinois. All are traditional PPO plans. Select the coverage that's right for you. For example, if you don't need orthodontic care, the Bronze coverage level may be all you need.

- » **Bronze:** A basic PPO plan that covers in- and out-of-network care but does not cover major or orthodontic expenses
- » **Silver:** A buy-up to the basic PPO plan that covers in- and out-of-network care, including coverage for major services and for children up to age 19, orthodontic expenses
- » **Gold:** An enhanced PPO plan that covers in- and out-of-network care, including coverage for major services and orthodontic expenses for children and adults

Comparing your in-network dental options

2023 PLAN DESIGN	Bronze	Silver	Gold
Annual Deductible (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150
Annual Maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,000 per person
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Minor Restorative Care (e.g., endodontic, periodontic and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Restorative Care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults
Orthodontia Lifetime Maximum	Not covered	\$1,500 per child	\$2,000 per person

Need help or have questions?

You can contact Delta Dental of Illinois directly at **800-323-1743** if you have plan-specific questions or need help locating a provider in-network. You can also visit deltadentalil.com to locate in-network providers.

Vision coverage

Comparing your in-network vision options

2023 PLAN DESIGN	Bronze	Silver	Gold
Exam	Every Calendar Year	Every Calendar Year	Every Calendar Year
Lenses	n/a	Every Calendar Year	Every Calendar Year
Frames	n/a	Every Calendar Year	Every Calendar Year
Copays			
Comprehensive Exam	No Copay	\$20	\$10
Materials	n/a	\$20	\$10
Contact Lens Fitting & Evaluation	n/a	Covered in Full – No Copay	Covered in Full – No Copay
Diabetic Eyecare Plus Program	\$20	\$20	\$20
In-Network Allowances			
Retail Frame Allowance	n/a	\$120 (\$170 allowance toward all MARCHON and Altair manufactured frames)	\$200 (\$250 allowance toward all MARCHON and Altair manufactured frames)
Wholesale Frame Equivalent	n/a	\$42 (\$65 allowance toward all MARCHON and Altair manufactured frames)	\$76 (\$96 allowance toward all MARCHON and Altair manufactured frames)
Elective Contact Lenses (In lieu of regular lenses)	n/a	\$100	\$200
Covered Lens Options*			
Polycarbonate Lenses	n/a	Discounted	Covered in Full
Standard Progressive Lenses	n/a	Covered in Full	Covered in Full

*Average 25%–30% discount on all non-covered lens options such as anti-reflective coatings, photochromics and premium progressive lenses

You have three vision plans to choose from, all provided by VSP.

These plans offer a range of coverage, from exams only to coverage for lenses, frames and contacts.

- » **Bronze:** Exam-only option that provides discounts for certain materials
- » **Silver:** A PPO plan that covers in- and out-of-network care
- » **Gold:** An enhanced PPO plan that covers in- and out-of-network care

For the latest deals and promotions on eyewear and contact lenses, visit [eyeconic.com](https://www.eyeconic.com). Stay in the loop on the newest brands, trends and styles. There is even a virtual “dressing room” to try on your eyewear before you order! Eyeconic even makes it easy to apply insurance toward an online purchase and includes the option to utilize the expertise of our VSP doctor network.

LightCare Program

If you choose the Gold or Silver plan, you can use your frame allowance for non-prescription blue light-filtering glasses or non-prescription sunglasses with blue light defense.



Need help or have questions?

You can contact VSP directly at **800-877-7195** if you have plan-specific questions or need help locating a provider in network. You can also visit [VSP.com](https://www.vsp.com) to locate in-network providers.



Life insurance and disability

It pays to be prepared. Fortune Brands offers several benefits to help you prepare for the unexpected, so you and your family can be secure.

Life and Accidental Death & Dismemberment (AD&D)

You will have an opportunity during Annual Enrollment to purchase coverage for the first time or increase your current coverage. Your Division provides a life insurance benefit at no cost to you. The Basic Life and AD&D Insurance will provide a benefit to your designated beneficiary in the event of your death.

Disability

Fortune Brands also offers disability benefits if you are unable to work due to an illness or disability. You may be eligible for Short-Term (STD) and/or Long-Term Disability (LTD). Contact Unum at **866-891-8012** or unum.com/employees to file an STD or LTD claim.

Refer to your 2023 Annual Enrollment insert for more information on the life and disability insurance coverage options available to you.

Don't forget to designate a beneficiary for your life and AD&D benefits! Visit fortunebrands.benefitsnow.com.





Resources to help manage your healthcare

Employee Assistance Program (EAP)

Fortune Brands offers the LifeMatters Employee Assistance Program (EAP) at no cost to all full-time and part-time associates and eligible family members. You are eligible for up to eight free counseling sessions per year.

Counselors and coaches are available 24 hours a day, seven days a week for professional and confidential services. Information regarding your sessions is completely confidential and will not be shared with FBHS. Services include:

- » Stress, depression and personal problems
- » Health and wellness resources
- » Balancing work and personal needs
- » Family and marital concerns
- » Child and elder care services
- » Alcohol and drug dependency
- » Assistance with legal questions
- » Financial wellbeing



You can contact LifeMatters at 800-634-6433 or by visiting mylifematters.com and using company ID: FBHS1.

Health Advocacy Services through BCBSIL

If you are enrolled in the Bronze, Silver or Gold medical plan, you have access to a personal Health Advocate through BCBSIL Health Advocacy Services. This advocate works with a collaborative, interdisciplinary team of medical professionals, benefits experts and social workers to simplify and personalize your healthcare experience.

Call your Health Advocate to:



Get personal assistance with your healthcare issues



Understand your medical benefits



Talk to a BCBSIL clinician about health questions



Sort out a new diagnosis and next steps



Shop for quality, lower-cost healthcare options

A Health Advocate can help you get the most from your benefits. Call **800-318-4769** (weekdays 7:00 am to 7:00 pm CT). After-hours calls can connect to MDLIVE and the 24/7 Nurseline.

Maven fertility and maternity support program

Maven’s digital platform can help you and your partner navigate every step of your journey toward parenthood, including fertility, pregnancy, adoption, surrogacy and postpartum. Whether you’re looking for guidance on nutrition, birth planning, loss support or returning to work after maternity leave, Maven has the resources for you.

It includes:

- » **Unlimited access** to over 30 specialties of women’s and family health providers through video chat and messaging.
- » **Your own Care Advocate** who can help you find care, navigate your benefits.
- » **Holistic fertility support**, including clinic navigation, mental health and pharmacy discounts.
- » **Trustworthy resources**, including virtual classes, clinically backed articles and community forums.



Fertility:

- » Preconception
- » Egg freezing
- » IUI & IVF support
- » Adoption & surrogacy track
- » Partner track



Maternity:

- » Pregnancy
- » Postpartum
- » Return to work
- » Miscarriage & loss
- » Partner track

Visit mavenclinic.com/join/fortunebrands to sign up.

Resources

Livongo Whole Person

If you're enrolled in a BCBSIL medical plan, Livongo is a holistic, integrated solution that supports a range of health challenges, such as pre-diabetes, diabetes, cardiovascular conditions, mental health and more. When you're living with a chronic condition, you're not just dealing with one issue. Livongo's approach offers a "one-stop" experience that is personalized to your unique health needs, status and behaviors through:

Livongo®



Technology

Livongo offers a range of connected devices, including glucose meters, scales, blood pressure monitors and more, which all automatically upload your data to the digital Livongo platform.



Connection to experts

Livongo's health coaches and experts use this data to personalize your experience and create a plan that helps you meet your individual health goals.



Ongoing support

Your Livongo plan evolves over time as you move throughout your journey and includes support features like glucose testing supplies, progress tracking tools and more.

Don't struggle with a chronic condition alone! Call Livongo at **800-318-4769** to start your personalized plan to improve your health.

Hinge Health

If you're enrolled in a BCBSIL medical plan and suffer from neck, shoulder, back, hip or knee pain, Hinge Health may be able to help you discover healthy ways to manage your pain. Hinge Health's unique physical therapist plus health-coaching model features four distinct treatment paths:

- » **Prevention:** Job-specific exercises and education for those at risk of musculoskeletal issues
- » **Acute:** Virtual physical therapy for all joint and muscle groups for those dealing with recent injuries
- » **Chronic:** Exercise, education and behavioral change for those at high risk
- » **Surgery:** Pre- and post-rehab and continuity of care

Each path includes advanced motion sensors, an all-in-one app experience, wearable pain management, plus access to experts, such as nurses, nutritionists, health coaches, Doctors of Physical Therapy, orthopedic surgeons and more. Contact the BCBSIL HAS team to connect with Hinge Health's online assessment and be matched with the right program.

Resources

Member Rewards Program

Getting a doctor-recommended medical test or procedure? Use the Member Rewards program through HAS, and you may earn a cash reward!

Here's how the Member Rewards program works:



- 1. Search** — Contact HAS at **800-318-4769** or go to **bcbsil.com** to find a lower-cost, Member Rewards-eligible provider or location for your test or procedure



- 2. Act** — Go for the medical test or procedure at the eligible location



- 3. Get a Check** — Once your claim is paid and the location is verified as Member Rewards-eligible, a check will be mailed directly to you

Wondr Health

Looking to lose weight and improve your health, but don't want to give up your favorite foods? Try Wondr Health! This easy-to-follow online program teaches you how, when and why to eat. The personalized program includes weekly online lessons that help you build the skills, habits and mindset for eating the right way, but it also reduces your risk for serious conditions like diabetes and heart disease.

Call BCBSIL at 800-318-4769 and talk with a Health Advocate to learn more about these programs.



Quit for Life® can help you quit tobacco for good

There are so many reasons to quit. What's yours?

It can be hard to quit on your own, but the Quit for Life program can help you learn to live without tobacco.

This program is available at no cost to you and your dependents 18 years and older! Join Quit for Life and get:

- » One-on-one coaching by phone, chat, text or through the mobile app
- » A members-only website
- » Eight weeks of nicotine patches or gum (if appropriate)

All you have to do is:

- 1. Enroll** online 24/7 at quitnow.net or by phone at **866-QUIT-4-LIFE**.

- 2. Complete three interactions** via chat, text or phone with your Quit Coach as well as two group video sessions to help you identify triggers, overcome barriers and create a personalized plan to guide you through the quit process.

- Use the support tools to keep you on track.**
 - » Access the proprietary, interactive website that offers online support tools that complement your coaching sessions and help you stay on track.
 - » Sign up for text messaging that provides personalized content, urge-management resources as well as planning and motivational support.
 - » Fight cravings by talking to a Quit Coach about medications and NRT that can help you.
 - » Download the Rally Coach app to access your plan on the go and chat with a coach.

- 4. Continue** with follow-up coaching interactions as often as you want, **anytime you need support.**



Cravings can happen any time, but with the mobile app, you're never alone. Once enrolled, download the Rally Coach app for direct access to your Quit Coach, personalized plan, tips, tools and more.



MDLIVE

If you are enrolled in one of the BCBSIL medical plans, you have access to a network of board-certified doctors for non-emergency medical care through MDLIVE. Chat with a doctor anytime 24/7 by phone or video — whether you're at home, at work or on the go — so you can get back on your feet fast.

When should I use MDLIVE?

- » Instead of going to the emergency room or an urgent care center for a non-emergency issue
- » During or after normal business hours, nights, weekends and even holidays
- » If your primary care physician is not available
- » If traveling and in need of medical care

Is pediatric care covered?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.

Largest network of doctors

MDLIVE has the nation's largest network of doctors for telehealth services. On average, MDLIVE doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located.

Their specialties include primary care, pediatrics, emergency medicine and family medicine. MDLIVE doctors are committed to providing convenient, quality care and are always ready to take your call.

MDLIVE can treat:

- » Acne
- » Allergies
- » Asthma
- » Bronchitis
- » Cold and flu
- » Constipation
- » Diarrhea
- » Ear infection
- » Fever
- » Headache
- » Insect bites
- » Joint aches
- » Nausea
- » Rashes
- » Sinus infection
- » Sore throat
- » UTI
- » And more!

MDLIVE

Register online or by phone

Register today so you aren't delayed when you need care.

Visit MDLIVE.com/bcsil or call **800-318-4769**. You will need your BCBSIL identification number, which is located on the front of your ID card.



All information shared with MDLIVE is strictly confidential and is not shared with Fortune Brands.

MDLIVE for behavioral health

Now you can take care of your mental health with MDLIVE, too! Speak with a licensed counselor, therapist or psychiatrist by phone or video chat. Try an MDLIVE visit for issues like stress, anxiety, depression and more. Get the care you need in a way that fits your life — personal, private and confidential.

Behavioral health conditions treated

- » Addictions
- » Bipolar disorders
- » Depression
- » Eating disorders
- » Grief and loss
- » Life changes
- » Parenting issues
- » Relationship and marriage issues
- » Stress
- » Trauma and PTSD
- » And more!

Provider types

- » Psychologists
- » Psychiatrists
- » Licensed professional counselors
- » Licensed marriage/family therapists
- » Licensed clinical social workers

Behavioral services

- » Diagnostic assessment
- » Ongoing counseling
- » E-prescribing
- » Ongoing medication management
- » Care coordination

When you're ready, simply visit MDLIVE.com/bcbsil or call **800-318-4769** and have your BCBSIL identification number — from the front of your ID card — handy.





Additional benefits you can enroll in

Fortune Brands offers a number of other benefits and programs to help you be healthy, balanced, secure and inspired, both at work and at home.

MetLife Legal Plans

MetLife Legal Plans is a legal services plan that provides coverage to you and your eligible dependents for attorney fees for routine legal matters, including:

- » Estate and will planning, living wills and living trusts
- » Consumer protection and real estate matters
- » Purchasing, selling or refinancing of your home
- » Adoptions, name changes and premarital agreements
- » Debt collection defense and identity theft defense
- » Civil litigation defense and traffic ticket defense
- » Preparation of affidavits, powers of attorney and deeds



Coverage is \$16.50 per month. If you elect coverage under this plan, most covered legal services through MetLife's national network of attorneys are paid in full with no copays or deductibles. You must enroll during the Annual Enrollment period or within 31 days of your date of hire, and you will keep this coverage for the duration of the year unless you experience a Qualified Life Event. For additional information, visit info.legalplans.com and enter access code GETLAW or call the Client Service Center at **800-821-6400** (Monday–Friday, 7:00 am to 7:00 pm CT).

Additional benefits

Voluntary benefits

Medical emergencies can happen at any time. If you have an accident or diagnosis, your medical plan will cover a portion of the costs. Voluntary benefits provided by Voya can complement your plan by paying a cash benefit directly to you to help with those unexpected costs. You can use these payments however you need to, such as for your deductible, copay, co-insurance or even daily living expenses such as transportation and child care. You can purchase Accident or Critical Illness coverage. Additional coverage details can be found at fortunebrands.benefitsnow.com.

Both Accident and Critical Illness insurance plans include a \$50 Wellness Benefit for completing an eligible health screening, such as an annual physical, for you and your spouse. The benefit for child coverage is 100% of your benefit amount per child.

Visit fortunebrands.benefitsnow.com to view a complete list of covered services, file a claim or request your wellness benefit.

Accident

This plan pays a benefit for the treatment of certain non-work-related accidents. Consider this coverage if you or your family participate in high-risk activities. Here's an example:

Treatment	Benefit
Emergency Room Treatment	\$250
X-ray	\$90
Physical Therapy	\$60
Stitches	\$50
Follow-up Doctor's Visit	\$100
Hospital Admission	\$1,750
Hospital Stay	\$275
Total	\$2,575

Other plan features

- » Voya Travel Assistance for extra support when you're away from home.
- » A Sport Accident benefit: If your accident occurs while participating in an organized sporting activity, certain benefits will be increased by 25%, to a maximum additional benefit of \$1,000.

Critical Illness

This plan pays a benefit in the event of a diagnosis such as heart attack, cancer, stroke or kidney failure. Consider this plan if you have a family history or are otherwise at risk for serious medical conditions. You can choose the level of coverage that's right for you.

Coverage Options	
For You	\$10,000, \$20,000 or \$30,000
Your Spouse	50% of your elected benefit
Your Child(ren), up to age 26	50% of your elected benefit

Cost of coverage

Rates for the Accident and Critical Illness plans are provided online during enrollment and vary depending on your benefit election. The Critical Illness rates vary by age (determined Jan. 1 or date of hire if you are hired after Jan. 1). Rates for both plans are paid with post-tax dollars.

Additional benefits

Enrollment

- » You may elect coverage separately for the Critical Illness and Accident plans.
- » If you also chose to enroll a dependent in coverage, you must include the dependent(s) in your election. The standard dependent verification process applies.
- » If you are married and you and your spouse are both employed by a Fortune Brands Company, you cannot be enrolled in coverage as an associate and spouse at the same time.
- » If both spouses or parents of a dependent child(ren) work for a Fortune Brands Company, only one spouse or parent may elect coverage for eligible dependent child(ren) under the plans. In addition, you cannot elect coverage if your child works for a Fortune Brands Company and receives his/her own coverage.
- » Evidence of Insurability is not required.
- » For associates and dependents covered by either the Accident or Critical Illness plan, the illness, diagnosis or accident resulting in injury must occur after the effective date of coverage (Jan 1, 2023, for elections made during 2023 Annual Enrollment). Review fortunebrands.benefitsnow.com for more information on these policies.

Edelman Financial Engines



Edelman Financial Engines offers personalized retirement planning services for Fortune Brands associates. Whether you have been saving for retirement for years or are curious about getting started today, Edelman Financial Engines is here for you! They do not sell investments or receive commissions; they offer objective, personalized financial guidance. You can login to your 401(k) account through Fidelity's NetBenefits site (401k.com) and click the link to the Edelman Financial Engines site (no additional login required), or you can call Fidelity at **800-835-5095** (Monday through Friday from 7:30 am–7:30 pm CT) and ask to speak with Edelman Financial Engines.

Employee Stock Purchase Program

You may participate in the Fortune Brands Home & Security Employee Stock Purchase Plan (ESPP). This program allows you to buy FBHS stock through payroll deductions. The program is completely voluntary and you may join, terminate or change your participation level at any time. The program is administered through Equiniti (formerly administered through Wells Fargo). To enroll, request and complete the form from Payroll.

Don't forget! Travel Assistance Program

Fortune Brands has contracted with International SOS to provide travel security and medical services to associates when they travel on business anywhere in the world. International SOS provides direct help for a wide range of possible needs such as medical care, a security or safety issue, a travel documentation question and more. If you need assistance while traveling on business, Click-to-Call a 24/7 Assistance Center through the app, or call directly: U.S.: **215-942-8226**, or Global: **+44 (0)20 8762 8008**.



Other benefits

You may be eligible for other benefits or associate perks. Be on the lookout for more information in your 2023 Annual Enrollment insert.



Legal notices

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

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

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

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

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

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 October 15, 2021. Contact your State for more information on eligibility –

<p>ALABAMA – Medicaid Website: myalhipp.com Phone: 1-855-692-5447</p>	<p>INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: www.in.gov/medicaid Phone 1-800-457-4584</p>
<p>ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>IOWA – Medicaid and CHIP (Hawki) Medicaid Website: dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>
<p>ARKANSAS – Medicaid Website: myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>KANSAS – Medicaid Website: www.kancare.ks.gov Phone: 1-800-792-4884</p>
<p>CALIFORNIA – Medicaid Website: Health Insurance Premium Payment (HIPP) Program dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov</p>	<p>KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>	<p>LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>FLORIDA – Medicaid Website: www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>	<p>MAINE – Medicaid Enrollment Website: www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
<p>GEORGIA – Medicaid Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>	<p>MASSACHUSETTS – Medicaid and CHIP Website: www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>

<p>MINNESOTA – Medicaid Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>PENNSYLVANIA – Medicaid Website: www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>
<p>MISSOURI – Medicaid Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>RHODE ISLAND – Medicaid Website: www.eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p>MONTANA – Medicaid Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>SOUTH CAROLINA – Medicaid Website: www.scdhhs.gov Phone: 1-888-549-0820</p>
<p>NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p>SOUTH DAKOTA – Medicaid Website: dss.sd.gov Phone: 1-888-828-0059</p>
<p>NEVADA – Medicaid Medicaid Website: dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>TEXAS – Medicaid Website: gethipptexas.com Phone: 1-800-440-0493</p>
<p>NEW HAMPSHIRE – Medicaid Website: www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p>UTAH – Medicaid and CHIP Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>NEW JERSEY – Medicaid and CHIP Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>VERMONT – Medicaid Website: www.greenmountaincare.org Phone: 1-800-250-8427</p>
<p>NEW YORK – Medicaid Website: www.health.ny.gov/health_care/medicaid Phone: 1-800-541-2831</p>	<p>VIRGINIA – Medicaid and CHIP Website: www.coverva.org/en/famis-select www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p>NORTH CAROLINA – Medicaid Website: medicaid.ncdhhs.gov Phone: 919-855-4100</p>	<p>WASHINGTON – Medicaid Website: www.hca.wa.gov Phone: 1-800-562-3022</p>
<p>NORTH DAKOTA – Medicaid Website: www.nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825</p>	<p>WEST VIRGINIA – Medicaid Website: mywvhipp.com Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>OKLAHOMA – Medicaid and CHIP Website: www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>WISCONSIN – Medicaid and CHIP Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>OREGON – Medicaid Website: healthcare.oregon.gov/Pages/index.aspx www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>WYOMING – Medicaid Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

Notice of HIPAA Special Enrollment Rights

If you do not elect health insurance coverage under the benefit plans provided by the Fortune Brands family of companies (the "Plans") for yourself, your spouse, or eligible dependents during Annual Enrollment, you might be eligible for special enrollment to elect coverage or add eligible dependents under the Plan sponsored by your employer (the "Plan") if you enroll online via the enrollment website at fortunebrands.benefitsnow.com or by phone by calling the Fortune Brands Benefits Center at 844-321-FBHS within **31 days** (or, as noted below, 60 days) after the date of the occurrence of one of the following events:

1. If you get married during the plan year, even though you may have waived coverage during Annual Enrollment, you may elect special enrollment for you, your spouse and any other eligible dependents you acquire through the marriage.
2. If you are married and chose employee only coverage during Annual Enrollment, and you subsequently acquire a child who is an eligible dependent (whether through birth, placement for adoption or adoption), you may elect special enrollment for your spouse and child or for the child only.
3. You may elect special enrollment for you and any eligible dependents if you opted out of coverage under the applicable Plan because you were covered under another employer's group health plan and either (1) you lose eligibility for coverage under that plan for a reason other than failing to pay premiums or for cause, (2) the other group health plan terminates, or (3) the employer sponsoring the other group health plan ceases to make employer contributions. You are not required to take COBRA continuation under another plan to elect special enrollment under the Plan.
4. If you lose eligibility for Medicare or a state Children's Health Insurance Program ("CHIP") plan, you may elect special enrollment under the applicable Plan for you and any eligible dependents. Under these circumstances the 31-day election period will not apply. Instead, you will have 60 days after your loss of eligibility to enroll in the applicable Plan.
5. If you become eligible for a premium assistance subsidy under Medicaid or CHIP with respect to the Plans, you may elect special enrollment under the applicable Plan for you and any eligible dependents. Under these circumstances the 31-day election period will not apply. Instead, you will have 60 days after you gain eligibility for the subsidy to enroll in the applicable Plan.

If you opted out of coverage under the Plans (or you opted not to enroll your dependents) because COBRA continuation was in effect on your eligibility date, you (or your eligible dependents) must exhaust the COBRA continuation period before you elect special enrollment under the applicable Plan. This means you (or your eligible dependents) must continue COBRA coverage for the entire COBRA period. Failure to pay a COBRA premium does not result in the exhaustion of COBRA.

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.

General Information About This Notice

The Fortune Brands family of companies continue their commitment to maintaining the confidentiality of your private medical information. This Notice describes the Fortune Brands family of companies' efforts to safeguard your health information from improper or unnecessary use or disclosure. A federal law known as the "HIPAA privacy rules" requires the Fortune Brands family of companies Health Plans to provide you with this summary of the Health Plans' privacy practices and related legal duties and your rights in connection with the use and disclosure of your Health Plan information. Fortune Brands family of companies and the Health Plan are required to abide by the terms of this Notice as currently in effect.

The Health Plans

This Notice describes the privacy practices of the medical, dental, vision, and flexible spending account health benefits programs offered by the Fortune Brands family of companies (collectively referred to as the "Health Plans"):

The Health Plan provides health benefits to eligible employees and their eligible dependents.

What Information Is Protected?

The HIPAA privacy rules require the Health Plans to establish policies and procedures for safeguarding a category of medical information called "protected health information," or "PHI," received or created in the course of administering the Health Plans. PHI is health information that can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or payment for your health care. A claim form for medical or dental benefits and the Explanation of Benefits statements (EOBs) sent in connection with payment of your claims are examples of documents containing PHI.

This Notice only applies to health-related information received by or on behalf of the Health Plans. If your employer obtains your health information in another way—for example, if you are hurt in a work accident or if you provide medical records with your request for leave under the Family and Medical Leave Act—then this Notice does not apply, but the Fortune Brands family of companies will safeguard that information in accordance with other applicable laws and company policies. Similarly, health information obtained in connection with a non-Health Plan benefit, such as long term disability or life insurance, is not protected under this Notice. This Notice also does not apply to information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

Uses and Disclosures That Do Not Require Your Authorization

The Health Plans may use or disclose your PHI in certain permissible ways described below. To the extent required under the HIPAA privacy rules, the PHI used and disclosed by the Health Plans will be limited to the minimum amount of PHI necessary for these purposes.

- » Payment. The Health Plans may use and disclose your PHI to obtain payment for your coverage and to determine and fulfill the Health Plans' responsibility to provide health benefits—for example, to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have.
- » The Health Plans also may disclose your PHI to another health plan or to a health care provider for its payment activities—for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

- » Health Care Operations. The Health Plans may use and disclose your PHI for their health care operations—for example, to arrange for medical review, for disease management, to conduct quality assessment and improvement activities, or for underwriting. However, the Health Plans are prohibited from using or disclosing your genetic information for underwriting purposes. The Health Plans also may disclose your PHI to another health plan or a health care provider that has or had a relationship with you for it to conduct quality assessment and improvement activities; for accreditation, certification, licensing, or credentialing activities; or for the purpose of health care fraud and abuse detection or compliance—for example, for the other health plan to perform case management or health care provider performance evaluations, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills.
- » Treatment. The Health Plans may disclose your PHI to your health care provider for its provision, coordination, or management of your health care and related services—for example, for managing your health care with the Health Plans or for referring you to another provider for care.
- » To Comply With Law. The Health Plans may use and disclose your PHI to the extent required to comply with applicable law.
- » Disclosures to FBHS. The Health Plans may disclose your PHI to certain employees or other individuals under the company's control to allow the plan sponsor to administer the Health Plans, as described in this Notice. Your employer cannot use your PHI obtained from the Health Plans for any employment-related actions without your written authorization.
- » In addition, the Fortune Brands family of companies may use or disclose "summary health information" for purposes of obtaining premium bids or modifying, amending, or terminating the Health Plans. Summary health information is information that summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Fortune Brands family of companies provides benefits under the Health Plans and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Fortune Brands family of companies also may use or disclose Health Plan eligibility and enrollment/disenrollment information—for example, for payroll processing.
- » Third Party Providers (Business Associates). The Health Plans contract with third party administrators and various service providers, called "business associates," to perform certain plan administration functions. The Health Plans' business associates will receive, create, use, and disclose your PHI, but only after the business associates have agreed in writing to appropriately safeguard and keep confidential your PHI. Aon Hewitt is an example of a Health Plan business associate. Business associates may also use or disclose your PHI on behalf of the Health Plans, as described in this Notice.
- » Disclosures to Family Members and Friends. The Health Plans may disclose your PHI to your family members, close friends, or other persons involved in your health care if you are present and you do not object to the disclosure (or if it can be inferred that you do not object), or, if you are not present or are unable to object due to incapacity or emergency, the disclosure is in your best interest. Following your death, the Health Plans may disclose your PHI to your family members, close friends, or other persons who were involved in your health care unless doing so would be against your stated preferences. Disclosure will be limited to your PHI that is directly relevant to the person's involvement in your health care.
- » Marketing Communications. The Health Plans may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you. The Health Plans may also use and disclose your PHI to communicate face-to-face with you to encourage you to purchase or use a product or service that is not part of the health benefits provided by the Health Plans, or to provide a promotional gift of nominal value to you.
- » Disclosures in Connection with Regulatory Inquiry. The Health Plans may disclose your PHI to the U.S. Department of Health and Human Services in connection with an inquiry or review of the Health Plans' compliance with the HIPAA privacy rules.
- » Judicial and Administrative Proceedings. The Health Plans may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- » Workers' Compensation. The Health Plans may disclose your PHI as necessary to comply with workers' compensation or similar laws or programs.
- » Research. The Health Plans may use or disclose your PHI for research purposes, as long as certain privacy-related standards are satisfied.
- » Public Health. The Health Plans may use or disclose your PHI for certain public health activities, including to a public health authority for the prevention or control of disease, injury, or disability; to a proper government or health authority to report child abuse or neglect; to report reactions to medications or problems with products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may be using; to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition; or to provide immunization information to a school about a student or potential student.
- » Other Uses and Disclosures. In addition, the Health Plans may use or disclose your PHI in limited circumstances as permitted or required by law, including:
 - » For certain health oversight activities, such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.
 - » To police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.
 - » To an appropriate government authority to report suspected instances of abuse, neglect, or domestic violence.
 - » To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
 - » If you are deceased, to allow a coroner or medical examiner to identify you or determine your cause of death, for tissue donation purposes, or to allow a funeral director to carry out his or her duties.
 - » For purposes of public safety or national security.
 - » To specialized government units, such as the U.S. military or U.S. Department of State, for certain government purposes.

Uses and Disclosures With Your Written Authorization

A Health Plan may use or disclose your PHI for a purpose other than as described above only if you give the Health Plan your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, and disclosures that constitute a sale of your PHI require your authorization under the HIPAA privacy rules. If you provide a Health Plan with your authorization to use or disclose your PHI, you may revoke your authorization at any time by delivering a written revocation statement to the Privacy Officer. If you revoke your authorization, the Health Plans will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, the Health Plans cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Your Individual Rights

The HIPAA privacy rules provide you with certain rights regarding your PHI.

- » Right to Request Additional Restrictions. You may request restrictions on a Health Plan's use and disclosure of your PHI. While the Health Plans will consider all requests for additional restrictions carefully, the Health Plans are not required to agree to a requested restriction. If you wish to request restrictions on a Health Plan's use and disclosure of your PHI, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is used or disclosed by third party vendors (business associates) that administer the Health Plans (for example, most medical PHI is maintained by the medical claims administrator). To request restrictions on the use or disclosure of your PHI by these vendors, you may wish to contact the vendors directly. For more information on your right to request restrictions, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address on page 38.
- » Right to Receive Confidential Communications. You may request to receive your PHI by alternative means of communication or at alternative locations. Your request must specify how or where you wish to be contacted. The Health Plans will try to accommodate any reasonable request for confidential communication. Please note that in certain situations, such as with respect to eligibility and enrollment information, the Health Plans are obliged to communicate directly with the employee rather than a dependent unless your request clearly states that disclosure of that information through the normal methods could endanger you. If you wish to request confidential communication of your PHI, you may obtain a request form from the Privacy Officer. Most communications of PHI relating to your health benefits are made by third party vendors (business associates) that administer the Health Plans. To request confidential communication of your PHI by these vendors, you may wish to contact the vendors directly. For more information on your right to request confidential communication of your PHI, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address on page 38.
- » Right to Inspect and Copy Your PHI. You may request access to certain Health Plan records that contain your PHI in order to inspect and request copies of those records. If you request copies, the Health Plans may charge you copying, mailing, and labor costs. To the extent that your PHI is maintained electronically, you may request that the Health Plans provide a copy to you or to a person or entity designated by you in an electronic format. Under limited circumstances, a Health Plan may deny you access to a portion of your records. If you desire access to your records, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is created or maintained by third party vendors (business associates) that administer the Health Plans. For access to that information, you may wish to contact the vendors directly. For more information on your right to inspect and request copies of your PHI, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address on page 38.
- » Right to Amend Your Records. You have the right to request that the Health Plans amend your PHI maintained in the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Health Plans and any other records used by or for the Health Plans to make decisions about your benefits. The Health Plans will comply with your request for amendment unless special circumstances apply. A Health Plan may deny your request for amendment if you do not provide a reason to support your request or if the Health Plan believes that the information is accurate. In addition, a Health Plan may deny your request if you ask it to amend information that was created by another health plan or health care provider (but the Health Plan will inform you of the source of the information, if known). If your physician or other health care provider created the information that you desire to amend, you should contact the health care provider to amend the information. To make a request for amendment, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is created or maintained by third party vendors (business associates) that administer the Health Plans. To request amendment of that information, you may wish to contact the vendors directly. For more information on your right to request amendment of your PHI, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address on page 38.
- » Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by the Health Plans made within six years of the date of your request. The accounting will generally be provided free of charge, but if you request an accounting more than once during a twelve (12) month period, the Health Plans may charge you a reasonable fee for any subsequent accounting statements. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses. The accounting will not include all disclosures of your PHI. For example, the accounting will not include disclosures (i) to carry out treatment, payment or health care operations activities; (ii) made to you; (iii) made to friends or family members involved in your care; (iv) made pursuant to your written authorization; (v) for national security or intelligence purposes; or (vi) to correctional institutions or law enforcement officials. If you wish to request an accounting, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is used or disclosed by third party vendors (business associates) that administer the Health Plans. For an accounting of disclosures by a Health Plan vendor, you may wish to contact the vendor directly. For more information on your right to request an accounting, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address on page 38.
- » Right to Receive Paper Copy of this Notice. You may obtain a paper copy of this Notice upon request to the Privacy Officer.
- » Right to Notification of a Breach of Your PHI. You will be notified in the event of an improper use or disclosure of your PHI if a Health Plan determines that the privacy of your PHI was likely compromised.

Personal Representatives.

- » You may exercise your rights through your personal representative who has authority under applicable state law to make health-related decisions on your behalf. Your personal representative will be required by the Health Plans to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or evidence that you are the parent of a minor child. The Health Plans reserve the right to withhold your PHI from your personal representative in certain limited circumstances.

For Further Information; Complaints.

- » If you would like additional information about your privacy rights, contact the Privacy Officer listed at the end of this Notice. If you are concerned that a Health Plan has violated your privacy rights, or if you disagree with a decision that a Health Plan made about access to your PHI or any of your other rights described above, you should contact the Privacy Officer. The Fortune Brands family of companies and the Health Plans take your complaints very seriously. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. Neither the Fortune Brands family of companies nor the Health Plans will retaliate against you if you file a complaint with the Privacy Officer or the Secretary.

Effective Date and Application of This Notice.

- » Effective Date. This Notice is effective as of September 23, 2013 [revised October 2014].
- » Right to Change Terms of This Notice. This Notice is subject to change. If the Health Plans revise this Notice, they may make the new Notice terms effective for all of your PHI that they maintain, including any information created or received prior to issuing the updated Notice. If the Health Plans make a material change to this Notice, you will be notified of the change if you are then covered by a Health Plan.
- » If You Participate in an HMO or Other Insured Coverage Option. This Notice generally applies to the Fortune Brands family of companies and to the health benefit programs under the Health Plans. Your health insurance provider should provide you with a separate notice of privacy practices that describes the insurer's own privacy policies and procedures. Contact your insurance company for a copy of their most current notice.

Summary of benefits and coverage availability

The health benefits available to you represent a significant component of your compensation package. Health benefits provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the enrollment website at fortunebrands.benefitsnow.com. During your enrollment period, you can view the SBC by opening the Plan Information page, as follows:

- » Log on to the enrollment website at fortunebrands.benefitsnow.com.
- » Open the Health and Insurance tab
- » From the drop-down menu, select Plan Information
- » Then choose the Summary of Benefits and Coverage you'd like to review.

A paper copy is also available, free of charge, by calling the Fortune Brands Benefits Center at 844-321-FBHS (a toll-free number).

Note: If you have dependents in your household who are enrolled in a Fortune Brands Family of Companies plan, please share this SBC information with them.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act ("WHCRA") includes important protections for mastectomy patients who elect breast reconstruction in connection with a mastectomy.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for the following:

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the plans sponsored by the Fortune Brands Family of Companies. If you would like more information on WHCRA benefits, call the Fortune Brands Benefits Center at 844-321-FBHS.

Privacy Officer

Director, Benefits, Privacy Officer
Fortune Brands Home & Security, Inc.
520 Lake Cook Road, Suite 300
Deerfield, Illinois 60015
Telephone Number: 847-484-4400

Important contact information

Coverage	Vendor	Get Help With	Contact Information
General benefits support for benefit questions and H&W Benefit Enrollment	Fortune Brands Benefits Center	Benefit enrollment administration for medical, dental, vision, life insurance, disability insurance, voluntary benefits and spending accounts. Reporting a life insurance claim	fortunebrands.benefitsnow.com 844-321-FBHS (3247) 7:00 am to 7:00 pm CT Monday–Friday
Spending Accounts: FSA, HSA and Dependent Care		Spending account information, enrollment, account balance/ transactions and reimbursement processing	
Medical coverage plus additional healthcare resources	BlueCross BlueShield of Illinois	Finding an in-network provider, checking claims and coverage details. Connect with BCBSIL healthcare resources like: <ul style="list-style-type: none"> • Health Advocacy Services • Hinge Health • Wondr Health • Livongo Whole Person • Catapult Health • Member Rewards • Well onTarget • Fitness Program • Blue Points 	bcbsil.com 800-318-4769 7:00 am to 7:00 pm CT Monday–Friday
Telemedicine	MDLIVE	Chatting with a board-certified doctor for non-emergency medical care anytime 24/7 by phone or video	mdlive.com/bcbsil 800-318-4769 24/7
Pharmacy	MaxorPlus	Finding in-network pharmacies, requesting prescription refills by mail order, estimating costs and opting in to be notified of potential savings	maxorplus.com 800-761-6185 Available 24/7
Specialty Medication	RxResults	Getting prior authorizations for specialty medications	rxresults.com 888-871-4003 7:00 am to 7:00 pm CT Monday–Friday
Dental	Delta Dental of Illinois	Finding in-network dentists, checking dental claims and coverage details and more	deltadentalil.com 800-323-1743 7:00 am to 7:00 pm CT Monday–Thursday 7:00 am to 6:00 pm CT Friday
Vision	VSP	Finding in-network eye doctors, checking vision claims and coverage details and more	vsp.com 800-877-7195 7:00 am to 10:00 pm CT Monday–Friday 9:00 am to 10:00 pm CT Saturday–Sunday
Fertility and maternity support program	Maven	Getting support for every step of your journey toward parenthood, including fertility, pregnancy, adoption, surrogacy and postpartum	mavenclinic.com/join/fortunebrands Available 24/7
Employee Assistance Program (EAP)	LifeMatters	Connecting to a counselor or coach for counseling, financial and legal advice and local referrals	mylifematters.com 800-634-6433 Available 24/7 Company code FBHS1
Life and AD&D insurance Short-Term and Long-Term Disability	Unum	Reporting a life or disability claim	unum.com/employees 866-891-8012 7:00 am to 7:00 pm CT Monday–Friday
Critical Illness and Accident Insurance	Voya	Filing a claim to receive cash benefits in the event of an unexpected medical event	877-236-7564 8:00 am to 7:00 pm CT Monday–Friday
Pre-paid legal plan	MetLife Legal Plans	Connecting with an attorney for routine legal matters	legalplans.com 800-821-6400 7:00 am to 7:00 pm CT Monday–Friday (Company code GETLAW)
Retirement Savings Plan & Edelman Financial Engines	Fidelity	Managing your 401(k) account and getting personalized retirement planning services	401k.com 800-835-5095 7:30 am to 11:00 pm CT (Fidelity stock trade team is unavailable after 7:00 pm CT)
Tobacco cessation	Quit For Life	Learning to live without tobacco	quitnow.net 866-Quit-4-Life (866-784-8454) Available 24/7

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of any discrepancy between the Benefits Summary and the actual Plan Documents, the actual Plan Documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.