Benefits that help you be your best.

At Schneider Electric, we offer a variety of benefits, resources and well-being programs as our way of helping you be your best in all aspects of your life — at work, at home and everywhere in between.

Our goal is for our benefits to provide what you and your colleagues value, while keeping benefits affordable for you and the Company in the long term. Our benefits also offer you ways to balance your life and give you the flexibility you need.
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Plan information available online

Your current Schneider Electric Summary Plan Descriptions (SPDs),
Summaries of Materials Modification (SMMs), Summaries of Benefits
and Coverage (SBCs) and legal notices are available on
Rewards@Schneider.

An SPD summarizes the key features, terms and provisions of a
benefit plan, as well as how to find tools that show estimated
medical costs. You may request a paper copy of these
documents at no charge by contacting PeopleLink at
877-248-2998 or support@Schneider.
Your enrollment checklist

✔ Get informed.

- Review this benefits guide for an overview of your benefit options for 2022, instructions to enroll, information on how to use the Company-provided Benefit Bucks and costs for coverage.

- Review your 2022 benefit options with ALEX®, your personalized benefits counselor. ALEX helps you evaluate benefits that provide the best value and offers easy-to-understand explanations to your questions. Access ALEX at myalex.com/se/home.

- Schedule an appointment with a My Secure Advantage (MSA) money coach to review the pros and cons and ins and outs of your benefit options to give you confidence in your ultimate decisions. Search MSA on Rewards@Schneider to learn more.

- Visit Rewards@Schneider at rewards-nam.se.com — during enrollment or anytime during the year — to find details on your benefits and other helpful resources.

- Ask PeopleLink. Call 877-248-2998 or open a support@Schneider service ticket at https://schneider.service-now.com/supportatschneider.

✔ Enroll.

- Access the enrollment site at se-benefitslink.com if you are a new hire or to apply Benefit Bucks toward your eligible benefit costs; make a change to your current coverage; add or remove a dependent; enroll in an FSA, HSA, PTO Purchase Program and/or Recharge Break Program; change your responses to fee questions; or elect a new benefit for 2022.

✔ Review your dependents.

- Double check your dependents to make sure the right family members have the necessary coverage and are eligible dependents.

  See page 8 for the documents you need to submit to verify your dependent’s eligibility.

✔ Add your mobile phone number and/or email address and select paperless in your profile at se-benefitslink.com to ensure you receive timely benefit notifications and information in a sustainable way.

✔ Confirm your elections.

- Save (or print) your final benefit summary. A confirmation statement will also be sent to your BenefitsLink mailbox.

✔ Confirm your payroll deductions.

- Compare your deductions on your first 2022 paycheck to the deductions on your benefit summary. If the deductions do not match, contact PeopleLink immediately to report the difference.
New hires: **Answer the pre-enrollment questions:**

**Tobacco status questions for medical and life insurance.**
Answer these questions for yourself and any dependents you intend to cover. If you do not complete these questions, or if you use tobacco and/or smoke products, you will pay:

- Tobacco-user fee of $50 per month for medical coverage, and
- Tobacco-user rates for Employee Supplemental Life and Spouse/Domestic Partner Life Insurance, if elected.

You can avoid the fee/higher costs if you use tobacco and/or smoke products but enroll in the free, Company-provided, Quit For Life® Program. Find information on how to enroll on page 29.

**Spouse/domestic partner medical coverage questions.**
If you choose to cover your spouse/domestic partner who has coverage available through their own employer, or you don’t indicate whether your spouse/domestic partner is eligible for medical coverage through their own employer, you will pay a $75 monthly fee in addition to the cost for your medical coverage level.

**Health Savings Account (HSA) eligibility questions.**
Whether you are eligible to participate in an HSA determines your medical options.

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**Connecting to BenefitsLink: se-benefitslink.com**

- **If you are connected to the Schneider Electric network**, click on the Single Sign On (SSO) link available on the Login page.
- **If you are not connected to the network**, enter your user ID and password.
- **If you are new to the site** click on First Time Users to create a user ID and password.
- **If you need to reset your password**, you’ll be asked to answer the security questions. If you can’t answer the security questions, a temporary password will be sent to your email address or mobile phone number in your BenefitsLink profile, if you have one. Otherwise it will be mailed to your home, which may take up to 10 days.

**NOTE:** Internet Explorer 11 does not support se-benefitslink.com. Be sure to use a supported browser (free, supported browsers: Google Chrome, Firefox, Microsoft Edge or Safari).
Important things to know about enrollment

Company-provided Benefit Bucks

One way Schneider Electric supports your flexibility is in the wide range of benefits we provide. We also give you flexibility in how you pay for some of those benefits. **Schneider Electric provides you $500 in Benefit Bucks** to apply to some of your benefit costs when you enroll. That’s money from the Company to use on benefits so you can free up some of your money for your other needs.

For 2022, you can use your Benefit Bucks toward the cost of:

- Vision insurance
- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Health Care FSA contribution
- Dependent (Day) Care FSA contribution
- HSA contribution
- Short-term disability (STD) Buy-up
- Long-term disability (LTD) Buy-up
- Spouse Life Insurance
- Child Life Insurance
- Legal services plan

**Not sure how to use your Benefit Bucks?**

Benefit Bucks gives you more ways to help cover your costs, but it’s up to you to take advantage. Enhance your benefits by using the Company’s money to:

- Enroll in benefits you might not have otherwise considered like the legal services plan.
- Pay for benefits you were already enrolled in, such as vision insurance.
- Put a little bit extra in your HSA or FSA.

**Using Benefit Bucks to pay for some of your benefits frees up your own money to spend how you want.** You might choose to use your extra money to put more in your 401(k), purchase additional PTO days, contribute toward a future Recharge Break, take advantage of offers through the Schneider Electric discount portal such as pet or home & auto insurance… so many possibilities! That’s the thing about choice, it puts you in charge.

In future years we hope to give you more choices on how you can use your to use Company-provided Benefit Bucks.

**IMPORTANT**

- You cannot use Benefit Bucks for medical, dental, PTO Purchase or Recharge Break.
- Benefit Bucks you use for Spouse or Child Life Insurance or the legal services plan will be taxed because you pay for these benefits with after-tax dollars.
- Benefit Bucks are used to pay for your selected benefits per pay period (that means if you’re paid semi-monthly you’ll have $20.84* to use each pay period, and if you’re paid weekly, you’ll have $9.62*).
- Keep in mind for the HSA or Dependent (Day) Care FSA, those dollars are only available for use as they are deposited into your account. Health Care FSA Benefit Bucks are available January 1.
- If you do not use all of your Benefit Bucks, any unused portion will be forfeited.

* This amount could be reduced based on the taxability of the elected benefit.
See how Sam and Christina make the most of their Benefit Bucks.

Sam’s 2021 benefits
- Sam and his wife Amanda are enrolled in Amanda’s medical, dental and vision benefits.
- Sam purchases LTD Buy-up through Schneider Electric so his pay continues if he can’t work due to a long-term disability.

How Sam uses his Benefit Bucks during enrollment
Sam is paid semi-monthly, so his $500 in Benefit Bucks means he gets $20.84 per pay period to apply toward eligible benefits.

<table>
<thead>
<tr>
<th>Sam uses his 2022 Benefit Bucks…</th>
<th>Per pay period amount paid by Benefit Bucks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee + Spouse vision coverage</td>
<td>$6.62</td>
</tr>
<tr>
<td>LTD Buy-up</td>
<td>$2.18</td>
</tr>
<tr>
<td>Supplemental Life Insurance</td>
<td>$4.60</td>
</tr>
<tr>
<td>Health Care FSA</td>
<td>$7.44</td>
</tr>
<tr>
<td>Total Benefit Bucks</td>
<td>$20.84</td>
</tr>
</tbody>
</table>

How Sam spends his extra money
Sam had always wanted to take advantage of the WESOP but couldn’t find the extra money. Now that some of his money has been freed up, Sam chooses to invest in the Company and himself by planning to contribute to the WESOP in spring.

Christina’s 2021 benefits
- Christina is enrolled in medical and vision coverage through the Company.
- She also contributes to the HSA so she can pay eligible medical expenses tax-free.

How Christina uses her Benefit Bucks during enrollment
Christina is paid weekly, so her $500 in Benefit Bucks means she gets $9.62 per pay period to apply toward eligible benefits.

<table>
<thead>
<tr>
<th>Christina uses her 2022 Benefit Bucks…</th>
<th>Per pay period amount paid by Benefit Bucks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family vision coverage</td>
<td>$4.73</td>
</tr>
<tr>
<td>HSA</td>
<td>$4.89</td>
</tr>
<tr>
<td>Total Benefit Bucks</td>
<td>$9.62</td>
</tr>
</tbody>
</table>

How Christina spends her extra money
Christina now has extra money she had previously budgeted for benefits. After consulting with an MSA money coach, she decides to put her extra money toward purchasing an additional 3 days of PTO to help her balance her busy work and family life.
Your elections

The elections you make will remain in place for the full year, unless you have a qualifying life event and make a new election within 31 days. The last changes you make online to your elections as of the close of the enrollment period will be considered your 2022 elections — regardless if you click “Complete Enrollment.”

Submitting documents for dependent coverage

• If you newly enroll a dependent or add a dependent who was previously removed from coverage because documentation was missing in your medical, dental or vision coverage, you must submit the required documentation to verify they are eligible by the Annual Enrollment deadline found in BenefitsLink. For new hires, you have 60 days from the initial date you add your dependent(s).

• Upload to BenefitsLink (preferred): Log in to se-benefitslink.com > click on Verify My Dependents. Upload your documents.

• Fax: Fax to PeopleLink at 859-372-2176. Include a cover sheet with the subject line “Dependent Documentation” along with your legal first and last names, SESA ID and phone number.

• Allow up to 2 weeks for your dependent documents to be reviewed. If you don’t submit acceptable documents, your dependent(s) will be removed from coverage.

Your 2022 coverage if you are a new hire and you don’t enroll

• Medical: Core CDHP + HSA; employee only; tobacco-user fee applies
• Dental, Vision and Legal Services Plan: No coverage
• Basic Life and AD&D: 2 times your base pay; Company paid
• Supplemental Life, Spouse Life, Supplemental AD&D and Child Life: No coverage
• Short-term Disability: 100% of base pay for first 4 weeks; 60% thereafter; Company paid
• Long-term Disability: Buy-up option (60% of base pay)
• Health Care FSA and Dependent (Day) Care FSA: No participation
• Health Savings Account (if eligible for HSA): Company contribution only
• Benefit Bucks: No participation

Health Care FSA in 2021 and CDHP + HSA in 2022?

If you elected a Health Care FSA in 2021 and enroll in a CDHP + HSA option for 2022, the balance in your FSA must be zero by December 31, 2021 for HSA contributions to begin in January. Otherwise, neither you nor the Company can contribute to your HSA until April 2022.
If you and your spouse or domestic partner both work at Schneider Electric…

- **Working spouse/domestic partner fee:** If your spouse or domestic partner is also a Schneider Electric employee eligible under the Schneider Electric Benefits Program for U.S. Employees, the working spouse/domestic partner fee no longer applies.

- **Enrolling children:** If you both choose to enroll in medical, dental or vision coverage as employees, only one of you may cover your dependent child(ren).

- **Life insurance coverage:** You may not purchase life insurance for your spouse or domestic partner if he/she also works at Schneider Electric. Only one of you may purchase life insurance for your child(ren).

If you and your child both work at Schneider Electric…

- If your child is under the age of 26, you may cover him or her under your medical, dental and vision coverage or they may enroll in coverage for themselves, but the child cannot be enrolled as both an employee and child under the plans.

- For life insurance, your child cannot be enrolled in both Basic Life as an employee and Child Life as a child; therefore, in this case you may not enroll your child in Child Life.

### Who’s eligible?

#### Employee eligibility

You are eligible for Schneider Electric benefits if you are a:

- Salaried or hourly full-time employee;
- Regular part-time employee, scheduled to work at least 17.5 hours per week; or
- Union employee covered by a collective bargaining agreement providing coverage by this program.

#### Eligible dependents

At Schneider Electric, we recognize the importance of benefits coverage for your family. If you are eligible for benefits, you may cover your spouse or domestic partner and your children, as defined below. For information on the documents you need to submit to ensure your dependents can be covered, see below. Find additional information on [se-benefitslink.com](http://se-benefitslink.com).

1. Temporary workers and contracted or leased employees are excluded from Schneider Electric benefits.

### Required documents for enrolling dependents

<table>
<thead>
<tr>
<th>Eligibility criteria</th>
<th>Required documents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse:</strong> A person to whom you are legally married, including common law spouses and same-sex spouses legally married in states where such marriages are recognized.</td>
<td>Three Documents Are Required:</td>
</tr>
<tr>
<td>1. Submit one:</td>
<td>1. Your most recent federal tax return that lists your spouse OR</td>
</tr>
<tr>
<td>2. Proof of Joint Ownership issued within 90 days</td>
<td>2. Photocopy of marriage certificate</td>
</tr>
<tr>
<td>3. Working Spouse Certification (Only if spouse is enrolled in medical)</td>
<td>3. Working Spouse Certification (Only if spouse is enrolled in medical)</td>
</tr>
</tbody>
</table>
### Eligibility criteria

**Common Law Spouse:** A person to whom you are legally married as common law spouses in states where such marriages are recognized.

**Domestic Partner:** Same or opposite-sex partner with whom you are registered with an authorized government agency or, if not registered, with whom you are involved in an ongoing and committed relationship and who meets all the following criteria:
1. Shares a permanent residence with you
2. Has resided jointly with you for no less than six months
3. Not be less than 18 years of age
4. Be financially interdependent with you (by proof listed in right column)
5. Not be a blood relative any closer than would prohibit legal marriage

**Child:** A dependent child [younger than age 26 regardless of student or marital status] and is, either:
- Your natural child
- Your stepchild or a child for whom you are the legal guardian
- Your domestic partner’s child who lives with you
- Your legally adopted child
  - From the start of any waiting period prior to the finalization of the child’s adoption.
  - For example, a newborn infant who you adopt, is eligible from the moment you take physical custody of the child upon the child’s release from the hospital, prior to the finalization of the child’s adoption.
- Covered under a Qualified Medical Child Support Order (QMCSO)

**Dependent Child with Disability:** An unmarried child meeting the criteria of a child listed above, and who:
- Is at least age 26
- Is medically certified as physically or mentally incapable of self-support
- Is dependent upon the employee or other care providers for support and maintenance
- Was a covered dependent prior to attaining age 26

### Required documents

**Three Documents Are Required:**
1. Submit one:
   - Common Law Marriage Affidavit OR
   - Government Issued Common Law Marriage or Civil Union License/Certificate
2. Submit one:
   - Most Recent (2020) Federal Tax Return that lists your spouse OR
   - Proof of Joint Ownership issued within 90 days
3. Working Spouse Certification (Only if spouse is enrolled in medical)

**Five Documents Are Required:**
1. Submit one:
   - Domestic Partner Affidavit OR
   - Government Issued Domestic Partner or Civil Union License/Certificate
2. Domestic Partner Tax Certification
3. Proof of Joint Ownership issued within 90 days
4. Proof of Joint Ownership issued more than 6 months
5. Working Spouse Certification (Only if domestic partner is enrolled in medical)

**For Natural Child (1 Document Required):**
1. Submit one:
   - Photocopy of birth certificate showing your name OR
   - Copy of your most recent federal tax return showing the dependent listed

**For Stepchild (1-2 Documents Required):**
1. Photocopy of birth certificate showing your spouse/DP’s name; AND
2. A copy of marriage certificate showing yours and the parent’s name
3. Copy of your most recent federal tax return showing the dependent listed

**For Domestic Partner’s Child (1 Document Required):**
1. Submit one:
   - Photocopy of birth certificate showing your domestic partner’s name OR
   - Copy of your or domestic partner’s most recent federal tax return showing the dependent listed

**Note:** The Domestic Partner Affidavit and Tax Certification is also required if only your domestic partner’s child (not your domestic partner) is being enrolled in coverage.

**For Legal Guardian, Adoption or Foster Child:**
1. Submit one:
   - Photocopy of Final Court Order with presiding judge’s signature, Adoption Final Decree with presiding judge’s signature, or a Qualified Medical Child Support Order OR
   - Copy of your most recent federal tax return showing the dependent listed

**Two Documents Are Required:**
1. Documentation as noted above for applicable child type AND
2. Copy of your most recent federal tax return showing the dependent listed

**Note:** Schneider Electric is only verifying the child’s eligibility as a dependent. Your health insurance carrier determines the disability status of the child.
Making changes during the year

The benefit coverage you elect remains in effect for the entire calendar year. You can only change your benefits during the year if you have a qualifying change in status (e.g., you get married, have a baby) or another qualifying event in which benefit changes are allowed (see General Information in the Summary Plan Description [SPD] available on Rewards@Schneider).*

To make a change, go to se-benefitslink.com within 31 days of the event (the date the change in status occurs is considered the first day of the 31-day period) and:

- **Update your personal information** on BenefitsLink (e.g., add your new dependent, remove an ineligible dependent),
- **Make the applicable benefit plan changes** (including enrolling any new dependents), and
- **Upload proof of your dependent's eligibility** by uploading to BenefitsLink (preferred) or fax to PeopleLink within the required time frame. If you do not submit the required documents, your dependent will not have coverage.

For more information on making midyear benefit changes, please visit Rewards@Schneider.

* NOTE: If you plan to enroll a newborn or newly adopted dependent to your Schneider Electric Medical Plan, you must do so within 31 calendar days of your child’s date of birth or adoption to ensure medical coverage. In addition, please see the SPD for limited circumstances involving the loss or gain of Medicare, Medicaid or Children’s Health Insurance Program eligibility that may result in a 60-day window to request a change.

Your health advocate:
Health Advocacy Solutions

Your Schneider Electric medical coverage includes Health Advocacy Solutions, a Blue Cross and Blue Shield of Illinois (BCBSIL) concierge service, to help you navigate health care decisions while saving you time and money.

Connect with a health advocate

It’s easy to connect with skilled health advocates dedicated to our Schneider Electric medical plans. Call 877-557-3417 (as shown on your medical ID card) whether you are searching for a doctor, or have coverage or claims questions.

Health advocates will:

- **Facilitate prior authorizations** for services under the medical plan. If you require an authorization for certain services (MRIs, CT scans, surgeries, etc.), a health advocate can facilitate the authorization for you. **IMPORTANT:** Typically your provider will take care of this for you, but it is your responsibility to connect with a health advocate before receiving care. If this step is not completed, your procedure may not be covered.

- **Help you compare costs and find high-quality, low-cost providers** for medical tests and procedures, giving you the potential to earn a cash reward (called Member Rewards).

- **Help coordinate your behavioral health care and benefits** for outpatient care to treat issues like anxiety, depression or addiction.
GET PAID FOR SMART SHOPPING: MEMBER REWARDS
You may be able to save on out-of-pocket health care costs and earn a cash reward — called Member Rewards — when you shop for health care services and procedures and choose a more cost-effective provider and/or location for your care. The potential cash reward depends on the procedure and provider you use. After your doctor recommends a procedure or test, search Provider Finder on bcbsil.com to find out if those services are eligible for Member Rewards. You can also call your health advocate to help you compare costs and find high-quality, low-cost facilities for medical tests and procedures. You must have the procedure or test verified by a health advocate to receive your cash reward.

Other programs and features available with your medical plan

MDLIVE
If you enroll in medical coverage, consider using MDLIVE for virtual office visits. These can save you money when you’re in need of care for non-emergency medical conditions and pediatric care, especially if you have CDHP coverage. Connect with a board-certified doctor 24/7 including nights, weekends and holidays by secure video, phone or email. Go to mdlive.com/bcbsil or the MDLIVE mobile app or call 877-557-3417.

ConsumerMedical
Whether you need help finding a specialist, getting a second opinion or understanding your diagnosis and treatment options, ConsumerMedical can help make sure you get the best care — all at no extra cost to you. Go to myconsumermedical.com company code: Schneider or the ConsumerMedical app: MyMedicalAlly, or call 877-557-3417.

Digital exercise therapy
You don’t have to live in pain. Hinge Health provides the tools you need to get moving again from the comfort of your home. You’ll get exercise therapy tailored to your condition and a personal care team of experts to support you. Apply at hingehealth.com/schneider.

Oncology Navigator
Through Oncology Navigator, if you or a family member is facing cancer, trained navigators will help guide you to the right care and support.

Women’s & family health
Schneider Electric understands the importance of family, and provides support and guidance in your family planning decisions.

- Get support for high-risk pregnancies through high-risk maternity management.
- Receive personalized guidance for fertility, pregnancy and parenting through Ovia Health.
- Find programs through WINFertility for adoption and/or surrogacy* as well as infertility treatment and/or fertility support.
- Get help for nursing mothers through breast milk transportation services.*

* Does not require medical plan enrollment.

Learn more.
Get details on all of these programs and more on Rewards@Schneider.
Medical

Medical coverage helps you and your family with the costs of maintaining good health and treating illness or injury. Schneider Electric offers you three options to choose from, or you can decline medical coverage:

- Core Consumer-Directed Health Plan (CDHP) + HSA
- Buy-up Consumer-Directed Health Plan (CDHP) + HSA*
- Core Preferred Provider Organization (PPO)

Learn about your plan options.

All options cover the same features, including:

- Free, in-network preventive care such as annual physicals, wellness exams, cancer screenings and immunizations;
- The same BCBSIL network of providers; and
- Prescription drug coverage through Express Scripts.**

Below are some key differences for you to consider.

CDHP + HSA Options: a good value at any age

Young and healthy? Nearing retirement? Or somewhere in between? No matter where you are in your health journey, the CDHP + HSA options can save you money on health care. Though they have higher deductibles, you get:

- Health Savings Account (HSA), which lets you pay for eligible health care expenses with tax-free money. Schneider Electric contributes to your HSA to help offset the deductible — that's free money for you.
- Lower costs from your paycheck. Consider contributing to your HSA the difference in your cost for medical coverage between the Core PPO and a CDHP option to use toward the higher deductible or to save and invest in your HSA.
- Choice. The HSA empowers you to decide when to use your money: now or save it for later.

PPO Option

The Core PPO option has higher employee contributions per pay period but a lower annual deductible than the CDHP + HSA options. And since this option doesn't include an HSA, you will not be able to contribute to an HSA or receive a Company HSA contribution.

* If you are not eligible for an HSA (see page 14), you can enroll in the Buy-up CDHP option with NO HSA.
** If you live in Puerto Rico, your medical and prescription drug coverage is administered by Triple S (Blue Cross and Blue Shield of Puerto Rico). You will receive a separate insert regarding coverage details and cost.
Meeting the deductible

In the Core CDHP + HSA and Core PPO…

• Once one person’s claims reach the **single deductible** amount, that person can then begin receiving benefits and just pay the coinsurance amount.
• Once one person reaches the **single out-of-pocket maximum**, the plan will pay 100% for that person for the remainder of that calendar year.

In the Buy-up CDHP + HSA…

• All of the family’s eligible expenses added together must reach the **family deductible** amount before paying coinsurance for any family member.
• All of the family’s eligible expenses added together must reach the **family out-of-pocket maximum** before the plan will pay 100% for any family member for that calendar year.
• The family deductible and/or family out-of-pocket maximum can be met by one family member or a combination of family members.

Is your provider/pharmacy in the network?

**BCBSIL provider network**

To see if your provider is in the network, or to find a new provider, go to [bcbsil.com](http://bcbsil.com) and click on the Find a Doctor or Hospital link. Search as a guest > enter the location where you would like to search for care and then:

• Select the Participating Provider Organization (PPO) network.
• For Florida, Georgia, Kansas City area, New Hampshire, New Jersey, St. Louis area, Tennessee, the Washington D.C./Maryland/Virginia area and Wisconsin, select the appropriate network.

For help finding a network provider, call BCBSIL. Your health advocate will help you find skilled providers who are proven to be high performers. *If you use a provider outside of your network, your claim will be processed as out-of-network and subject to a separate out-of-network deductible and out-of-pocket maximum.*

**Pharmacy network**

To find an in-network pharmacy near you, sign in at [Express-Scripts.com](http://Express-Scripts.com) > Locate a Pharmacy. If you are a first-time visitor to Express-Scripts.com, first register, using your member ID number.

**Filling your long-term/maintenance medications**

Get convenient fills of your long-term/maintenance medications (up to a 90-day supply) at a CVS or Walgreens pharmacy, or through the Express Scripts home delivery pharmacy. Get more information at [Express-Scripts.com](http://Express-Scripts.com).

**Brand-name drug cost when generic is available**

If you or your doctor requests a brand-name medication and indicates “dispense as written” when a generic equivalent is available, you will pay the generic copay plus the cost difference between the brand and the generic. You or your doctor may request a coverage review to waive the cost difference between the brand and generic medication by contacting Express Scripts.
### Comparing medical plan options

<table>
<thead>
<tr>
<th>Plan provision</th>
<th>Core CDHP + HSA</th>
<th>Buy-up CDHP + HSA</th>
<th>Core PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay</td>
<td>You pay</td>
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<tr>
<td></td>
<td>in-network</td>
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<td>Deductible</td>
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<td>Single</td>
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<tr>
<td></td>
<td>contributes $1,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket maximum&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$5,600</td>
<td>$11,200</td>
<td>$4,450</td>
</tr>
<tr>
<td></td>
<td>$5,600</td>
<td>$11,200</td>
<td>$4,450</td>
</tr>
<tr>
<td>Family</td>
<td>$11,200</td>
<td>$22,400</td>
<td>$7,150</td>
</tr>
<tr>
<td></td>
<td>$11,200</td>
<td>$22,400</td>
<td>$7,150</td>
</tr>
<tr>
<td>Coinsurance&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td>Free</td>
<td>Not covered</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Primary care physician</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td>$30 copayment</td>
</tr>
<tr>
<td>Specialist</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td>$50 copayment</td>
</tr>
<tr>
<td>Telehealth through MDLIVE</td>
<td>$44; subject to deductible and coinsurance</td>
<td></td>
<td>No coverage</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td>$50 copayment</td>
</tr>
<tr>
<td>Emergency room</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital admission</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription drugs&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (up to 30-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>20% (after you meet the annual deductible)</td>
<td>40% (after you meet the annual deductible)</td>
<td>20% (after you meet the annual deductible)</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>20% (after you meet the annual deductible)</td>
<td>40% (after you meet the annual deductible)</td>
<td>40% (after you meet the annual deductible)</td>
</tr>
<tr>
<td>Brand</td>
<td>$10 copayment</td>
<td>20% coinsurance ($30 min / $60 max)</td>
<td>40% coinsurance ($60 min / $120 max)</td>
</tr>
<tr>
<td>Mail order, CVS or Walgreens (90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>20% (after you meet the annual deductible)</td>
<td>20% (after you meet the annual deductible)</td>
<td>No coverage</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>20% (after you meet the annual deductible)</td>
<td>20% (after you meet the annual deductible)</td>
<td>No coverage</td>
</tr>
<tr>
<td>Brand</td>
<td>$25 copayment</td>
<td>20% coinsurance ($75 min / $150 max)</td>
<td>40% coinsurance ($150 min / $300 max)</td>
</tr>
</tbody>
</table>

1. The out-of-pocket maximum includes expenses paid toward your deductible, as well as medical and prescription drug copayments and coinsurance amounts.
2. The coinsurance is calculated based on the allowed amount under the medical plan. For out-of-network care, you may be responsible for any amount billed in excess of the allowed amount. The coinsurance for bariatric surgery and certain organ transplants, as well as cardiac, knee, hip, maternity and spine services is 10% if treatment is received at a BCBSIL Blue Distinction Centers+ facility.
3. For prescription drug coverage:
   - For preventive drugs in the CDHP + HSA options, the deductible does not apply.
   - You pay 20% coinsurance for preferred brand and brand name drugs, nothing for generics.
   - Go to express-scripts.com/schneiderelectric to check how medications are classified.
   - Specialty drugs under the Core PPO: Certain specialty drugs may be at no cost to you through SaveonSP, which helps coordinate manufacturer-sponsored copay assistance.
Health Savings Account (HSA)

If you are eligible for an HSA, Schneider Electric opens an HSA for you and contributes to your account in late January each year you participate in a Schneider Electric CDHP medical option. You can also make contributions to the HSA, up to IRS limits, as shown below.

2022 HSA contribution limits

<table>
<thead>
<tr>
<th>Who is covered</th>
<th>Schneider Electric contribution¹</th>
<th>+</th>
<th>Your maximum contribution²,³</th>
<th>=</th>
<th>2022 IRS limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$700</td>
<td>+</td>
<td>$2,950</td>
<td>=</td>
<td>$3,650</td>
</tr>
<tr>
<td>Family</td>
<td>$1,400</td>
<td>+</td>
<td>$5,900</td>
<td>=</td>
<td>$7,300</td>
</tr>
</tbody>
</table>

1. Contributions for new hires will be prorated and deposited based on your effective date for medical coverage.
2. If you turn age 55 by December 31, 2022, you can contribute an additional $1,000.
3. Benefit Bucks applied toward your HSA will apply toward your maximum contribution limit.

Getting started

If you enroll in a CDHP option, you will be prompted to review and accept the terms and conditions associated with the HSA. PayFlex, the HSA administrator, will reach out to you if they need additional information to set up your account.

Key features of an HSA

- **Get triple tax savings:**
  1. Contributions are tax-free: both Schneider Electric’s and yours.
  2. Money grows tax-free with interest.
  3. Withdrawals are tax-free for eligible expenses.
- **Decide if you want to contribute:** You can start, change or stop your contributions anytime during the year at [se-benefitslink.com](http://se-benefitslink.com).
- **Use now or save:** When you incur eligible expenses, you decide...
  - If you want to use HSA dollars to pay the expense (funds are available when they’re posted to your account), or
  - Pay out of your own pocket and save your HSA dollars for future expenses.
- **Money is always yours:** Because any unused money in your HSA rolls over from year to year, you can save the money in your HSA to use in the future, even if you leave the Company or retire.
- **Invest your money:** If you have at least $1,000 in your account, you can invest the additional money in a variety of mutual fund options. To access your account and for more information, visit [payflex.com](http://payflex.com).

Are you eligible?

**To be eligible for an HSA:**
- You must be enrolled in a CDHP medical option; and
- You must be a U.S. citizen, Green Card holder, or H1-B visa holder with a U.S. residential address.

**You cannot be:**
- Covered by any medical plan that is not a consumer-directed health plan, including your spouse’s or domestic partner’s plan;
- Covered under a general FSA through your spouse’s or domestic partner’s plan (however, you may participate in a Limited-use Health Care FSA specifically for dental and vision expenses);
- Claimed as a dependent on someone else’s taxes;
- Enrolled in Medicare (including retroactive Medicare coverage);
- Covered by TriCare, TriCare for Life, or Medicaid;
- The recipient of VA benefits within the last 3 months unless you have a disability rating from the VA.

Consider applying some of your Benefit Bucks to your HSA. These Benefit Bucks are applied to your HSA per pay period.
Dental

Dental coverage provides benefits for preventive care like exams and cleanings. It also covers basic and major restorative care.

The Company offers you two dental options administered by Delta Dental of Illinois*, or you can decline coverage:

- Core
- Buy-up

Both options cover the same services, but the Buy-up option has a higher calendar year maximum — that is, the amount the plan will pay in one year — and covers orthodontia services. The following chart provides a summary of your dental coverage.

<table>
<thead>
<tr>
<th>Plan provision</th>
<th>Core</th>
<th>Buy-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year maximum (excludes orthodontia)</td>
<td>$1,500 per person</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Orthodontia lifetime maximum</td>
<td>No benefit</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Annual deductible you pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50 per person</td>
<td>$50 per person</td>
</tr>
<tr>
<td>Family</td>
<td>$150 per family</td>
<td>$150 per family</td>
</tr>
<tr>
<td>Coinsurance you pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive and diagnostic care (exams, cleanings, x-rays, etc.)</td>
<td>$0 (100% covered)</td>
<td>$0 (100% covered)</td>
</tr>
<tr>
<td>Basic restorative care (fillings, endodontics, periodontics, oral surgery, etc.)</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Major restorative care (crown, bridge, denture, implant, etc.)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia care — for adults and children</td>
<td>No benefit</td>
<td>50% (PPO provider)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% of Maximum Plan Allowance (Premier provider or out-of-network)</td>
</tr>
</tbody>
</table>

Delta Dental Networks

While you can visit any general or specialty dentist, you pay less for care when you use a provider in one of the Delta Dental networks — Delta Dental PPO and Delta Dental Premier — with deeper discounts when you use a Delta Dental PPO network dentist. Average discounts range from 15% to 35% for the Delta Dental PPO network and 5% to 10% for the Delta Dental Premier network.

* If you live in Puerto Rico, your dental coverage is administered by Triple S (Blue Cross and Blue Shield of Puerto Rico). You will receive a separate insert regarding coverage details and cost.
Vision

Schneider Electric offers you a vision plan, administered by EyeMed, that provides coverage for a vision exam, corrective lenses and frames each year. If you choose to enroll in the vision plan, you pay 100% of the cost of coverage. The vision plan features a network of nationwide participating providers. You can go out-of-network and then get reimbursed for up to the allowance amount. Visit eyemed.com or download the EyeMed mobile app. See the chart below for a summary of the vision plan coverage.

<table>
<thead>
<tr>
<th>Plan provision*</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of coverage</td>
<td>Exam, lenses and frames once every calendar year (resetting in January of every year)</td>
<td>You pay copayments/Plan pays up to the allowance below, you pay the rest</td>
</tr>
<tr>
<td>Exams</td>
<td>$10 copayment</td>
<td>Up to $60 allowance</td>
</tr>
<tr>
<td>Lenses (standard plastic)</td>
<td>$15 copayment unless progressive lenses, then $70 to $190 copayment</td>
<td>$50 to $90 allowance depending on lens type</td>
</tr>
<tr>
<td>Frames</td>
<td>20% off balance over $200 frame allowance</td>
<td>Up to $140 allowance</td>
</tr>
</tbody>
</table>
| Contacts (materials only; in lieu of lenses) | Conventional: 15% off balance over $200 allowance<br>Disposable: up to $200 allowance<br>Medically necessary: $0 (paid in full) | Up to $200 allowance
| Contact lens fitting | Up to $40 copayment | Not covered |

* Coverage allows for one pair of eyeglasses or contacts each year, but not both.

Vision care discounts

**EyeMed:** Additional benefits include:
- 40% off second pair of glasses through an in-network provider
- For Lasik surgery, special everyday pricing or 5% off promotional prices through network providers
- $50 off $200 or $20 off any non-prescription sunglasses from Sunglass Hut
- Temporary eyewear and support outside of the U.S. through International Travel Solutions

**BCBSIL:** If you enroll in the medical plan, you have access to vision care discounts through BCBSIL. To review the vision discounts provided under Blue365 — including LasikPlus, log in to bcbsil.com > Member Discounts Program.
Flexible spending accounts (FSAs)

A flexible spending account (FSA) is an account you set up with money you contribute from your paycheck before taxes are taken out. Then, when you have an eligible expense, you can pay for it out of your account. So you save on taxes when you contribute to an FSA.

You can choose from two types of FSAs, or decide not to contribute to an FSA:

- **Health Care FSA:** Contribute up to $2,750.
- **Dependent (Day) Care FSA:** Contribute up to $5,000 (or $4,000 if you are considered a highly compensated employee).

**Estimate your expenses carefully** because you lose any money in your account you haven't spent on eligible expenses by March 15, 2023 and you haven't requested reimbursement for by March 31, 2023.

**Health Care FSA**

Use your before-tax health care FSA for eligible expenses — such as health-related expenses not covered by your medical, dental or vision plan — for you and your eligible dependents. You cannot use funds in your Health Care FSA to reimburse yourself for dependent day care expenses, or vice versa.

While you contribute to the health care FSA each pay period, your full annual health care FSA contribution is available to you at the start of the year.

**Limited Use FSA and the HSA**

If you are enrolled in a Schneider Electric CHDP + HSA option, your health care FSA is considered a “Limited Use” Health Care FSA, and you can only use it on certain expenses, such as dental and vision care. You can only use it on eligible medical expenses after you meet your annual medical deductible.

**Getting reimbursed**

There are two ways to access the money in your Health Care FSA:

- You may use a debit card issued by PayFlex to pay for your eligible health care expenses from your account at the time you have the expense.
- You can also pay for the expense out of your pocket and then file a claim for reimbursement from your account through [payflex.com](http://payflex.com) or the PayFlex mobile app.

**What expenses are eligible?**

Visit [payflex.com](http://payflex.com) or view the following documents on [irs.gov](http://irs.gov) for more details about eligible expenses and whose expenses are eligible:

- Publication 502 for eligible health care expenses
- Publication 503 for eligible dependent day care expenses

* Benefit Bucks applied toward your Health Care FSA (including Limited Use Health Care FSA) and/or Dependent (Day) Care FSA will apply toward your maximum contribution limit.
Dependent (Day) Care FSA

You can use your Dependent (Day) Care FSA to pay using before-tax dollars for the cost of child care (for children under the age of 13) or elder care that allow you and/or your spouse, if applicable, to work full time. You can also use this FSA if your spouse is a full-time student or incapable of self-care. You cannot use the account to pay for dependent health care expenses or expenses incurred solely for your personal enjoyment, convenience or ease.

**IMPORTANT:** When you file your federal income tax return, you will be required to provide the name, address and Social Security or tax identification number of the individual or organization providing dependent (day) care. If you cannot supply this information, you should not use the Dependent (Day) Care FSA to pay for these services.

**Getting reimbursed**

You pay your expenses as needed throughout the year, and then file claims for reimbursement through PayFlex. Your contributions to the Dependent (Day) Care FSA are available for use as they are deposited from your paycheck throughout the year.

**Comparing the HSA and FSAs**

<table>
<thead>
<tr>
<th></th>
<th>Health Savings Account</th>
<th>Health Care FSA&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Limited Use Health Care FSA</th>
<th>Dependent (Day) Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible expenses</td>
<td>Health care expenses, including copayments, prescriptions, dental and vision expenses</td>
<td>Health care expenses, including copayments, prescriptions, dental and vision expenses</td>
<td>“Limited” health care expenses, such as dental and vision expenses; medical expenses only after you meet the deductible</td>
<td>Day care services for your children and adult dependents</td>
</tr>
</tbody>
</table>
| Company contribution     | • $700 employee only  
                          | • $1,400 family coverage tiers | No | No | No |
| Deadline for using the money | None, balance carries over each year | • You must incur expenses by March 15, 2023.  
                          |                          | • You must submit claims by March 31, 2023. | |
| Maximum employee contribution amount<sup>1</sup> | • $2,950 employee only  
                          | • $5,900 family coverage tiers<sup>2</sup> | $2,750 | $2,750 | $5,000<sup>4</sup> |
| Applicable medical plans | • Core CDHP + HSA  
                          | • Buy-up CDHP + HSA | • Core PPO  
                          | • No Coverage | • Core CDHP + HSA  
                          | • Buy-up CDHP + HSA | NA |

1. Any Benefit Bucks applied will apply toward this maximum.
2. If you turn age 55 by December 31, 2022, you can contribute an additional $1,000.
3. You do not need to be enrolled in a Schneider Electric medical, dental or vision plan to be enrolled in the Health Care FSA.
4. If you are married and file a separate income tax return, you may only contribute up to $2,500 a year. If you are married and file jointly, and your spouse’s employer offers a Dependent (Day) Care FSA, you can contribute a combined total of $5,000. Highly compensated employees (HCEs), as determined annually by the IRS, may be subject to a reduced Dependent (Day) Care FSA annual election amount.
Life and accidental death & dismemberment (AD&D) insurance

Life and AD&D insurance provides you with financial protection in the event of a death or accident. The Company provides Basic coverage, and you can purchase additional coverage for yourself, for a combined maximum of $3.5 million (Basic plus Supplemental). You can also purchase coverage for your spouse/domestic partner and children. Here’s an overview of your coverage options:

<table>
<thead>
<tr>
<th>Coverage options</th>
<th>Coverage level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life and AD&amp;D (Company-paid)</td>
<td>2 times your base pay up to $1.5 million (rounded up to the next $1,000)</td>
</tr>
<tr>
<td>Supplemental Life Insurance¹</td>
<td>Up to 8 times your base pay³</td>
</tr>
<tr>
<td>Supplemental AD&amp;D Insurance</td>
<td>Up to 8 times your base pay³</td>
</tr>
<tr>
<td>Spouse Life Insurance¹</td>
<td>$5,000 to $500,000 coverage (in $5,000 increments), up to the combined amount of your Basic Life plus your Supplemental Life coverage</td>
</tr>
<tr>
<td>Child Life Insurance²</td>
<td>$5,000 or $10,000 for each covered dependent child</td>
</tr>
</tbody>
</table>

1. Evidence of Insurability (EOI) may be required. If you are a new hire, you may elect Supplemental Life Insurance up to 3 times your base pay up to $500,000 or Spouse Life Insurance up to $50,000 without being required to complete EOI. Any amounts over $3 million (combined with Basic Life Insurance) will require EOI.
2. Your child must be under the age of 19, or up to age 25 if a full-time student.
3. If your base pay changes during the year, your Supplemental Life and/or AD&D cost and coverage amount will change accordingly.

Cost of coverage

Your cost of coverage is based on the following:

- Age as of January 1, 2022
- Your base pay (for Supplemental Life and AD&D coverages)
- Your coverage amount
- Your or your spouse/domestic partner’s tobacco use

Find rates for coverage on page 31, and your costs on se-benefitslink.com.

Evidence of insurability (EOI)

You (and/or your spouse) may be required to show evidence of insurability — or proof of good health — if you enroll in or increase your Supplemental Life Insurance for yourself and/or your spouse.

Providing evidence of insurability (EOI)

Unum, the insurance carrier, will send an email to your Schneider email address with a link for you to complete your EOI form online. If you do not have a Schneider Electric email address, Unum will mail an EOI form to your home address before January 1.⁴

Your new or increased coverage level will not become effective until after Unum approves your increased coverage. Your new payroll deductions will begin shortly after your EOI is approved.

4. Call Unum if you don’t receive the form (timing differs if you are newly hired).
Disability

Your Schneider Electric disability benefits protect you financially if you are unable to work because of a covered illness or injury.

Short-term disability (STD)
STD provides income protection if you become disabled and are unable to work due to a non-work-related illness or injury for up to 26 weeks.

- If you are approved, you receive Company-paid STD coverage of:
  - 100% of your base pay for 4 weeks
  - 60% of your base pay thereafter

- You may buy additional coverage* of 10%, for total STD coverage of 70% of your base pay, following the first 4 weeks.

Your cost for STD coverage (per $100 of monthly base pay) is listed on page 32. For the Buy-up option’s actual before-tax costs, go to se-benefitslink.com.

There is no maximum weekly STD benefit.

State disability plans
If you work in California, Hawaii, Massachusetts, New Jersey, New York, Puerto Rico or Rhode Island, which provide state disability plans, the Schneider Electric disability benefit will be reduced by the amount you receive from the state disability plan. Consider whether the state disability plan meets your needs or if the cost of electing the Buy-up option is worth the additional benefit you may receive.

* Due to state law, employees who work in New Jersey will automatically receive the STD Buy-up coverage level Company paid.
If you work in New Jersey, your option will be reflected on se-benefitslink.com.

What is base pay? 
Base pay is your current annual salary before it is reduced for your 401(k) or nonqualified deferred compensation plan contributions or before-tax dollars you use to buy benefits. Base pay does not include overtime pay, gain sharing, production bonuses, short-term or long-term incentives, or executive or stock based awards.

Base pay determines coverage for Basic Life and AD&D, Supplemental Life, Supplemental AD&D, short-term disability and long-term disability benefits. If your base pay changes during the year, the cost for these benefits and coverage amounts will change accordingly.
Evidence of insurability
If you are currently enrolled in Company-paid STD and you elect the Buy-up STD during Annual Enrollment, you will be required to provide evidence of insurability (EOI) — or proof of good health. Your increased coverage level will not become effective until after MetLife approves your increased coverage.

If you were recently hired, you will not have to provide EOI if you elect the Buy-up STD and/or LTD coverage within 31 days of becoming eligible for coverage.

If EOI is required, MetLife will mail a form to your home address after you complete your enrollment. Be sure to complete and return this form once you receive it as there is a limited time frame to complete your request.

Long-term disability (LTD)
LTD coverage ensures a source of continuing income for disability claims lasting longer than 26 weeks. Schneider Electric pays for LTD coverage replacing 50% of your base pay.

As a new employee, you’ll be enrolled automatically in the Buy-up option for LTD (60% of your base pay). You can elect the Company-paid option (50% of your base pay) instead of Buy-up, but you will be required to provide proof of good health if you later decide to elect the Buy-up option.

Payment of LTD benefits is subject to approval by MetLife. Your cost for LTD coverage — per $100 of monthly base pay — is listed in the chart on page 32. Your before-tax cost per pay period is available on se-benefitslink.com.

Commuter benefits
Commuter benefits make it easy to help pay for certain work-related transportation and parking expenses on a before-tax basis. Basically, it’s a simple solution designed to get you to work while saving you money.

You can start or stop participating at any time during the year on payflex.com. The commuter benefit is only for employees’ eligible transit and parking expenses for getting to and from work for things like passes, fare cards for travel by bus, train, subway or ferry; vanpool costs; and parking expenses.

IMPORTANT: Expenses for your spouse or dependents are not eligible. Search Commuter at Rewards@Schneider.
Care@Work

Through Care@Work, Schneider Electric offers 5 days per year of **Company-subsidized emergency back-up child care, adult/elder care or pet care** for when full-time care is not available (e.g., when school/daycare is closed, your nanny or pet sitter is on vacation, etc.). Plus, you also receive a free care.com premium membership.

When you need back-up care, you pay only $5 per hour copayment for in-home care (either a care.com sitter or your own network) or $10 per day copayment per child for care in a Care@Work center. Pet care is a $10 per day copayment.

- Access centers or in-home providers that are either care.com employees or from fully vetted partner agencies.
- Use your own personal network (such as a neighbor, family member, friend).

A care.com membership allows you to:

- Browse the large network of local caregivers or providers.
- Post a job describing your needs for housekeeping, pet sitting or child care.
- Set up interviews, access background check options and pay through care.com.
- Access tools, articles, blogs, calculators to help make more informed hiring decisions.

Visit **Rewards@Schneider** for more details.

Home office enhancements

Schneider Electric offers support for your home office needs:

- **A home office furniture package** if you work from home at least 3 days a week, with your manager’s approval. This one-time package includes an ergonomically correct desk, chair and monitor arm, as well as ergonomic training and assessment for correct home office setup.

- **Home office equipment** for items like a keyboard, mouse, monitor or docking station. You can request the remote office kit package or individual items through the 2929IT portal.
PTO Purchase Program

Schneider Electric supports you at every stage of your life. Sometimes you need additional time off to focus on an important life event or take a long awaited, extended vacation. Whatever the reason, the PTO Purchase Program provides you with the added flexibility to take a few extra days off.

Each year during Annual Enrollment, you can **elect to purchase additional paid time off (PTO)** to use over the next calendar year:

- If you’re normally eligible for 5 or 6 weeks of PTO, you can purchase 3 or 5 days.*
- If you’re normally eligible for 3 or 4 weeks of PTO, you can purchase 3, 5 or 10 days.*

**How it works:**

- You pay for purchased PTO through before-tax payroll deduction over the next calendar year at your current rate of pay.
- All regular, accrued PTO (Company-paid PTO), including any carryover, must be used **before** using purchased PTO.
- Purchased PTO cannot be carried over to the next year.
- If you do not use your purchased PTO by the end of the year, you will be refunded for your purchased PTO by your final paycheck in December.
- If your employment ends, any unused, purchased PTO will be paid out on your final paycheck.

**NOTE:** Purchased PTO cannot be elected when a life event occurs or as a new hire. You must be hired as of October 1 to be eligible to purchase PTO during Annual Enrollment for use in the next calendar year.

Visit **Rewards@Schneider** for more details.

**IMPORTANT:** Because of the order in which PTO days must be taken, the PTO Purchase Program may not be a good option for employees who regularly carry over PTO balances into the next calendar year.

* These will be noted as hours when purchasing in BenefitsLink. One day of purchased PTO equals 8 hours, regardless of the number of hours you are normally scheduled to work in a day.
Recharge Break Program

The **Recharge Break Program** gives you *flexibility* to support your unique work and life. With Recharge Break, you can take from 6 to 12 weeks of paid time away from work to use when and how it works best for you.

Think of it as a savings plan for a future paid leave of absence:

- **You can elect to pay for 1 or 2 Recharge Break Weeks** during Annual Enrollment each fall.
- When you have enough time banked (after 3 years), you can take time away from work to help you balance your life when it works best for you.

Company-provided Recharge Days

When you take your Recharge Break, **Schneider Electric covers the cost of some of those Recharge Days** depending on how long you've worked for the Company:

<table>
<thead>
<tr>
<th>If you elect…</th>
<th>If you have less than 5 years of service</th>
<th>If you have 5 or more years of service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 week</td>
<td>1 week</td>
</tr>
<tr>
<td>Company-provided Recharge Days</td>
<td>1 day</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>2 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Recharge Days you pay for</td>
<td>4 days</td>
<td>3 days</td>
</tr>
<tr>
<td></td>
<td>8 days</td>
<td>6 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using your Recharge Break.

**Here’s what you need to know:**

- You need to get your manager’s approval 90 days ahead of your planned break.
- The number of Company-provided Recharge Days you receive will be determined by your years of service on your anniversary date in the next calendar year following Annual Enrollment.
- You’ll receive the Company-provided Recharge Days when you actually take your Recharge Break.
- If you don’t have 6 weeks banked, you can combine up to 2 weeks of PTO with Recharge Days to get to the 6 weeks.
- If after 6 years you’ve accumulated 12 weeks, you can add up to 2 weeks of PTO for a 14-week maximum.
- If you use only a portion of the time you’ve banked for your Recharge Break, you can apply your unused time to a future Recharge Break.
- You need to wait 3 years between Recharge Breaks.
If you don’t take your Recharge Break:

- You’ll forfeit any unused Company-provided Recharge Days.
- After 7 years, you’ll receive a refund of only your first-year contribution.
- After 8 years, you’ll receive a refund of your second-year contribution, and so on…
- If you leave the Company, you will be refunded only the money you contributed.

NOTE: If you experience a financial hardship, you may request to stop participating and receive a refund of the Recharge Days you purchased (subject to Recharge Break Program rules).

Visit Rewards@Schneider to learn more and to find out how Recharge Break affects your benefits.

Legal services plan

Schneider Electric offers you the opportunity to enroll in a legal services plan during Annual Enrollment each year. With MetLife Legal Plans, you get access to a nationwide network of more than 15,000 attorneys who will provide fully covered legal services and consultations for most personal legal matters* for you, your spouse/domestic partner and dependent children. Some covered legal matters include:

- General telephone advice
- Office consultations
- Estate planning
- Zoning applications
- Real estate matters
- Living wills
- Living trust
- Boundary and title dispute
- Document review and preparation
- Power of attorney
- Traffic defense
- Immigration assistance
- Protection from domestic violence
- General telephone advice
- Office consultations
- Estate planning
- Zoning applications
- Real estate matters
- Power of attorney

If you use a non-network attorney, you submit a claim for reimbursement and pay the difference, if any, between the plan’s payment and the non-network attorney’s charges.

Search Legal Plan on Rewards@Schneider for more information.

*Employment and business-related matters are excluded from coverage.
Sustainable YOU well-being program

Living your best life

Sustainable YOU empowers you to live your best life by prioritizing your well-being every day. Get started by registering on the Virgin Pulse well-being platform to:

• Get daily well-being tips.
• Track healthy habits and physical activity.
• Create and join challenges for friendly competition.
• Complete your annual health evaluation.
• Access coaching, programs and resources to support your well-being goals.
• Enjoy virtual fitness classes, healthy meal planning, mindfulness practices and more!

Earn rewards for healthy activities through Virgin Pulse:

• Employees can earn up to $100 in rewards per quarter.
• Spouses and domestic partners covered by a Schneider Electric medical plan can earn up to $50 in rewards per quarter.

Register at join.virginpulse.com/SE. Search Virgin Pulse on Rewards@Schneider for more information.

Health evaluation non-participation fee

• If you and your covered spouse/domestic partner complete the biometric screening and online health assessment within Virgin Pulse by the communicated deadline, you will avoid paying the health evaluation non-participation fee of $50 per month per person (up to $1,200 annually) for the following year.
• If you were hired on or after July 1, 2021, you and your covered spouse/domestic partner will not be subject to the health evaluation non-participation fee in 2022. You and your covered spouse/domestic partner will need to complete the health evaluation (online health assessment and the biometric screening) in 2022 or the health evaluation non-participation fee will apply in 2023.

Find additional information on the health evaluation and other well-being initiatives by searching terms like Health Evaluation, Meal Planning and more on Rewards@Schneider.
Spring Health: support for a balanced life and healthy mind

It’s like having a life coach, therapist and personal assistant all in one! Coming in early 2022, Schneider Electric US employees and household family members will have access to a whole new support system to help you live a healthier, happier life. From coaching and therapy to digital mental wellness exercises, work-life support and medication management, Spring Health provides the support you need to navigate life’s challenges.

Start with Spring Health for life’s challenges.

Starting in early 2022, you’ll be able to access Spring Health through your Virgin Pulse account OR directly — by phone, website or mobile app. Based on your unique needs and situation, your Care Navigator may also direct you to other Schneider Electric benefits and resources to support your well-being.

Enhanced features with Spring Health

- **Directed to the right care:** Complete a quick, online assessment to get a tailored care path and a dedicated Care Navigator to support you along your journey.

- **Spring Health Moments:** In the Spring Health mobile app, *Moments* digital exercises help you build skills at your own pace (such as deep-breathing techniques for anxiety), or your provider may recommend these activities to supplement other treatments.

- **Fast access:** Get coaching and therapy appointments (typically in less than 2 days) with top providers.

- **A diverse selection of providers:** Choose from a diverse network that supports your preferences such as providers’ race, gender, language spoken, area of expertise and more.

- **Free sessions and more:** You and your household family members each get 8 free therapy sessions per year. Plus, all Spring Health providers are in-network with BCBSIL, so if you are enrolled in a Company medical plan, you can continue care with the same provider at in-network rates. If you have medical coverage elsewhere, check with your medical vendor for coverage.

- **Medication management:** Two of your 8 free sessions can be with a dedicated medication manager as part of your treatment team. They can prescribe and manage your medications (except for some controlled substances) and can answer treatment questions.

- **Resources for everyday life:** Get help managing the day-to-day, including household services, travel resources, education support, legal services and more.

- **Support in building skills and community:** Spring Health experts lead group and community sessions and workshops on culturally relevant topics and current events.

**Important information**

Until Spring Health is launched, Employee Assistance Program (EAP) resources such as coaching, counseling and work-life services continue to be available through Magellan for Schneider Electric US employees and household family members. To contact Magellan, visit [magellanascend.com](http://magellanascend.com) or call 800-327-6936.
See how Spring Health helps Rob and Lucy.

**ROB, son and grandson just moved in, stressed about money**

Rob has experienced bouts of anxiety for 20+ years. Time and money concerns now that his son and grandson are living with him cause him additional stress. He knows it’s time to reach out for professional help.

He calls Spring Health and is matched with a Care Navigator who guides him to:

- **Counseling sessions**: Rob views therapist options online and books an appointment for the next day! Because all providers are in-network with BCBSIL, he’s not worried about whether he’ll need more than the 8 free sessions.
- **Moments**: Rob’s therapist recommends the Creating Calm and Deep Breathing Moments exercises in between sessions.
- **Money coaching through MSA**: Rob is also referred to an MSA money coach for help managing his additional living expenses.
- **Care@Work**: His Care Navigator also reminds him of his care.com membership, where he finds after-school care for his grandson.

**LUCY, single, wants to relieve stress**

Lucy has actively participated in Virgin Pulse healthy habit tracking, challenges and Aaptiv fitness classes — staying active is one way she keeps her stress at bay. But new responsibilities at work have increased her stress levels, affecting her diet, focus and sleep.

Through Virgin Pulse, she sees a recommendation to reach out to Spring Health to help manage her stress and associated symptoms.

Lucy completes her quick assessment and is matched with a Care Navigator who explains how she could benefit from:

- **Spring Health Coaching**: Lucy finds a coach on the Spring Health website within minutes and sets up a video appointment for the next day. Together, they set goals for reducing stress and improving diet, focus and sleep.
- **Moments**: Lucy completes the mindfulness exercises through the mobile app whenever she feels her stress levels rising.
- **New Ways of Working**: Lucy finds strategies in the New Ways of Working Playbook to create structure and boundaries to reduce stress in her day. Her Care Navigator also recommends enrolling in the PTO Purchase Program for additional days off to recharge.
- **Whil and Wondr Health**: Her Care Navigator reminds her of these programs to help her sleep better and manage her weight.
Tobacco cessation program: Quit For Life®

The Quit For Life Program is a **free, voluntary tobacco cessation program** available to all employees and their dependents (age 18 and older) through the American Cancer Society and Optum. This program creates a plan based on the participant’s lifestyle, preferences and tobacco use history to help you stop using tobacco products (including vapor and e-cigarettes). Services offered under the Quit For Life Program include:

- Eight weeks of nicotine replacement therapy
- Counseling and support
- Five telephone counseling sessions
- Relapse counseling
- A six-month follow-up session

**Enroll now!**

Visit [quitnow.net](http://quitnow.net) or call 866-QUIT-4-LIFE (866-784-8454) to enroll or for more details. You may also receive an outreach call from Optum based on your answers to the tobacco use status questions.

My Secure Advantage (MSA): money coaching and more!

This valuable resource can help you be money smart at every stage of life. It’s confidential, personalized and no cost to you.

- **Unlimited money coaching:** Let a professional MSA coach give you unbiased advice so you can make better decisions about spending, saving and investing. You pay nothing to use this service.
- **Financial assessment:** Use this online tool to figure out where you stand financially.
- **Identity monitoring:** Enroll in this free service to help protect your personal information.
- **Credit score and report:** Learn how to improve your credit score, so you’ll have more options and better deals on everything from cell phone plans to mortgages.
- **Personalized, secure website:** Get online tools, support, videos, articles and more.

Your spouse/domestic partner and dependents (age 18 and older) can also access MSA coaching and the private website for free.

Search MSA on [Rewards@Schneider](https://Rewards@Schneider) for more information.
### Rates and fees

**Monthly medical, dental and vision costs**

<table>
<thead>
<tr>
<th>Medical</th>
<th>Employee only</th>
<th>Employee + child(ren)/domestic partner</th>
<th>Employee + spouse/domestic partner</th>
<th>Employee + family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core CDHP + HSA</td>
<td>$16.03</td>
<td>$65.89</td>
<td>$76.75</td>
<td>$112.51</td>
</tr>
<tr>
<td>Buy-up CDHP + HSA</td>
<td>$56.08</td>
<td>$141.96</td>
<td>$160.83</td>
<td>$238.62</td>
</tr>
<tr>
<td>Core PPO</td>
<td>$128.09</td>
<td>$278.74</td>
<td>$312.03</td>
<td>$465.53</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>$7.24</td>
<td>$17.88</td>
<td>$19.76</td>
<td>$29.64</td>
</tr>
<tr>
<td>Buy-up</td>
<td>$13.57</td>
<td>$29.34</td>
<td>$33.18</td>
<td>$49.03</td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$6.97</td>
<td>$13.94</td>
<td>$13.24</td>
<td>$20.49</td>
</tr>
</tbody>
</table>

**Fees**

Schneider Electric self-insures its medical plan options. This means after you pay your share of the cost for coverage and services, the Company pays the remaining cost of medical claims for you and your family. As a participant in our plans, you have a direct impact on the overall cost of medical expenses. In an effort to help contain these costs, the following fees may apply depending on your responses (or lack of response) during your benefit enrollment:*

- **Health evaluation non-participation monthly fee**: $50 per person (see page 26)
- **Tobacco-user monthly fee**: $50 (see page 3)
- **Working spouse/domestic partner monthly fee**: $75 (see page 3)

*If you’re a current employee and you don’t change your response during Annual Enrollment, your responses will automatically carry forward to the next calendar year.
Life and AD&D monthly costs

**Basic Life Insurance — imputed income**

If your Basic Life Insurance coverage is more than $50,000, you will owe taxes on the value of your coverage over $50,000. This value is called imputed income. IRS regulations require the company to report employee federal wages and deduct Social Security taxes (FICA) on imputed income from your paycheck and report it on your W-2 each year.

Under IRS regulations, imputed income is based on your age and the monthly cost per $1,000 of life insurance over $50,000. To determine your monthly amount of imputed income, multiply the rate in the following IRS table by the amount of your insurance coverage over $50,000 divided by $1,000.

**Imputed income example**

**EXAMPLE:** Assume you are age 40 and earn $75,000 per year, here’s how you would determine imputed income:

<table>
<thead>
<tr>
<th>Your Basic Life Insurance amount (2 times base pay)</th>
<th>Amount of your insurance coverage over $50,000</th>
<th>Monthly cost in IRS table (above) is per $1,000</th>
<th>Rate in the table based on your age (40)</th>
<th>Your imputed income</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150,000 - $50,000 = $100,000 ÷ $1,000 = 100 x $0.10 = $10</td>
<td>$150,000 - $50,000 = $100,000 ÷ $1,000 = 100 x $0.10 = $10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supplemental AD&D Insurance**

The monthly rate for Supplemental AD&D Insurance is $0.019 for every $1,000 of coverage you elect.

**Supplemental Life and Spouse Life Insurance**

Monthly rate per $1,000 of coverage:

<table>
<thead>
<tr>
<th>Employee/spouse age</th>
<th>Employee rates</th>
<th>Spouse rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non tobacco-user rate</td>
<td>Tobacco-user rate</td>
</tr>
<tr>
<td>Under 25</td>
<td>$0.026</td>
<td>$0.039</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.031</td>
<td>$0.047</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.042</td>
<td>$0.062</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.046</td>
<td>$0.074</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.049</td>
<td>$0.087</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.081</td>
<td>$0.132</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.123</td>
<td>$0.203</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.217</td>
<td>$0.360</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.360</td>
<td>$0.561</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$0.662</td>
<td>$0.985</td>
</tr>
<tr>
<td>70 and over</td>
<td>$1.206</td>
<td>$1.815</td>
</tr>
</tbody>
</table>
Child Life Insurance

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Weekly cost</th>
<th>Semi-monthly cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.10</td>
<td>$0.23</td>
</tr>
<tr>
<td>$10,000</td>
<td>$0.21</td>
<td>$0.45</td>
</tr>
</tbody>
</table>

Disability monthly costs

Short-term disability

<table>
<thead>
<tr>
<th>Your options</th>
<th>STD coverage levels</th>
<th>Cost per $100 of monthly base pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company-paid</td>
<td>100% of your base pay for 4 weeks, 60% of your base pay thereafter</td>
<td>$0.00</td>
</tr>
<tr>
<td>Buy-up*</td>
<td>100% of your base pay for 4 weeks, 70% of your base pay thereafter</td>
<td>$0.035</td>
</tr>
</tbody>
</table>

* Due to state law, employees who work in New Jersey will automatically receive the STD Buy-up coverage level Company-paid. If you work in New Jersey, your option will be reflected on se-benefitslink.com.

Long-term disability

<table>
<thead>
<tr>
<th>Your options</th>
<th>LTD coverage levels</th>
<th>Cost per $100 of monthly base pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company-paid</td>
<td>50% of your base pay</td>
<td>$0.00</td>
</tr>
<tr>
<td>Buy-up</td>
<td>60% of your base pay</td>
<td>$0.105</td>
</tr>
</tbody>
</table>

Legal services plan

The cost for coverage is $16.50 per month.
## Contact information

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Third party administrator or insurance carrier</th>
<th>Web address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td>Blue Cross and Blue Shield of Illinois (BCBSIL)/Health Advocacy Solutions: single point of contact</td>
<td>bcbsil.com</td>
<td>877-557-3417</td>
</tr>
<tr>
<td></td>
<td>Triple S (medical, dental and prescription drug for Puerto Rico employees)</td>
<td>ssspr.com</td>
<td>800-981-3241</td>
</tr>
<tr>
<td>Prescription drug</td>
<td>Express Scripts</td>
<td>express-scripts.com</td>
<td>888-772-5181</td>
</tr>
<tr>
<td></td>
<td>Accredo (Specialty pharmacy)</td>
<td>To check how medications are classified and the applicable estimated cost: express-scripts.com/schneiderelectric</td>
<td>866-848-9870</td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental of Illinois</td>
<td>deltadentalil.com</td>
<td>800-323-1743</td>
</tr>
<tr>
<td>Vision</td>
<td>EyeMed</td>
<td>eyemed.com</td>
<td>844-409-3401</td>
</tr>
<tr>
<td>Short-term and long-term disability</td>
<td>MetLife</td>
<td>NA</td>
<td>800-638-6420; prompt 1 (for evidence of insurability inquiries) Disability Claims: 888-651-9137</td>
</tr>
<tr>
<td>Life insurance</td>
<td>Unum</td>
<td>NA</td>
<td>866-809-5248 (for evidence of insurability inquiries)</td>
</tr>
<tr>
<td>Flexible spending accounts (FSAs)</td>
<td>PayFlex</td>
<td>payflex.com</td>
<td>800-284-4885</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>PayFlex</td>
<td>payflex.com</td>
<td>800-284-4885</td>
</tr>
<tr>
<td>Commuter</td>
<td>PayFlex</td>
<td>payflex.com</td>
<td>800-284-4885</td>
</tr>
<tr>
<td>Tobacco Cessation Program</td>
<td>Quit For Life</td>
<td>quitnow.net</td>
<td>866-QUIT-4-LIFE (866-784-8454)</td>
</tr>
<tr>
<td>Legal services plan</td>
<td>MetLife</td>
<td>info.legalplans.com</td>
<td>800-821-6400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(To find a plan attorney enter access code 6090816)</td>
<td></td>
</tr>
<tr>
<td>Mental well-being</td>
<td>Magellan®</td>
<td>magellancend.com</td>
<td>800-327-6936</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spring Health – coming 2022</td>
<td></td>
</tr>
<tr>
<td>Sustainable YOU well-being program</td>
<td>Virgin Pulse</td>
<td>join.virginpulse.com/SE</td>
<td>833-643-0459</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:support@virginpulse.com">support@virginpulse.com</a></td>
<td></td>
</tr>
<tr>
<td>Back-up child/elder/pet care</td>
<td>Care@Work</td>
<td>schneiderelectric.com</td>
<td>855-781-1303</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:careteam@care.com">careteam@care.com</a></td>
<td></td>
</tr>
<tr>
<td>Money coaching and more</td>
<td>My Secure Advantage (MSA)</td>
<td>se.mysecureadvantage.com</td>
<td>888-724-2326</td>
</tr>
</tbody>
</table>

### Legal services plan
- To find a plan attorney enter access code 6090816

### Life insurance
- NA
- 866-809-5248 (for evidence of insurability inquiries)

### Mental well-being
- Magellan®
- 800-327-6936

### Mental health
- Magellan®
- 800-327-6936
Your year-round resources

Rewards@Schneider
Visit rewards-nam.se.com: your one-stop shop for personalized information on benefits, compensation and much more. Find more information on all of the benefits noted in this guide using the search bar or drop down menu.

BenefitsLink
Enroll in or make changes to your benefits through BenefitsLink at se-benefitslink.com.

PeopleLink
Get answers to your general HR and enrollment questions. Chat with PeopleLink on support@Schneider or call 877-248-2998.

NOTE: This guide has been prepared to help you understand what benefits you may be entitled to under benefit plans sponsored by the Company and provides only a summary of certain aspects of such plans. Please keep this brochure with your other Plan materials, including your Summary Plan Description (SPD), to be sure you have all of your benefit information at hand. The official Plan documents will control in the case of any differences between them and the information provided here. While the Company expects to continue its benefit programs, it reserves the right to terminate, suspend, withdraw, amend, or modify all or any part of these Plans at any time without notice. Any such change or termination of the Plans will be based solely on the decision of the Plan Sponsor and/or the Plan Administrator and may apply to any or all groups of employees, including active or disabled employees and current or future retirees and their dependent(s) as determined under the Plans. No supervisor, manager, or any other representative of the Company has any authority to enter into any written or oral agreement contrary to the foregoing or contrary to the terms of any SPD or applicable Plan document.