Littelfuse®

Expertise Applied | Answers Delivered

2026

Benefits Guide

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Your Littelfuse Benefits

We understand the important role benefits play in our lives and in our overall health. That's why we provide a benefits package that lets you elect the right coverage for you and your family, as a new hire and each year during Annual Enrollment.

This benefits guide can help you get familiar with your options in Littelfuse benefits program. It also provides useful tips, tools and resources to help you think through your options and make wise decisions.

Getting ready to enroll:

- Consider your coverage needs for the upcoming year. For example, do you want to be financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you're covering dependents, you'll need their dates of birth and Social Security numbers. You may also need documents to verify dependents' eligibility — such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

Enrolling in your benefits

Log in to Workday https://www.myworkday.com/wday/authgwy/littelfuse/login.htmld.

Begin the benefits enrollment process.

Elect the benefits you want.

Save or submit your elections.

Print or save a copy of your elections for your records.

Benefit Basics

Your benefits are a partnership between you and Littelfuse. The table below outlines how you and Littelfuse share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy*	Pretax	Littelfuse & You
Dental*	Pretax	Littelfuse & You
Vision*	Pretax	You
Health Savings Account	Pretax	Littelfuse & You
Flexible Spending Accounts	Pretax	You
Lifestyle Spending Account	After-tax	Littelfuse
Employee Assistance Program	After-tax	Littelfuse
RethinkCare	After-tax	Littelfuse
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	Littelfuse
Voluntary Life and AD&D Insurance	After-tax	You
Short-Term Disability	After-tax	Littelfuse
Long-Term Disability	After-tax	Littelfuse
Accident Insurance	After-tax	You
Whole Life Insurance	After-tax	You
Critical Illness Insurance	After-tax	You
Hospital Indemnity Insurance	After-tax	You
Legal Plan	After-tax	You
Identity Theft Protection	After-tax	You
401(k) Retirement Savings Plan	Pretax or After-tax	Littelfuse & You

*If covering a Domestic Partner or Domestic Partner's children, your contributions are both on a pre-tax and an after-tax basis.

Moments that Matter

Life is made up of moments that matter, and Littelfuse has benefits to support you and your family through them. From staying on top of your health with preventive care to starting or growing your family to planning for retirement, we have you covered. Littelfuse also provides resources and assistance to help you cope with change and live your best life at every stage.

Investing in yourself and your future

Investing in yourself is always a good choice. Make the most of your benefits for your financial and emotional wellbeing.

- 401(k) retirement savings plan through Empower
- Educational Assistance
- Voluntary life & AD&D Insurance
- Financial Wellness tools through SmartDollar

Navigating your health

You have access to a range of benefits and resources to manage conditions and keep you and your family healthy.

- Preventive care: No matter which health plan you choose, preventive screenings are covered
- Accident, Critical Illness and Hospital Indemnity Insurance
- Spending accounts: FSA, HSA, LSA
- Virtual visits are available 24/7 through MDLive

Starting or growing your family

Start your family journey knowing you have the coverage and assistance to create a safe and healthy environment for your loved ones.

- Short-Term Disability
- Paid Parental Leave
- Adoption Assistance
- Dependent Care FSA
- Spousal and Dependent coverage for Health

Coping with change

Change is a constant in our lives. These benefits help you navigate whatever life brings.

- EAP: Confidential support for life's tough moments 24/7/365
- Bereavement policy to give you the time you need during the most challenging times
- Family and Medical Leave Act
- Legal plan through ARAG
- Neurodiversity support through RethinkCare

At every stage of life

No matter what stage of life you're at, Littelfuse has benefits to support your physical, emotional, financial and social wellbeing.

- Commuter Benefits
- Lifestyle Spending Account through Inspira
- Identity theft protection through Allstate Identity Protection
- Paid time off

Eligibility

Who's eligible?

Employees

Employees who work at least 30 hours per week are eligible for the benefits described in this guide. Most benefits are effective on your date of hire as long as you enroll within 31 days.

Dependents

- Your legal spouse
- Your domestic partner
- Your children (and children of your domestic partner) up to age 26
  - Legally disabled children do not have an age limitation

Changing your benefits

Generally, you may only make or change your benefit elections as a new hire or during the Annual Enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child*
- Loss or gain of other coverage by you or your dependent
- Eligibility for Medicare or Medicaid

*Please note, enrollment for newborns or adopted children is not automatic. You must complete the life event process to add them to your coverage.

You have 31 days from the qualified life event to make changes to your coverage.

- Depending on the type of event, you may need to provide proof of the event, such as a marriage license or birth certificate.
- If you do not make the changes within 31 days of the qualified event, you will have to wait until the next Annual Enrollment period to make changes (unless you experience another qualified life event).

Enrolling dependents? Items to have ready

When you add dependents to your coverage, you must provide their:

- Legal name
- Date of birth
- Social Security number
- Supporting documentation, such as marriage certificate, birth certificate, adoption papers and tax documents.

If you do not provide the required information, your dependents may be dropped from coverage.

Medical Plan Overview

We offer the choice of two medical plans through Blue Cross Blue Shield. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

Understanding how your plan works

1. Your deductible

You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible. If you are enrolled in the BCBSIL HDHP Plan, you can pay for these expenses from your Health Savings Account (HSA).

2. Your coverage

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. The plan will pay a percentage of each eligible expense, and you will pay the rest.

3. Your out-of-pocket maximum

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

Understanding **aggregate vs. embedded** deductibles and out-of-pocket maximums

Aggregate approach

- **One family limit:** A single limit applies to the entire family.
- **Shared limit:** When the family limit (deductible or out-of-pocket maximum) is met by one or a combination of family members, it is considered met for everyone.
- **Plan coverage:** Once the limit is met, the plan starts paying its share of eligible expenses for the entire family for the rest of the year.

Embedded approach

- **Individual limits:** Each person has their own deductible and out-of-pocket maximum.
- **Personal coverage:** Once an individual meets their deductible and out-of-pocket maximum, the plan begins paying its share for that person.
- **Family coverage:** Once two or more family members meet the family limits, the plan starts paying its share for all covered family members.

Key differences

- **Aggregate approach:** One shared limit for the entire family.
- **Embedded approach:** Individual limits for each family member, with a family-wide trigger.

Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will generally pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. Check your insurer's preventive care guidelines to see what services fall into the preventive category.

Pharmacy Plan Overview

We offer prescription drug coverage through Blue Cross Blue Shield.

Understanding your pharmacy coverage

- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply.

Pharmacy categories

Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.

Generic

A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

Brand preferred

A drug with a patent and trademark name that is considered “preferred” because it’s safe, effective and usually less expensive than other brand-name options.

Brand non-preferred

A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

Specialty

A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Medical and Pharmacy Coverage

Medical Plan Provisions	BCBSIL HDHP Plan		BCBSIL PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Littelfuse Contribution to HSA (Individual/Family)	$500/$1,000		N/A	
Annual Deductible (Individual/Family)	$3,400/$6,800	$6,800/$13,600	$1,750/$3,500	$3,500/$7,000
Out-of-Pocket Maximum (Includes Deductible)	$6,000/$12,000	$12,000/$24,000	$4,000/$8,000	$8,000/$16,000
Preventive Care	Covered at 100%	40%*	Covered at 100%	40%*
Primary Care Provider Office Visit	20%*	40%*	$35 copay	40%*
Specialist Office Visit	20%*	40%*	$50 copay	40%*
Telemedicine	No cost	40%*	No cost	40%*
X-Ray and Lab	20%*	40%*	20%*	40%*
Inpatient Hospital Services	20%*	40%*	20%*	40%*
Outpatient Hospital Services	20%*	40%*	20%*	40%*
Urgent Care	20%*	40%*	$60 Copay	40%*
Emergency Room	$200 per visit (waived if admitted)		$200 per visit (waived if admitted)[1]	
Pharmacy Provisions				
Prescription Drug Deductible (Individual/Family)	Combined with Medical Deductible		Combined with Medical Deductible	
Retail Pharmacy (up to a 30-day supply)				
Generic	20% after ded[2] (min $0/max $15)	20%*	20% - no ded[2] (min $0/max $15)	20% - no ded
Brand Preferred	20% after ded[2] (min $20/max $60)	20%*	20% - no ded[2] (min $20/max $60)	20% - no ded
Brand Non-Preferred	20% after ded[2] (min $35/max $100)	20%*	20% - no ded[2] (min $35/max $100)	20% - no ded
Specialty	20% after ded[2] (min $75/max $500)	Not covered	20% - no ded[2] (min $75/max $500)	Not covered
Mail Order Pharmacy (90-day supply)				
Generic	20% after ded (min $0/max $30)	Not covered	20% (min $0/max $30)	Not covered
Brand Preferred	20% after ded (min $40/max $120)	Not covered	20% (min $40/max $120)	Not covered
Brand Non-Preferred	20% after ded (min $70 /max $200)	Not covered	20% (min $70/max $200)	Not covered
Specialty	Not covered	Not covered	Not covered	Not covered

*After deductible

[1]To avoid paying a $250 penalty, contact Blue Cross and Blue Shield for preauthorization at least one business day in advance of any non-emergency inpatient admission, and no later than two business days after any emergency admission.

[2]If Generic is available but you receive Brand Name, you pay 20% of Brand Name Cost plus the difference in price.

Where to Get Care

Your medical plan includes access to a variety of providers and services for quality, affordable care. Take time to understand your options so you can get the right care at the right time and place, and spend your money wisely. The right level of care depends on your condition.

Virtual visit

Get care anytime, from anywhere by phone or through MDLive. Non-emergency care, advice and diagnosis is available 24/7.

- Allergies
- Cold or flu symptoms
- Urinary tract infection
- Fever
- Sore throat or cough
- Headaches

Doctor's office

Make a personal appointment to see a doctor for full-service care for things that don't need attention right away.

- Annual and sport's physicals
- Health screenings
- Vaccines
- Medicine refills
- Anxiety and depression
- Cough and colds

Urgent care

Same-day treatment for non-life threatening illness or injury.

- Cuts requiring stitches
- Ear infections
- Insect bites
- Sprains/strains
- Nausea/diarrhea
- Pink eye

Emergency room

Treatment for life-threatening emergencies.

- Broken bones
- Chest pain
- Difficulty breathing
- Head injuries
- Uncontrolled bleeding
- Sudden dizziness or numbness
- Mental health crisis

$ Lowest cost ⟷ **Highest cost $$$**

Medical Plan Resources

24/7 Nurseline

- Call 1-800-299-0274 to speak with a registered nurse 24/7.
- The nurses can help you decide whether you or a family member should go to the emergency room, an urgent care center or make a doctor's appointment.

Telemedicine

- BCBSIL members have access to MDLIVE. This is a 24/7 service that provides access to board-certified doctors via mobile app, online video, or phone.
- Whether you're at home, at work, traveling or you simply want a more convenient way to see a doctor, getting virtual care is easy and available anytime, anywhere.
- Get care for allergies, asthma, colds, flu, earaches, pinkeye, rashes and more. You can even get a prescription, if needed.
- Page 21 has a full mental health network to support emotional, behavioral and social needs. You and your covered dependents can visit with a licensed counselor, therapist, psychiatrist or psychologist from the comfort of your home through phone calls or video chats.

Digital Exercise Therapy through Hinge Health

- Employees enrolled in a Blue Cross Blue Shield medical plan have access to Hinge Health, a digital exercise therapy benefit program, which offers personalized care plans and coaching to help accomplish health goals related to musculoskeletal (back, muscle, and joint) health.
- These programs are available to employees and their eligible dependents (age 18 and up) at no additional cost.
- For additional information and to engage in the program, please visit hingehealth.com/for/littelfuse.

Lifestyle Spending Account

An LSA is a flexible benefit that allows you to allocate funds for a variety of lifestyle related expenses. Whether you want to invest in your health, pursue hobbies, or improve your work-life balance, your LSA gives you the freedom to choose what works for you.

All benefits eligible employees will receive $900* deposited into their LSA, which can be used throughout the year on eligible expenses. The LSA is not linked to a debit card. You must submit a reimbursement claim to Inspira. Reimbursements will be added to your Littelfuse paychecks, and reported as taxable income on your W-2.

Examples of eligible expenses include:

- Childcare
- Eldercare
- Tutoring
- Egg and sperm freezing and storage
- Financial planning services
- Exercise and sport equipment
- Group exercise class fees
- Vitamins and supplements
- Office and ergonomic equipment

*Employees that are hired mid-year will receive a pro-rated amount (of the $900) based on the number of months you are benefits eligible.

Savings and Spending Accounts

Littelfuse offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each type of account at www.irs.gov.

Health Savings Account (HSA)

Available if you are enrolled in the BCBSIL HDHP plan as long as you are not enrolled in any other health coverage, Medicare or claimed as a dependent on someone else's tax return.

Health Care Flexible Spending Account (FSA)

Use this account for medical, pharmacy, dental and vision expenses.

Dependent Care FSA

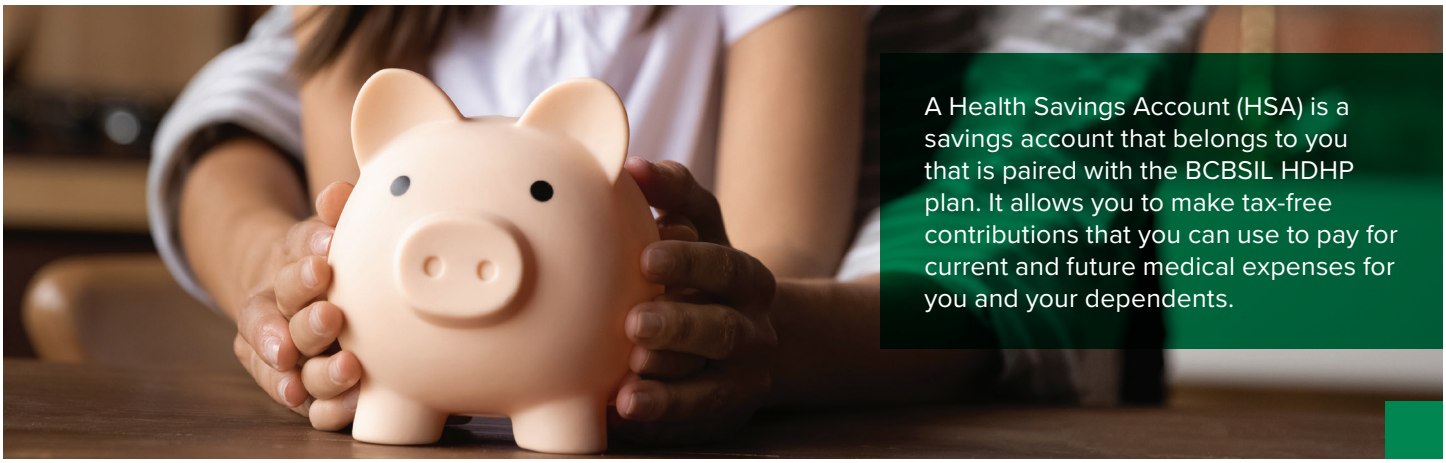
Use for eligible childcare expenses for dependents under age 13 or elder care.

Comparison of accounts

	HSA	FSA*
Does the company contribute? *Amount for full-year 2026*	✓ Employee: $500 Employee +1 or Family: $1,000	✕
Can I contribute my own savings?	✓	✓
Is there an IRS maximum annual contribution?*	✓ Employee: $4,400 Family: $8,750 Those 55 and older can contribute an additional $1,000 annually.	✓ Health Care FSA: $3,400 Dependent Care FSA: $7,500
Will my savings roll over each year?	✓ Unlimited	! Up to $680 for Health Care FSA; No roll over for Dependent Care FSA
Will I earn interest on my savings?	✓	✕
Are the savings tax-free? *In most states*	✓	✓
Do I keep the money if I leave the company?	✓	✕
Can I also have a Flexible Spending Account (FSA)?	! Dependent Care FSA only	N/A

*At the time of print, 2026 FSA limits have not been released. For the most recent IRS limits, please visit www.irs.gov.

Health Savings Account



A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the BCBSIL HDHP plan. It allows you to make tax-free contributions that you can use to pay for current and future medical expenses for you and your dependents.

Start it

- Contributions to an HSA are tax-free for you* — whether they come from you or Littelfuse. Littelfuse contributes $500 for individual coverage and $1,000 for family coverage.
- The BCBSIL HDHP plan costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.

Build it

- All of the money in your HSA is yours (including any contributions deposited by Littelfuse) even if you leave your job, change plans or retire.
- In 2026, the total of your contributions and the company's can be up to $4,400 for individual coverage and $8,750 for family coverage. If you are age 55 or older, you can contribute an additional $1,000 per year.

Use it

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.

Grow it

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

Eligibility details

- You cannot have an HSA if you are enrolled in any other health coverage, Medicare, or if you are claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse/domestic partner also cannot have a Health Care FSA.

Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for health care, dependent care or commuting costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses.

This chart shows the eligible expenses for each type of FSA and how much you can contribute per year. Each of these options reduces your taxable income.

Account type	Eligible expenses	Annual contribution limits*
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia and prescriptions.	Maximum contribution is $3,400 per year. You cannot enroll if you are enrolled in the BCBSIL HDHP plan. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses including day care, after-school programs for children under age 13 or elder care programs so you can work or attend school full-time.	Maximum contribution is $7,500 per year ($3,750 if married and filing separate tax returns).
Commuter Account	Expenses for commuting to and from work using public transit, or paying parking fees at or near your workplace or at a commuter lot where you transfer to a vanpool or mass transit.	Maximum contribution is $340 per month to your transit/vanpool account and up to $340 per month to your parking account. For more information and to see current year limits, please go to mylittelfusebenefits.com.

*At the time of print, 2026 FSA limits have not been released. For the most recent IRS limits, please visit www.irs.gov.

Important information about FSAs

- Your FSA elections are effective from January 1 through December 31.
- Services must be incurred by December 31 of each year.
- Claims for reimbursement must be submitted by March 31 of the following year.
- The Health Care or Limited Purpose FSAs allow you to carry over $680 in unused funds to the following plan year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferable.

Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer a dental plan through Delta Dental of Illinois.

Plan Provisions	What is Covered	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$50/$150	$50/$150
Calendar Year Maximum	$2,000	$2,000
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%	100% of approved fee
Basic and Restorative Services (e.g., fillings)	80% of reduced fee after deductible	80% of approved fee after deductible
Major Services (e.g., dentures, crowns, bridges)	50% of approved fee after deductible for Premier Dentist or PPO Dentist	50% of approved fee after deductible
Orthodontia (children up to age 19)	50% of reduced fee, up to a lifetime maximum of $2,000 per individual	

*After deductible

Get the most from your dental plan

- **Stay in-network** – While you have the option of choosing any provider, you save money when you use in-network dentists. When using an out-of-network dental provider, you pay more because the provider has not agreed to charge you a negotiated rate.
- **Free annual check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental expenses.

Freedom to choose any dentist

- Delta Dental PPO Dentist
- Delta Dental Premier Dentist
- Non-Delta Dental Dentist

Your cost will generally be lowest when you choose a Delta Dental PPO Dentist.

Vision Plan

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer a vision plan through EyeMed.

Plan Provisions	What is covered	
	In-Network	Out-of-Network
Exam	You pay $10 copay	Plan pays up to $30 allowance, you pay the rest
Frames	$130 allowance, then 20% off remaining balance	Plan pays up to $65, you pay the balance
Lenses	You pay $10 copay Includes standard scratch-resistant coating	Plan pays up to $25, you pay the balance Plan pays up to $40, you pay the balance Plan pays up to $60, you pay the balance
Standard Progressive	You pay $75 copay includes standard scratch-resistant coating	Plan pays up to $40, you pay the balance
Contact Lenses (Medically necessary)	Plan pays up to $130 allowance + 15% off the balance over $130, you pay the balance	Plan pays up to $200, you pay the balance
Elective Contact Lenses (in lieu of glasses)	Plan pays up to $130 allowance + 15% off the balance over $130, you pay the balance	Plan pays up to $104, you pay the balance
LASIK or PRK	You receive a discount of 15% off retail price or 5% off promotional price	Not covered; you pay 100%
Frequency ▪ Exam ▪ Lenses ▪ Frames ▪ Contact lenses	 Once every 12 months Once every 12 months Once every 24 months Once every 12 months	

Pay for vision expenses tax-free

Use your **FSA or HSA** to pay for your exam copay and eyeglasses or contacts.

Additional discounts and features

- 40% off additional eyewear purchases
- 20% off optical supplies (including nonprescription sunglasses)

Stay in-network for maximum benefits

The EyeMed Vision “Select” Network is made up of more than 52,000 providers nationwide, including retail chains like LensCrafters, Pearle Vision, Target and Wal-Mart as well as independent providers.

Find an EyeMed network provider

- Login to EyeMed Vision > choose the “Select” panel of providers > enter your zip code.

Life and AD&D Insurance

Life and AD&D insurance

Littelfuse provides basic life and accidental death and dismemberment (AD&D) insurance for employees and offers voluntary insurance options for employees and their dependents through New York Life.

Basic life insurance and AD&D insurance

- Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.
- Littelfuse provides basic life insurance through New York Life to all eligible employees at **no cost** to 2x your base pay up to $700,000.
- Coverage is automatic; you do not need to enroll.

Voluntary life and AD&D insurance

You may choose to purchase additional life and AD&D coverage through New York Life for yourself and your dependents at affordable group rates.

- Rates are based on age and the coverage level chosen.
- You can only purchase coverage for your spouse and/or dependents if you purchase coverage for yourself.

For you	For your dependents	
Employee	**Spouse/Domestic Partner**	**Child(ren)**
▪ Increments of $10,000 up to 5x your base annual salary ▪ Up to a $500,000 maximum ▪ Guaranteed issue up to $200,000	▪ Increments of $5,000 (not to exceed 100% of your voluntary life and AD&D coverage) ▪ Up to a 100% maximum of 100% of employee's voluntary life insurance amount ▪ Guaranteed issue up to $50,000	▪ $10,000 per child ▪ Covered from birth to age 26 ▪ Must be added within 31 days of birth

*During your initial eligibility period, you can receive coverage up to the guaranteed issue amounts without providing Evidence of Insurability (EOI), or information about your health. Coverage amounts that require EOI will not be effective unless approved by the insurance Carrier.

Protect your loved ones

- **Affordable supplemental coverage** – Take advantage of the group rates offered to get the best deal on your coverage. Investing in insurance gives you peace of mind and financial protection for yourself and your loved ones.
- **Be sure to designate your beneficiary** – You must choose a beneficiary for life and AD&D insurance. Keep your beneficiaries up-to-date in 2026. Remember, you can change your beneficiary designation at any time throughout the year.

Disability Insurance

Disability insurance through New York Life provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Littelfuse provides eligible employees with disability coverage at **no cost** as shown below. Coverage is automatic; you do not need to enroll. You will need to file a disability claim with New York Life to receive disability benefits.

Coverage	Benefit
Short-Term Disability	▪ Illness Weeks 2 – 6: 100% of eligible pay ▪ Illness Weeks 7 – 26: 75% of eligible pay ▪ Injury Weeks 1 – 6: 100% of eligible pay ▪ 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.

Family Medical Leave Act (FMLA)

You may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.

Eligibility: FMLA – To be eligible to take FMLA leave, an associate must meet all of the following conditions: the associate must have worked for Littelfuse for a minimum period of 12-months, the associate must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The applicable 12-month period is a rolling 12-month period measured backward from the date FMLA Leave is taken.

Voluntary Plans

Round out your coverage with benefits that offer financial protection and assistance with all areas of your life.

Accident insurance

Provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.

If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Coverage amounts

Cigna
Cash benefit based on type of accident (ranges from $75)

Examples of covered injuries:

- Emergency Care Treatment
- Physician Office Visits (including Virtual Visit)
- Ambulance
- Hospital Admission
- Diagnostic Exams
- Paralysis
- Fractures
- Dislocations
- Burns (excludes sunburns)
- Lacerations
- Surgery
- Emergency Dental
- Concussion
- Coma

Additional Payment

- $75 for Preventive Care or Health Screening Received (1 per year)

Critical illness insurance

Provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up — like rent, mortgage, car payments, etc. — while you are ill.

If you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Coverage amounts

Employee	Spouse/ Domestic Partner	Child(ren)
$10,000, $20,000, $30,000	100% of employee coverage amount	100% of employee coverage amount including Childhood Conditions

Examples of covered illnesses:

- Cancer
- Skin Cancer
- Heart Attack
- Stroke
- Coronary Artery Disease
- Aortic & Cerebral Aneurysm
- Advanced Heart Failure
- Advanced Stage Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Multiple Sclerosis (MS)
- Severe Sepsis
- Benign Brain Tumor
- Blindness
- Coma
- End-Stage Renal (Kidney) Disease
- Major Organ Failure
- Paralysis
- Crohn's Disease
- Pulmonary Embolism
- Childhood conditions including Cerebral Palsy, Cystic Fibrosis, Muscular Dystrophy, Heart Wall Malformation, Poliomyelitis, Sickle Cell and a newborn's admission to the Neonatal Intensive Care Unit (NICU)

Your plan pays a recurrence benefit at 100% of the initial benefit for the following covered conditions.

Additional Payment

- $50 for Preventive Care or Health Screening Received (1 per year)

Hospital indemnity insurance

Hospital indemnity insurance provides a fixed lump-sum payment to help cover hospital expenses not covered by insurance or to pay for expenses while you, your spouse/ domestic partner, and/or dependents are in the hospital.

- The plan pays $2,000 for the initial hospital admission, as well as $200 per day, up to 30 day stay, that an individual is hospitalized.
- An additional $400 per day for Intensive Care stay, up to 30 days.
- $100 per day for Hospital Observation stay, 72-hour limit.
- $50 per day for Chronic Condition admission.
- $200 per day for Newborn Nursery Care stay, up to 30 days (payable even if child coverage is not elected).

Important Notice: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

This policy is not a substitute for comprehensive health insurance.

Voluntary Plans (continued)

Legal plan provided by ARAG

The legal plan provides legal representation for you, your spouse/domestic partner and your dependents at a price that won't break your budget. You can receive legal advice and fully covered legal services for a wide range of personal legal matters from a network-participating plan attorney. If a legal matter is not fully covered, and not excluded, members receive a reduced rate of at least 25% off the network attorney's normal hourly rate for in-office legal advice and representation. Services provided through the plan include:

- Civil Damage Claims
- Consumer Protection Matters
- Criminal Matters
- Debt-Related Matters
- Contract and Document Review
- Family Law
- Government Benefits (Medicare, VA, etc.)
- Health Care Power of Attorney
- Uncontested Separation
- Wills and Estate Planning
- Uncontested Divorce
- Traffic Matters
- Adoption
- Other Additional Services

When you use a plan attorney for covered services, there is no waiting period, limits on usage, deductibles or copays. The plan is available at a low monthly group rate, which you can pay through automatic payroll deductions.

If one isn't within 30 miles of your home or work, you'll receive full in-network benefits with another local attorney. Members have access to detailed information online or in the app to help you select the attorney you want to work with.

Whole life insurance

Whole life insurance with long-term care (LTC) benefits combines the security of permanent life insurance policy with the ability to cover long-term care expenses. This innovative financial product ensures that you are prepared for the future while providing peace of mind for you and your loved ones.

Whole Life Insurance for you	Whole Life Insurance for your Spouse/Domestic Partner	Whole Life Insurance for your Child(ren)
▪ Up to a $150,000 maximum ▪ Guaranteed issue up to $150,000	▪ Up to a $15,000 maximum ▪ Spouse guaranteed issue up to a $15,000 maximum	▪ Up to a $10,000 maximum ▪ Guaranteed issue up to $10,000

Identity theft protection

Protecting your personal information has become a major concern. Identity theft coverage through Allstate Identity Protection is designed to protect your identity and assets through identity, credit and social media monitoring. Allstate Identity Protection also extends coverage to any dependent who lives in the same household as you or who is financially dependent on you, with no age limit. The plan includes:

- Comprehensive Monitoring and Alerts
- High-Risk Transaction Monitoring
- Financial Activity Monitoring
- 24/7 Emergency Assistance
- Social Media Monitoring
- IP Address Monitoring
- Dark Web Monitoring
- Lost Wallet Assistance
- Credit Monitoring and Alerts
- Data Breach Notifications
- Credit Assistance
- Other Additional Services

This plan is available at a low monthly group rate, which you can pay through automatic payroll deductions.

Additional Benefits

Employee Assistance Program (EAP)

Life is filled with change and uncertainty. The responsibilities and demands on our time can be overwhelming. Our Employee Assistance Program (EAP) is here to help you and your family members with life's challenges.

The EAP, administered by TELUS Health, provides 24/7 confidential support, resources and information for you and your dependents. You and your family have access to three free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- **Childcare and eldercare assistance:** Needs assessment along with referrals to childcare and eldercare providers.
- **Daily living services:** Referrals to help with event planning, transportation services, pet services and more.
- **Financial services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues.
- **Identity theft recovery services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized.
- **Legal services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.
- **LGBTQIA+ resources:** LGBTQIA+ friendly therapists, support groups and educational materials for people of all ages.

Confidential assistance is available any time.
Call 888-267-8126 or visit one.telushealth.com.
(user ID: Littelfuse; password: Littelfuse)

RethinkCare (New for 2026!)

1 in 5 people experience some form of neurodivergence, such as ADHD, dyslexia, autism, and many others.

RethinkCare offers a global solution 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).

- **Caregiver Solution:** offers training and resources to help parents raise confident, resilient children- including those with developmental or learnings challenges. Provides 24/7 access to tools for communication, teaching strategies and family support.
- **Professional Solution:** equips employees with skills to thrive in diverse workplaces, including collaboration with neurotypical and neurodiverse colleagues. Offers expert-led courses to build career growth, adaptability and inclusive leadership.

Tuition reimbursement

To encourage you to build your professional knowledge and skills, Littelfuse offers a tuition reimbursement program. Through this program, you may be reimbursed for expenses for courses related to your job or to progress toward your career goals. Under this program, tuition costs for both job-related courses may be covered up to $5,250 for undergraduate degrees and $25,000 for graduate degrees subject to limitations.

AbilitiCBT mental health program provided by TELUS Health

AbilitiCBT is an internet-based cognitive behavioral therapy (CBT) guided by a professional therapist that offers self-paced digital modules to help you cope with depression, types of anxiety including social anxiety, grief and loss, insomnia and other life challenges.

Start with a needs assessment through an online questionnaire and consultation with a professional therapist, either by phone or video, to determine the best module for you. Then as you work through the 10 – 12 week module via the app or online, you can check in with your therapist along the way.

AbilitiCBT is accessible from the convenience and privacy of your home at no cost to you and your family member.

AbilitiCBT also includes a program specifically designed to address anxiety symptoms related to the COVID-19 pandemic, including uncertainty, isolation, caring for family and community members, information overload and stress management.

It's free to use and completely confidential!

Additional Benefits (continued)

Paid time off

Employees receive up to 15 days of paid time off their first year (prorated based on hire date).

PTO Table

Service Based PTO Accrual	Grade Based PTO Accrual
<5 years: 15 days	Grade 1 – 11: 15 days
5 – 9 years: 21 days	Grade 12 – 15: 21 days
10 – 19 years: 26 days	Grade 16 (+): 26 days
20 – 29 years: 31 days	
30 (+) years: 36 days	

It is the practice of Littelfuse to grant a PTO benefit to eligible employees and the amount of paid time off they receive is based upon length of service with the company or job grade range – whichever is greater.

Paid holidays

You receive on average 11 paid holidays per year.

Commuter benefits

These benefits let you use pretax dollars to pay for parking or public transportation expenses while commuting to work. The maximum contribution is $340 per month to your transit/vanpool account and up to $340 per month to your parking account. You can enroll in or make changes to your commuter benefits at any time during the year, through your Inspira account.

Business Travel Accident insurance

Business Travel Accident (BTA) insurance generally covers you for work-related travel from the time you leave your home or office until you return. Littelfuse automatically provides you with this coverage on your first day of work through CHUBB.

Coverage Levels

Class Description	Coverage Amount
Active Full-Time U.S. Officers and Directors	$500,000
All Other Active Full-Time U.S. Employees	10x salary, up to $300,000
Spouse — When Authorized	$25,000
Children and Dependents — When Authorized	$10,000

Travel assistance services

When you're traveling and the unexpected happens, take advantage of travel assistance. With a local presence in 200 countries and territories around the world and 24/7 assistance centers, International SOS (ISOS) is available to help you.

401(k) Retirement Savings Plan

Whether retirement is way down the road or just around the corner, it's important to have specific savings and investment goals. To help you meet them, we offer a 401(k) Retirement Savings Plan, administered by Empower, with multiple investment options and a company match.

Employee contributions	Employer contributions
▪ Make pre-tax or Roth after-tax contributions, up to 90% of your eligible pay (up to IRS limits) in whole percentages. ▪ To make it easier for you to save, the plan offers annual savings adjustments to help you set aside extra money automatically. Your savings rate will increase 1% each year until you reach 10%.	▪ Littelfuse also contributes to your 401(k) based on your contributions (up to IRS limits). We match 100% of the first 4% you contribute. ▪ Discretionary company contributions: If you are employed on December 31, you may be eligible to receive a discretionary contribution up to 2% depending on company performance. This contribution (if granted) will be deposited into your 401(k) account even if you don't contribute (credited during the first quarter of the following year).

Vesting

Vesting refers to your ownership of the money in your 401(k).

- You will be 100% vested in Littelfuse match immediately.
- You are always 100% vested in your contributions to the plan.

More information

- You can enroll in the plan and make changes to your contributions at any time.
- Empower has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment goals.
- For more information about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, visit participant.empower-retirement.com/participant/#/login or call 1-844-465-4455.

Financial Wellness Program Provided by SmartDollar

Best-selling authors and financial experts Dave Ramsey, Rachel Cruze and Chris Hogan make difficult money concepts easy to understand with short but powerful videos. To enroll please visit id.ramseysolutions.com/login.

Step-by-Step Plan

The 7 Baby Steps help people make smart choices with their money, focusing on one goal at a time. With each step, you get quick wins, building momentum to move through the plan and make lasting changes.

SmartDollar meets people where they are and teaches them how to budget and save for emergencies to help them successfully navigate through difficult financial times.

SmartDollar is available to all employees to use when and where it works best for them.

Benefit Costs

Your semi-monthly/bi-weekly payroll contributions for medical, dental and vision benefits are shown here.

	BCBSIL HDHP		BCBSIL PPO	
	Semi-monthly	Bi-weekly	Semi-monthly	Bi-weekly
Medical Plans	Pre-tax/Post-tax	Pre-tax/Post-tax	Pre-tax/Post-tax	Pre-tax/Post-tax
Employee Only	$56.50/$0.00	$52.15/$0.00	$130.00/$0.00	$120.00/$0.00
Employee + Spouse	$121.00/$0.00	$111.69/$0.00	$272.50/$0.00	$251.54/$0.00
Employee + Children	$112.00/$0.00	$103.38/$0.00	$252.50/$0.00	$233.08/$0.00
Employee + Family	183.00/$0.00	$168.92/$0.00	$410.00/$0.00	$378.46/$0.00
Employee + Domestic Partner	$56.50/$64.50	$52.15/$59.54	$130.00/$142.50	$120.00/$131.54
Employee + Domestic Partners Children	$56.50/$55.50	$52.15/$51.23	$130.00/$122.50	$120.00/$113.08
Employee + Domestic Partner + Children	$112.00/$71.00	$103.38/$65.54	$252.50/$157.50	$233.08/$145.38
Employee + Domestic Partner Family	$56.50/$126.50	$52.15/$116.77	$130.00/$280.00	$120.00/$258.46

	Delta Dental of Illinois	
	Semi-monthly	Bi-weekly
Dental Plan	Pre-tax/Post-tax	Pre-tax/Post-tax
Employee Only	$5.75/$0.00	$5.31/$0.00
Employee + Spouse	$11.50/$0.00	$10.62/$0.00
Employee + Children	$12.00/$0.00	$11.08/$0.00
Employee + Family	$17.75/$0.00	$16.38/$0.00
Employee + Domestic Partner	$5.75/$5.75	$5.31/$5.31
Employee + Domestic Partners Children	$5.75/$6.25	$5.31/$5.77
Employee + Domestic Partner + Children	$12.00/$5.75	$11.08/$5.31
Employee + Domestic Partner Family	$5.75/$12.00	$5.31/$11.08

	EyeMed	
	Semi-monthly	Bi-weekly
Vision Plan	Pre-tax/Post-tax	Pre-tax/Post-tax
Employee Only	$3.23/$0.00	$2.98/$0.00
Employee + Spouse	$6.14/$0.00	$5.67/$0.00
Employee + Children	$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

*If you are adding coverage for a Domestic Partner, your contributions are both on a pre- and post-tax basis

Benefit Costs (continued)

Your semi-monthly/bi-weekly payroll contributions for life, accident, critical illness and hospital indemnity insurance are shown below.

Voluntary Life and AD&D	New York Life	
	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 per $10,000	$0.069 per $10,000
Spouse/Domestic Partner AD&D	$0.05 per $10,000	$0.046 per $10,000
Child/Domestic Partner Child AD&D - $10,000	$0.10	$0.09

Accidental Injury	Cigna	
	Semi-monthly	Bi-weekly
Employee Only	$4.94	$4.56
Employee + Spouse/ Domestic Partner	$8.97	$8.28
Employee + Child(ren)/ Domestic Partner Child(ren)	$11.90	$10.98
Family/Domestic Partner Family	$15.92	$14.70

Critical Illness	Cigna	
	Semi-monthly	Bi-weekly
Choose $10,000 - $20,000 - $30,000	Costs are based on age, covered dependents and election amount	

Hospital Indemnity	Cigna	
	Semi-monthly	Bi-weekly
Employee Only	$10.69	$9.87
Employee + Spouse/ Domestic Partner	$23.72	$21.90
Employee + Child(ren)/ Domestic Partner Child(ren)	$18.92	$17.46
Family/Domestic Partner Family	$31.95	$29.49

Identity Protection	Allstate	
	Semi-monthly	Bi-weekly
Employee Only	$3.98	$3.67
Family	$7.48	$6.90

Legal Insurance	ARAG	
	Semi-monthly	Bi-weekly
Employee Only or Family	$8.50	$7.85

Whole Life Insurance + Long-Term Care	
Employee Only	Costs are based on age and election amount
Employee + Spouse/ Domestic Partner	
Child/Domestic Partner Child	

Helpful Benefit Terms

- **Annual maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Brand preferred drugs** – A drug with a patent and trademark name that is considered "preferred" because it's safe, effective and usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Evidence of Insurability (EOI)** – EOI is documentation or declaration of good health requested by the insurance company in order for the enrollee to obtain coverage.
- **Flexible Spending Accounts (FSAs)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the "use it or lose it" rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that is equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
- **Guaranteed issue** – Guaranteed issue refers to coverage that is offered to all eligible enrollees regardless of their health status.
- **Health Savings Account (HSA)** – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor's office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.
- **Health Reimbursement Arrangement (HRA)** – A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.
- **High Deductible Health Plan (HDHP)** – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide longer supplies of a prescription medication often with a smaller copay than what you would pay at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Pre-existing condition** – A health condition that an individual was treated for, or got medical advice from a doctor about, prior to when they applied for health or life insurance. This can also apply if a person had existing symptoms that would cause them to seek treatment.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Benefit Acronyms

ACA – Affordable Care Act
AD&D – Accidental Death & Dismemberment
FSA – Flexible Spending Account
HDHP – High Deductible Health Plan
HMO – Health Maintenance Organization
HSA – Health Savings Account
LPFSA – Limited Purpose Flexible Spending Account
LTD – Long-Term Disability
PPO – Preferred Provider Organization
STD – Short-Term Disability

Contact Information

For Questions About	Littelfuse Partner	Phone	Website
Medical Benefits	BlueCross BlueShield of Illinois	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)	hsabank	855-731-5220	hsabank.com
Flexible Spending Accounts (FSAs) Lifestyle Spending Account (LSA)	inspira FINANCIAL	800-284-4885	inspirafinancial.com
COBRA Benefits		800-359-3921	
Commuter Benefits		800-284-4885	
Dental Benefits	DELTA DENTAL Delta Dental of Illinois	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	RethinkCare	N/A	connect.rethinkcare.com/sponsor/littelfuse
401(k) Retirement Savings Plan	EMPOWER	844-465-4455	participant.empower-retirement.com/participant/#/login
Life Insurance and AD&D Short- and Long-Term Disability Leave of Absence	NEW YORK LIFE	888-842-4462	mynylgbs.com/auth
Legal Insurance	ARAG	800-247-4184	ARAGlegal.com/myinfo Access code: 18837lf
Identity Theft Protection	Allstate IDENTITY PROTECTION	800-789-2720	myaip.com
Accidental Injury, Critical Illness, Hospital Indemnity	Cigna	800-754-3207	supphealthclaims.com
Whole Life Insurance + Long-Term Care	Allstate	800-521-3535	mybenefits.allstate.com

About this Guide

This benefits summary provides selected highlights of the Littelfuse benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Littelfuse. All benefits plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Littelfuse reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.