

Benefits Overview

2027



This summary provides an overview of the benefit plans available to Littelfuse employees. Designed to meet individual needs, these programs aim to promote health and well-being, offer financial protection in the event of unforeseen circumstances, and support long-term retirement security.

While this summary highlights key aspects of each plan, additional details can be found on the benefits website (<https://littelfusebenefits.com>). Complete information is outlined in the official plan documents and insurance contracts provided by the employer.

Please note that the benefits described in this summary are subject to change and do not constitute a contractual obligation.



ELIGIBILITY

You are eligible for benefits if you work at least 30 hours per week. Most of your benefits are effective on your date of hire. You may enroll your eligible dependents, including your spouse/domestic partner and children.

MEDICAL – BCBSIL

Littelfuse offers three medical plans through BCBSIL, each with different in-network and out-of-network costs—including deductibles, coinsurance, and copays—so you can choose the option that best meets your and your family's needs.

	BCBSIL PPO Plan	BCBSIL HDHP PLAN	BCBSIL HDHP VALUE PLAN
PLAN FEATURES			
Littelfuse Contribution to HSA (Individual/Family)	N/A	\$500 / \$1,000	N/A
Garner Health Reimbursement Account* Individual / Family	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Annual Deductible (Individual/Family)	\$2,750/\$5,500	\$4,400/\$8,800	\$6,000 / \$12,000
Annual Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$7,000/\$14,000	\$8,500 / \$17,000
YOUR COSTS FOR CARE			
Coinsurance	20%	20%	20%
Preventive Care	No cost	No cost	No cost
Primary Care Physician (PCP)	\$35 copay	20% after deductible	20% after deductible
Telemedicine <i>One to One (New!) or MDLIVE</i>	No cost	No cost	No cost
Specialist Visit	\$50 copay	20% after deductible	20% after deductible
Urgent Care	\$60 copay	20% after deductible	20% after deductible
Emergency Room	\$200 per visit	\$200 per visit, 20% after deductible	\$200 per visit, 20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	20% after deductible
Outpatient Hospital	20% after deductible	20% after deductible	20% after deductible

*Garner reimbursement is done through a Health Reimbursement Arrangement (HRA) for the PPO Plan. The Garner reimbursement for the HDHP Plans is through your Health Savings Account (HSA).

PHARMACY – BCBSIL (Prime)

Prescription drug coverage through BCBSIL is included with all medical plans.

	BCBSIL PPO Plan	BCBSIL HDHP PLAN	BCBSIL HDHP VALUE PLAN
RETAIL 30-DAY SUPPLY			
Generic	20% - no deductible (\$15 max)	20% after deductible (\$15 max)	20% after deductible (\$15 max)
Preferred Brand	20% - no deductible (\$60 max)	20% after deductible (\$60 max)	20% after deductible (\$60 max)
Non-preferred Brand	20% - no deductible (\$100 max)	20% after deductible (\$100 max)	20% after deductible (\$100 max)
Specialty	20% - no deductible (\$500 max)	20% after deductible (\$500 max)	20% after deductible (\$500 max)
MAIL ORDER 90-DAY SUPPLY			
Generic	20% - no deductible (\$30 max)	20% after deductible (\$30 max)	20% after deductible (\$30 max)
Preferred Brand	20% - no deductible (\$120 max)	20% after deductible (\$120 max)	20% after deductible (\$120 max)
Non-preferred Brand	20% - no deductible (\$200 max)	20% after deductible (\$200 max)	20% after deductible (\$200 max)
Specialty	Not covered	Not covered	Not covered

Garner Overview

Better Healthcare Decisions Can Now Earn YOU Money!

Your health is our priority. This is why we have invested in **Garner Health**, a free benefit that works alongside the BCBSIL medical plans. The doctor you see has the greatest impact on the quality of your healthcare.

If you're enrolled in one of our three medical plans, use the **Garner app** to find highly rated, in-network doctors and add them to your **Care Team**. After you visit them, you'll earn MONEY, which will be reimbursed directly to your personal bank account via a Garner HRA (*for those enrolled in the PPO plan*) or your existing HSA account (*for those enrolled in one of the HDHP plans*) for eligible out-of-pocket expenses, including:

- ✓ Office visits
- ✓ Imaging
- ✓ Lab Work

If you are enrolled individually, you are eligible to receive up to \$2,000. If you are enrolled in family coverage, you are eligible to receive up to \$4,000.

Getting started is simple! Create your Garner account by visiting GarnerHealth.com and selecting Login. Click the links below to access helpful video resources explaining:

1. [How to Create an Account](#)
2. [How to find a Provider](#)
3. [How to Set up Direct Deposit](#)

Download the Garner App

Scan the QR code to download the Garner App from the Google Play Store or Apple App Store and begin creating your voluntary account at no cost.



Expert Help When You Need It

The **Garner Concierge team** will assist in understanding your benefit, finding Top providers for yourself and your family, or answering questions about claims.

You can contact the Concierge team through:

- **In-App Messaging**
- **Email:** concierge@garnerhealth.com
- **Phone:** 866-761-9586

DENTAL – Delta Dental of Illinois

Littelfuse offers one dental plan through Delta Dental of Illinois. The plan pays 100% of the cost for routine checkups and shares the cost of most dental procedures.

	Dental Plan
Annual Deductible Individual/Family	\$50/\$150
Annual Maximum Per Person	\$2,000
Preventive Care Routine Cleanings, Exams (twice a year)	Covered at 100%
Basic and Restorative Services Fillings, Routine Extractions	80% of reduced fee after deductible
Major Services Crowns, Dentures, Bridges	50% of approved fee after deductible for Premier dentist or PPO dentist
Orthodontia Adults and Children	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	50% of reduced fee up to a lifetime maximum benefit of \$2,000

VISION – EyeMed

Littelfuse offers a vision plan through EyeMed. This plan includes coverage for routine eye exams and eyewear, such as eyeglasses or contact lenses. For maximum benefits, consider using providers within the network, which includes numerous independent providers and retail outlets. Limited coverage is also available for out-of-network providers.

	Vision Plan
Exam Once Every 12 Months	\$10 copay
Lenses Once Every 12 Months	You pay \$10 copay, includes standard scratch-resistant coating
Frames Once Every 24 Months	Up to \$130 allowance: plus 20% off any amount above allowance
Standard Progressive	You pay \$75 copay, includes standard scratch-resistant coating
Contact Lenses <i>Medically necessary</i>	\$0 copay
Elective Contact Lenses (<i>in lieu of glasses</i>) Once Every 12 Months	Plan pays up to \$130 allowance + 15% off the balance over \$130, you pay the balance

LIFE & AD&D INSURANCE – New York Life

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by New York Life, so you will automatically be enrolled at no cost to you.

	Benefit Coverage
Basic Life Insurance	2x your base pay up to \$700,000
Basic AD&D Insurance	2x your base pay up to \$700,000

DISABILITY – New York Life

Littelfuse provides Short-Term Disability (STD) and Long-Term Disability (LTD) coverage through NYL at no cost to you.

	Benefit Coverage
Short-Term Disability	- Illness and Injury Weeks 2-6: 100% of eligible pay - Illness and Injury Weeks 7-26: 75% of eligible pay
Long-Term Disability	60% of your monthly eligible pay, to a maximum of \$12,000 per month if you are disabled and are unable to work for more than 180 days. - Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.

VOLUNTARY LIFE & AD&D – New York Life

Littelfuse offers Supplemental Life Insurance for you and your dependents, providing additional coverage beyond Basic Life Insurance at group rates.

	Coverage Amount	Benefit Maximum
Employee	\$10,000 increments	5x your base annual salary, up to \$500,000
Spouse/ Domestic Partner	\$5,000 increments (not to exceed 100% of your voluntary life and AD&D coverage)	Up to a 100% max. of 100% of employee's voluntary life amount
Children *	\$10,000 per child	\$10,000
<i>* Must be added within 31 days of birth</i>		

VOLUNTARY ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY INSURANCE – Cigna

Accident insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of other insurance you have. Hospital Indemnity insurance provides lump-sum payment to help cover hospital expenses not covered by insurance, or to pay for expenses while you, your spouse and/or your dependents are in the hospital. Critical Illness insurance provides a lump-sum cash benefit if you are diagnosed with a covered illness.

WELLBEING – Employee Assistance Program (EAP)

The Employee Assistance Plan (EAP) offers 24/7 confidential counseling and assistance with personal, family, and work-related issues for you and your immediate family at no cost.

NEURODIVERGENT SUPPORT – RethinkCare

RethinkCare offers support for both caregivers and employees by providing virtual access to 1,000+ on-demand courses and behavior modification tools and consultation with Board Certified Behavior Analysts (BCBA).

VIRTUAL CLINIC – One to One (TextCare)

Text, talk to, or video chat with your dedicated Littelfuse care team 24/7 with a response time of under 5 minutes! Be sure to text (224) 434-3705 (save it in your phone!) and TextCare will walk you through the easy process.

FINANCIAL BENEFITS – Health Savings Account (HSA), Flexible Spending Accounts (FSA), and 401(k) Retirement Savings Plan

Littelfuse offers financial benefits to support healthcare costs and retirement savings. The HSA, paired with the BCBSIL HDHPs, allows tax-free contributions for eligible medical expenses, with Littelfuse contributing \$500 for individual or \$1,000 for family coverage (HDHP Plan only; no Littelfuse HSA contribution on Value HDHP). Health Care and Dependent Care FSAs allow pretax contributions for eligible expenses. Employees may also join the 401(k) plan upon hire, with Littelfuse matching 100% of the first 4% contributed. All contributions and earnings are immediately vested.

Contact Information

Coverage	Contact	Phone	Website
Medical Benefits	Blue Cross Blue Shield of Illinois (BCBSIL)	Customer Service: 800-526-6593 Pre-Auth Med: 800-635-1928 Provider Locator: 800-810-2583 24/7 Nurse Line: 800-299-0274	Bcbsil.com
Prescription Drug Benefits for BCBSIL Members	Prime Therapeutics	800-423-1973	Myprime.com
Health Savings Account (HSA)	HSA Bank	855-731-5220	Hsabank.com
Flexible Spending Accounts (FSA)	Inspira	800-284-4885	inspirafinancial.com
Lifestyle Spending Account (LSA)			
COBRA Benefits		800-359-3921	
Commuter Benefits		800-284-4885	
Dental Benefits	Delta Dental of IL	800-323-1743	deltadentalil.com
Vision Benefits	EyeMed	866-939-3633	eyemedvisioncare.com
Employee Assistance Program (EAP)	Telus Health	888-267-8126	One.telushealth.com User ID: Littelfuse Password: Littelfuse
RethinkCare Neurodivergent Support	RethinkCare	N/A	https://connect.rethinkcare.com/sponsor/littelfuse
401(k) Retirement Savings Plan	Empower	844-465-4455	User login Empower: Saving, investing and advice
Life Insurance and AD&D	New York Life	888-842-4462	Mynylgbs.com/auth
Short- and Long-Term Disability			
Leave of Absence			
Legal Insurance	ARAG	800-247-4184	ARAGlegal.com/myinfo Access code: 18837lf
Identity Theft Protection	Allstate	800-789-2720	Myaip.com
Accidental Injury, Critical Illness, & Hospital Indemnity	Cigna	800-754-3207	supphealthclaims.com
Whole Life Insurance + Long-Term Care	The Standard	800-521-3535	Mybenefits.standard.com

Submit a question to your HR Team:

1. In [Workday](#), select the "Help" option to create a case
2. Select "Create Case"
3. Under "Case Type", select "Benefits"
4. Create a relevant case title and a detailed description of your question
5. Click "Create Case" to submit

2027 Employee Contributions



MEDICAL / Rx		PPO		HDHP		VALUE HDHP	
BCBSIL	Semi-monthly	Bi-weekly	Semi-monthly	Bi-weekly	Semi-monthly	Bi-weekly	
	Pre-tax/ Post-tax	Pre-tax/ Post-tax	Pre-tax/ Post-tax	Pre-tax/ Post-tax	Pre-tax/ Post-tax	Pre-tax/ Post-tax	
Employee	\$130.00 / \$0.00	\$120.00 / \$0.00	\$68.50 / \$0.00	\$63.23 / \$0.00	\$30.50 / \$0.00	\$28.15 / \$0.00	
Employee + Spouse	\$272.50 / \$0.00	\$251.54 / \$0.00	\$143.00 / \$0.00	\$132.00 / \$0.00	\$97.00 / \$0.00	\$89.54 / \$0.00	
Employee + Child(ren)	\$252.50 / \$0.00	\$233.08 / \$0.00	\$133.50 / \$0.00	\$123.23 / \$0.00	\$90.00 / \$0.00	\$83.08 / \$0.00	
Employee + Family	\$410.00 / \$0.00	\$378.46 / \$0.00	\$210.50 / \$0.00	\$194.31 / \$0.00	\$144.50 / \$0.00	\$133.38 / \$0.00	
Employee + Domestic Partner	\$130.00 / \$142.50	\$120.00 / \$131.54	\$68.50 / \$74.50	\$63.23 / \$68.77	\$30.50 / \$66.50	\$28.15 / \$61.38	
Employee + Domestic Partners Children	\$130.00 / 122.50	\$120.00 / \$113.08	\$68.50 / \$65.00	\$63.23 / \$60.00	\$30.50 / \$59.50	\$28.15 / \$54.92	
Employee + Domestic Partner + Children	\$252.50 / \$157.50	\$233.08 / \$145.38	\$133.50 / \$77.00	\$123.23 / \$71.08	\$90.00 / \$54.50	\$83.08/ \$50.31	
Employee + Domestic Partner Family	\$130.00 / \$280.00	\$120.00 / \$258.46	\$68.50 / \$142.00	\$63.23 / \$131.08	\$30.50 / \$114.00	\$28.15 / \$105.23	



DENTAL		
Delta Dental of IL	Semi-monthly	Bi-weekly
	Pre-tax/ Post-tax	Pre-tax/ Post-tax
Employee	\$6.00 / \$0.00	\$5.54 / \$0.00
Employee + Spouse	\$12.00 / \$0.00	\$11.08 / \$0.00
Employee + Child(ren)	\$12.50 / \$0.00	\$11.54 / \$0.00
Employee + Family	\$18.50 / \$0.00	\$17.08 / \$0.00
Employee + Domestic Partner	\$6.00 / \$6.00	\$5.54 / \$5.54
Employee + Domestic Partners Children	\$6.00 / \$6.50	\$5.54 / \$6.00
Employee + Domestic Partner + Children	\$12.50 / \$6.00	\$11.54 / \$5.54
Employee + Domestic Partner Family	\$6.00 / \$12.50	\$5.54 / \$11.54



VISION		
EyeMed	Semi-monthly	Bi-weekly
	Pre-tax/ Post-tax	Pre-tax/ Post-tax
Employee	\$3.23 / \$0.00	\$2.98 / \$0.00
Employee + Spouse	\$6.14 / \$0.00	\$5.67 / \$0.00
Employee + Child(ren)	\$6.47 / \$0.00	\$5.97 / \$0.00
Employee + Family	\$9.50 / \$0.00	\$8.76 / \$0.00
Employee + Domestic Partner	\$3.23 / \$2.91	\$2.98 / \$2.69
Employee + Domestic Partners Children	\$3.23 / \$3.24	\$2.98 / \$2.99
Employee + Domestic Partner + Children	\$6.47 / \$3.03	\$5.97 / \$2.80
Employee + Domestic Partner Family	\$3.23 / \$6.27	\$2.98 / \$5.78

2027 Employee Contributions

(continued)



ACCIDENTAL INJURY

<i>Cigna</i>	Semi-monthly / Bi-Weekly
Employee	\$4.94 / \$4.56
Employee & Spouse / Domestic Partner	\$8.97 / \$8.28
Employee & Child(ren)	\$11.90 / \$10.98
Employee & Family	\$15.92 / \$14.70



CRITICAL ILLNESS

<i>Cigna</i>	Semi-monthly / Bi-Weekly
Choose from \$10,000, \$20,000, \$30,000	Costs are based on age, covered dependents, and election amount



Legal Insurance

<i>ARAG</i>	Semi-monthly / Bi-Weekly
Employee Only	\$8.50 / \$7.85



HOSPITAL INDEMNITY

<i>Cigna</i>	Semi-monthly / Bi-Weekly
Employee	\$10.69 / \$9.87
Employee & Spouse / Domestic Partner	\$23.72 / \$21.90
Employee & Child(ren)	\$18.92 / \$17.46
Employee & Family	\$31.95 / \$29.49



Whole Life Insurance + Long-Term Care

<i>Allstate</i>	Semi-monthly / Bi-Weekly
Employee Only	Costs are based on age and election amount
Employee & Spouse / Domestic Partner	
Child/Domestic Partner Child	



Identity Protection

<i>Allstate</i>	Semi-monthly / Bi-Weekly
Employee Only	\$3.98 / \$3.67
Family	\$7.48 / \$6.90



VOLUNTARY LIFE / AD&D

<i>New York Life</i>	Employee	Spouse
Semi-monthly / Bi-Weekly		
Employee Life	Costs are based on age and election amount	
Spouse/Domestic Partner Life		
Child/Domestic Partner Child Life - \$10,000	\$0.31 / \$0.28	
Employee AD&D	\$0.075 / \$0.069 per \$10,000	
Spouse/Domestic Partner AD&D	\$0.05 / \$0.046 per \$10,000	
Child/Domestic Partner Child AD&D - \$10,000	\$0.10 / \$0.09	

This document provides a summary of the employer's benefit program and is not a Summary Plan Description (SPD) or official plan document. Your rights and obligations are defined by the official plan documents, which take precedence in case of conflicts or ambiguities. The employer reserves the right to review, change, or terminate the plan or its benefits at any time, for any reason, without prior notice.