

2025



Guide to Employee Benefits





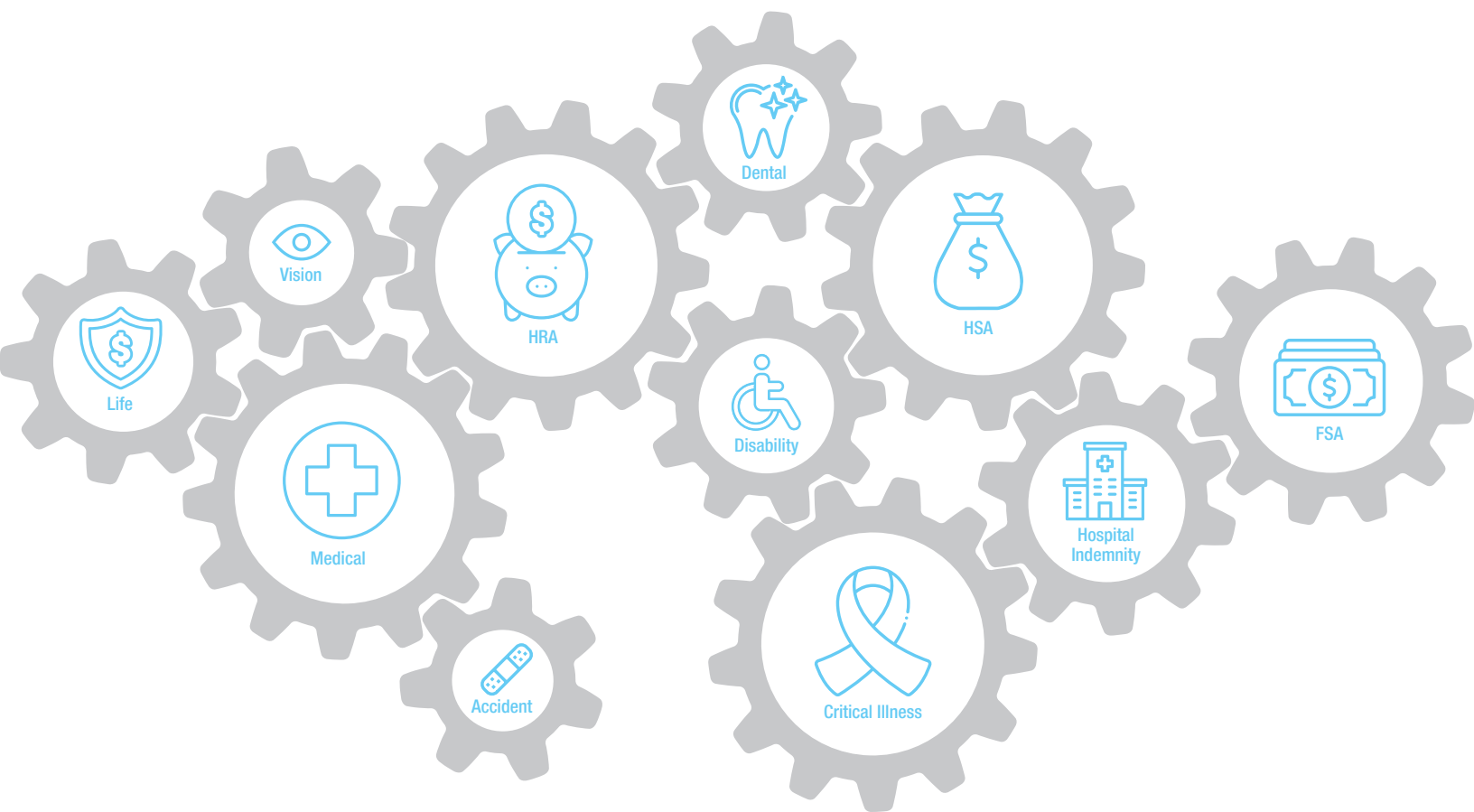
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Benefits Enrollment Sessions

Carlisle Benefit Counselors are standing by to provide you with a personalized, private appointment to help you learn more about your benefits, answer your questions, and help you elect the benefits that are right for you.



Your private and personalized session will:

- Provide education and answer questions about your benefit options
- Assist with completing your enrollment
- Ensure you are confident in your health and financial wellness decisions

Enroll within 30 days of your date of hire or during the annual fall Open Enrollment period for coverage in the following year. If you experience a qualifying life event, like marriage or a change in dependents, you may enroll or make changes to your current benefits within 30 days of the life event.

Scheduling your appointment can be done using the online scheduling tool or by calling 844-349-0781.



Schedule Appointment

Scan the QR Code with your phone's camera or go to www.myenrollmentschedule.com/carlislebenefits. A Benefit Counselor will call you at your scheduled appointment time from a 205 area code. The Benefits Support Center is available Monday-Friday between 8 AM and 5 PM Central.

Eligibility

You're eligible for benefits if you are a regular, full-time employee. Coverage begins on your date of employment in an eligible class, provided you enroll within 30 days. You may also enroll your eligible dependents. Your cost for dependent coverage will vary depending on the number of dependents you cover and the particular plan you choose. When enrolling dependents, they will be enrolled in the same plans that you select for yourself.

Eligible dependents could be:

Children Under the Age of 26

Regardless of:

- Student or Dependency
- Marital Status

Your Qualified Legal Spouse

Children Over the Age of 26

And are indicated on your federal tax return as fully dependent on you for support due to a mental or physical disability

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

***IMPORTANT:** Your spouse is eligible for enrollment in the medical plan only if he/she does not have other group medical insurance available through his/her employer. **EXCEPTION:** If the employer requires your spouse to pay 100% of the cost of coverage, your spouse will be eligible for the Carlisle medical program.

For those experiencing a Qualifying Life Event (QLE), please refer to the Qualifying Life Event Matrix for documentation requirements. If you are adding a dependent, consult the Dependent Verification Matrix to ensure you provide the correct documents.



Visit the Carlisle Benefits site to access the Qualifying Life Event Matrix and Dependent Verification Matrix documents: bit.ly/CarlisleBenefitsDocuments

Qualified Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full time to part time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage
Loss/Gain of Coverage		Document from former employer, carrier, or benefit admin including:
		<ul style="list-style-type: none">• Name(s) of who lost/gained coverage• Type(s) of coverage lost/gained (e.g., Medical, Dental, Vision)• Date coverage terminated/became effective

Monthly Premiums

Medical Plan Contributions

Carlisle HSA and Carlisle Basic Plans			Carlisle Choice Plan	
MONTHLY PREMIUMS	YOU PAY	CARLISLE PAYS	YOU PAY	CARLISLE PAYS
Employee Only	\$99.40	\$602.65	\$169.43	\$602.65
Employee + Spouse	\$245.57	\$1,228.76	\$392.62	\$1,228.76
Employee + Child(ren)	\$222.18	\$1,111.73	\$355.22	\$1,111.73
Family	\$350.80	\$1,755.35	\$560.88	\$1,755.35

Dental Insurance Contributions

Dental Insurance Monthly Rate	
MONTHLY PREMIUMS	YOU PAY
Employee Only	\$28.87
Employee + Spouse	\$57.71
Employee + Child(ren)	\$60.59
Employee + Family	\$89.45

Vision Insurance Contributions

Vision Insurance Monthly Rate	
MONTHLY PREMIUMS	YOU PAY
Employee Only	\$7.01
Employee + Spouse	\$13.32
Employee + Child(ren)	\$14.02
Employee + Family	\$21.57

Life and AD&D Contributions

Employee Monthly Rate per \$1,000			Spouse Monthly Rate per \$1,000
AGE	NON-TOBACCO	TOBACCO	
<25	\$0.060	\$0.060	\$0.060
25–29	\$0.060	\$0.060	\$0.060
30–34	\$0.080	\$0.090	\$0.080
35–39	\$0.090	\$0.111	\$0.090
40–44	\$0.120	\$0.180	\$0.128
45–49	\$0.214	\$0.317	\$0.240
50–54	\$0.351	\$0.514	\$0.377
55–59	\$0.548	\$0.822	\$0.599
60–64	\$0.882	\$1.310	\$0.967
65–69	\$1.370	\$2.020	\$1.489
70–74	\$2.500	\$3.689	\$2.714
75–79	\$3.946	\$5.855	\$4.280
Employee AD&D Rate / Family AD&D Rate			\$0.033 per \$1,000 / \$0.035 per \$1,000
Child Life Rate / Child AD&D Rate			\$0.08 per \$1,000

Hospital Indemnity Contributions

Hospital Indemnity Insurance Monthly Rate	
MONTHLY PREMIUMS	YOU PAY
Employee Only	\$11.69
Employee + Spouse	\$25.71
Employee + Child(ren)	\$19.41
Employee + Family	\$35.30

Accident Insurance Contributions

Accident Insurance Monthly Rate	
MONTHLY PREMIUMS	YOU PAY
Employee Only	\$7.07
Employee + Spouse	\$10.54
Employee + Child(ren)	\$10.58
Employee + Family	\$16.66

Critical Illness Contributions

Critical Illness Insurance Monthly Rate Per \$10,000		
AGE	EMPLOYEE	SPOUSE
<25	\$2.617	\$2.460
25–29	\$3.400	\$3.322
30–34	\$4.226	\$4.423
35–39	\$5.543	\$5.720
40–44	\$6.775	\$7.137
45–49	\$10.630	\$10.517
50–54	\$16.148	\$14.967
55–59	\$24.339	\$21.122
60–64	\$34.093	\$28.689
65–69	\$51.750	\$42.972
70–74	\$62.729	\$52.245
75–79	\$62.731	\$52.253
80–84	\$62.745	\$52.248
85+	\$62.758	\$52.249
Child under age 27		\$2.829



NEW!

Carlisle Choice Plan

We're introducing the Carlisle Choice Plan, which provides co-pays for office visits, emergency room visits, and prescription medications. Please note that this plan is not eligible for a Health Savings Account (HSA), but it is eligible for a Healthcare Flexible Spending Account (FSA).

Carlisle Choice Plan Coverage		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$750	\$3,300
+ 1 or more dependents	\$1,500	\$6,600
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$3,300	\$6,600
+ 1 or more dependents	\$6,600	\$13,200
Lifetime Maximum	Unlimited	
Yearly Employer Contributions		
Individual	Not Eligible	
+ 1 or more dependents	Not Eligible	
Coinsurance		
Preventive Care	\$0	40%*
Primary Care Physician	\$25 Copay	40%*
Specialist	\$40 Copay	40%*
Diagnostics, X-Ray and Lab	20%*	40%*
Urgent Care	20%*	
Emergency Room	\$150 Copay	
Inpatient Hospital Care	20%*	40%*
Outpatient Surgery	20%*	40%*
Rehabilitation Services		
Outpatient Therapy (Incl. Physical, Occupational, Speech, Pulmonary)	20%*	40%*
Mental Health/Substance Abuse		
Inpatient Services	20%*	40%*
Outpatient Services	20%*	40%*
Pharmacy You Pay		
Retail Rx (up to 30-day supply)		
Generic	\$10 Copay	40%*
Brand	\$35 Copay	40%*
Specialty	\$60 Copay	40%*
Mail Order Rx (up to 90-day supply)		
Generic	2x	Not Eligible
Brand	2x	Not Eligible
Members are required to fill a 90-day supply at either CVS Caremark Mail Service Pharmacy or your local CVS pharmacy. You can contact Aetna to opt out of this requirement.		

* After deductible

NOTE: All medical plans include prescription drug coverage. For more details see the SBC's. This plan uses an embedded deductible and out-of-pocket maximum. If you elect to cover dependents, each family member only needs to meet their individual limit. If the family maximum is reached first, no additional individual amounts are required.

Carlisle Choice Plan Contributions		
MONTHLY PREMIUMS	YOU PAY	CARLISLE PAYS
Employee Only	\$169.43	\$602.65
Employee + Spouse	\$392.62	\$1,228.76
Employee + Child(ren)	\$355.22	\$1,111.73
Family	\$560.88	\$1,755.35

For Your Protection

The out-of-pocket maximum provides financial protection in the event of a serious illness or injury. The out-of-pocket maximum includes your payments for covered in-network or out-of-network expenses, as applicable, and is withdrawn from your funds. The out-of-pocket maximum includes the deductible. After you reach your out-of-pocket maximum, the plan covers all eligible expenses up to 100% for the rest of the year.

Carlisle Basic Plan

If you are covered by a non-HDHP (i.e., spouse's health plan, Health Care FSA or HRA), Medicare, TRICARE, VA benefits or claimed as a dependent on someone else's tax return, you may enroll in the Carlisle Basic Plan (previously known as Carlisle Medical Plan). This plan is eligible for a Healthcare Flexible Spending Account (FSA).

Carlisle Basic Plan Coverage		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$1,650	\$3,200
+ 1 or more dependents	\$3,300	\$6,400
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$3,300	\$6,400
+ 1 or more dependents	\$6,600	\$12,800
Lifetime Maximum	Unlimited	
Yearly Employer Contributions		
Individual	Not Eligible	
+ 1 or more dependents	Not Eligible	
Coinsurance		
Preventive Care	\$0	40%*
Primary Care Physician	20%*	40%*
Specialist	20%*	40%*
Diagnostics, X-Ray and Lab	20%*	40%*
Urgent Care	20%*	20%*
Emergency Room	20%*	20%*
Inpatient Hospital Care	20%*	40%*
Outpatient Surgery	20%*	40%*
Pharmacy You Pay		
Retail Rx (up to 30-day supply)		
Preventative Generic	Preferred Preventive generics are covered at no charge and excluded from the plan deductible.	
Generic	20%*	20% after 20% member copay
Brand	20%*	20% after 20% member copay
Specialty	20%*	20% after 20% member copay
Mail Order Rx (up to 90-day supply)		
Generic	20%*	Not covered
Brand	20%*	Not covered
Members are required to fill a 90-day supply at either CVS Caremark Mail Service Pharmacy or your local CVS pharmacy. You can contact Aetna to opt out of this requirement.		

* After deductible

NOTE: All medical plans include prescription drug coverage. For more details see the SBC's. This plan uses an aggregate deductible and out-of-pocket maximum. If you elect to cover dependents, the full family amount must be met before benefits apply to any covered individual.

Carlisle Basic Plan Contributions		
MONTHLY PREMIUMS	YOU PAY	CARLISLE PAYS
Employee Only	\$99.40	\$602.65
Employee + Spouse	\$245.57	\$1,228.76
Employee + Child(ren)	\$222.18	\$1,111.73
Family	\$350.80	\$1,755.35

For Your Protection

The out-of-pocket maximum provides financial protection in the event of a serious illness or injury. The out-of-pocket maximum includes your payments for covered in-network or out-of-network expenses, as applicable, and is withdrawn from your funds. The out-of-pocket maximum includes the deductible. After you reach your out-of-pocket maximum, the plan covers all eligible expenses up to 100% for the rest of the year.

Carlisle HRA Plan

A Health Reimbursement Account (HRA) is an account that you can use to pay for qualified out-of-pocket medical expenses with pretax dollars for yourself and your dependents enrolled in the HRA. HRAs are also a way for an individual or a family to pay for qualified medical expenses without the funds being taxed by the government beforehand. The employee may not contribute to the HRA. Please note: Funds available for reimbursement are limited to the balance in your HRA.

Carlisle HRA Plan Coverage		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$1,650	\$3,300
+ 1 or more dependents	\$3,300	\$6,600
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$3,300	\$6,600
+ 1 or more dependents	\$6,600	\$13,200
Lifetime Maximum	Unlimited	
Yearly Employer Contributions		
Individual	\$500	
+ 1 or more dependents	\$1,000	
Coinsurance		
Preventive Care	\$0	40%*
Primary Care Physician	20%*	40%*
Specialist	20%*	40%*
Diagnostics, X-Ray and Lab	20%*	40%*
Urgent Care	20%*	40%*
Emergency Room	20%*	40%*
Inpatient Hospital Care	20%*	40%*
Outpatient Surgery	20%*	40%*
Pharmacy You Pay		
Retail Rx (up to 30-day supply)		
Preventative Generic	Preferred Preventive generics are covered at no charge and excluded from the plan deductible.	
Generic	20%*	20% after 20% member copay
Brand	20%*	20% after 20% member copay
Specialty	20%*	20% after 20% member copay
Mail Order Rx (up to 90-day supply)		
Generic	20%*	Not covered
Brand	20%*	Not covered
Members are required to fill a 90-day supply at either CVS Caremark Mail Service Pharmacy or your local CVS pharmacy. You can contact Aetna to opt out of this requirement.		

* After deductible

NOTE: This plan uses an aggregate deductible and out-of-pocket maximum. If you elect to cover dependents, the full family amount must be met before benefits apply to any covered individual.

Carlisle HRA Plan Contributions		
MONTHLY PREMIUMS	YOU PAY	CARLISLE PAYS
Employee Only	\$146.02	\$579.95
Employee + Spouse	\$343.44	\$1,181.14
Employee + Child(ren)	\$310.74	\$1,068.63
Family	\$490.63	\$1,687.33

No new enrollments in the Carlisle HRA plan will be accepted for the 2025 plan year. If you are currently enrolled in this plan, you may continue under this plan or you may select an alternative plan. Should you decide to opt for a different plan for 2025, please note that you may not reelect the HRA plan.

Carlisle HSA Plan

Take charge of your spending through lower contributions, higher deductibles, and a tax-free Health Savings Account (HSA) with contributions from Carlisle.

Carlisle HSA Plan Coverage		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$1,650	\$3,200
+ 1 or more dependents	\$3,300	\$6,400
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$3,300	\$6,400
+ 1 or more dependents	\$6,600	\$12,800
Lifetime Maximum	Unlimited	
Yearly Employer Contributions		
Individual	\$850	Not Eligible
+ 1 or more dependents	\$1,700	Not Eligible
Coinsurance		
Preventive Care	\$0	40%*
Primary Care Physician	20%*	40%*
Specialist	20%*	40%*
Diagnostics, X-Ray and Lab	20%*	40%*
Urgent Care	20%*	20%*
Emergency Room	20%*	20%*
Inpatient Hospital Care	20%*	40%*
Outpatient Surgery	20%*	40%*
Pharmacy You Pay		
Retail Rx (up to 30-day supply)		
Preventative Generic	Preferred Preventive generics are covered at no charge and excluded from the plan deductible.	
Generic	20%*	20% after 20% member copay
Brand	20%*	20% after 20% member copay
Specialty	20%*	20% after 20% member copay
Mail Order Rx (up to 90-day supply)		
Generic	20%*	Not covered
Brand	20%*	Not covered
Members are required to fill a 90-day supply at either CVS Caremark Mail Service Pharmacy or your local CVS pharmacy. You can contact Aetna to opt out of this requirement.		

* After deductible

NOTE: In-network deductible and out-of-pocket maximum apply to in-network services only. Out-of-network deductible and out-of-network maximum apply to out-of-network services only. This plan uses an aggregate deductible and out-of-pocket maximum. If you elect to cover dependents, the full family amount must be met before benefits apply to any covered individual.

Carlisle HSA Plan Contributions		
MONTHLY PREMIUMS	YOU PAY	CARLISLE PAYS
Employee Only	\$99.40	\$602.65
Employee + Spouse	\$245.57	\$1,228.76
Employee + Child(ren)	\$222.18	\$1,111.73
Family	\$350.80	\$1,755.35

For Your Protection

The out-of-pocket maximum provides financial protection in the event of a serious illness or injury. The out-of-pocket maximum includes your payments for covered in-network or out-of-network expenses, as applicable, and is withdrawn from your funds. The out-of-pocket maximum includes the deductible. After you reach your out-of-pocket maximum, the plan covers all eligible expenses up to 100% for the rest of the year.



Carlisle HSA Plan	
Eligibility	You are enrolled in an HSA-eligible high deductible health plan only
Account Ownership	You decide when to use the funds for eligible medical, dental, and vision out-of-pocket. It's yours when you retire or leave the plan
Annual Carlisle Contributions*	Individual – \$850 You + 1 or more Dependents – \$1,700 Wellness incentives added to HSA; will be in addition to the amounts above.
Your Voluntary Annual Contributions	Individual – up to \$4,300 less Carlisle contributions and your wellness incentive dollars You + 1 or more Dependents – up to \$8,550 and your wellness incentive dollars
Your Catch-up Contributions	\$1,000 at age 55 or older
Investment Options	You may invest in mutual funds if you have \$1,000 in account; earnings are tax-free

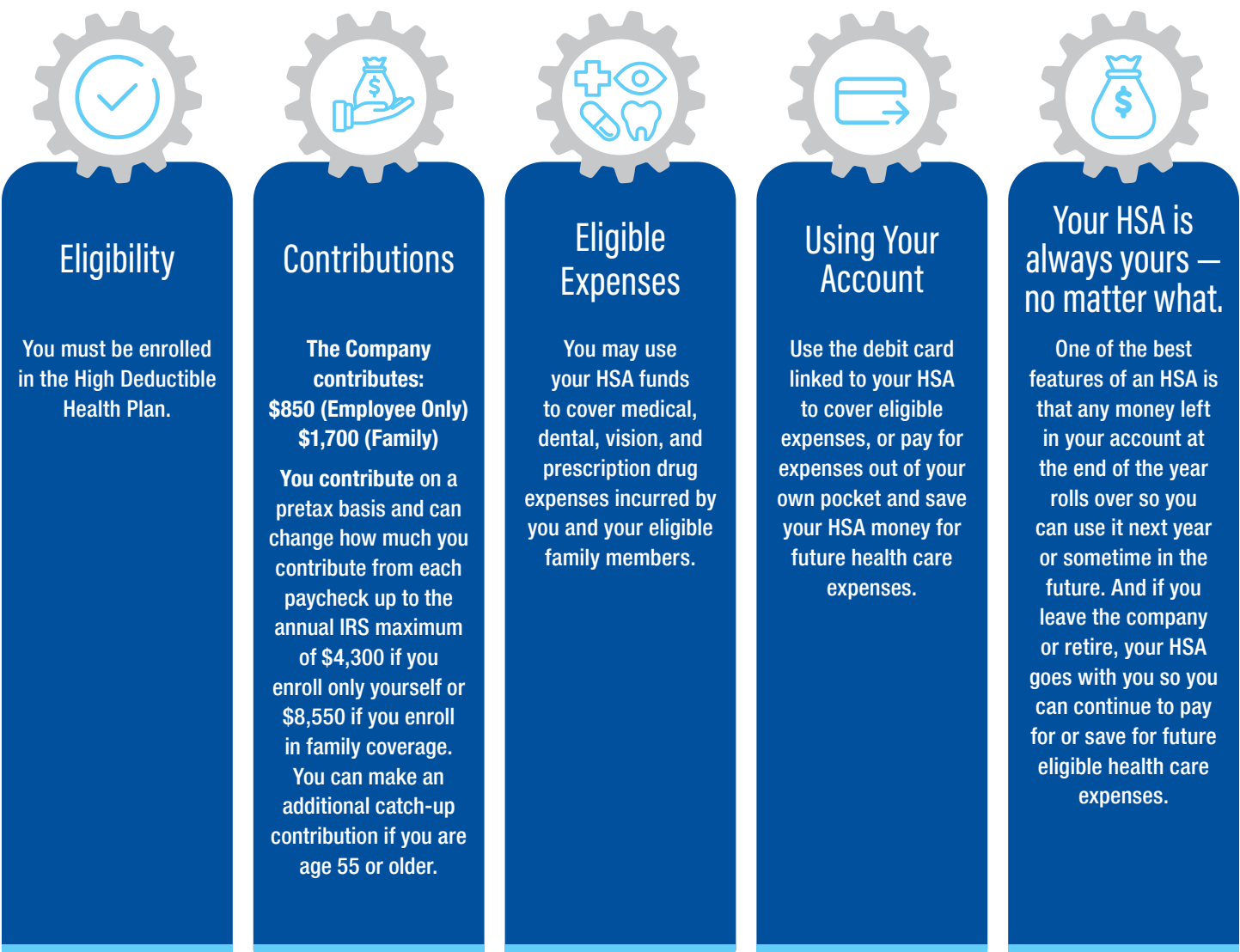
Note: HRA account balances will be limited to the calendar year in-network, out-of-pocket maximum.
*Carlisle prorates the annual employer HSA and HRA employer contributions if coverage begins after January 1.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical, dental, and vision expenses with pretax dollars — now or in the future. Once you’re enrolled in the HSA, you’ll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

NOTE: If you’re enrolled in Medicare, you are no longer eligible for an HSA account. **IMPORTANT,** if you choose the HSA Medical plan, you may be required to provide documentation to Inspira to open your HSA account. You may receive up to three letters from Inspira with specific instructions on what to submit. Additionally, if you or your spouse are currently enrolled in any other health insurance plan, including Medicare, that is not a High Deductible Health Plan (HDHP), you are not eligible for the HSA.

How a Health Savings Account Works



Wellness Engagement Program

Carlisle is committed to helping you prevent illnesses and achieve wellness. Participating in the Wellness Program benefits you:

- Physically, mentally, and emotionally through early intervention and maintenance of medical conditions;
- Financially by allowing you to earn incentives to assist with your deductible and eligible out-of-pocket costs; and
- Financially by keeping your share of the premiums lower by reducing medical claims costs.

Covered employees and their enrolled spouses can each earn up to \$550 in wellness incentives.

The Wellness Incentives are available to employees and their spouses enrolled in the Carlisle HSA and HRA plans only. The deadline for all wellness activities is **October 1, 2025**. Please follow these steps:

Employee and Spouse Wellness Incentives	
For \$50	
Complete your Health Assessment	Register at aetna.com or log in to the Aetna Health app. From the homepage of the secure member portal, navigate to Aetna Health Your Way or Rewards to access the Health Assessment and choose your Pathway.
For \$200 HSA dollars / HRA credit per member	
Annual preventive/wellness exam	<ul style="list-style-type: none">• Complete your annual wellness/preventive exam with your primary care provider• OB/GYN can be the member’s PCP; however, the visit must be coded as preventive to trigger the incentive• Members can only earn this incentive once during the year
Additional Wellness Incentives	
Age/gender Appropriate Preventive Screenings \$100 HSA/HRA credit per test	Complete one of the following: <ul style="list-style-type: none">• Breast cancer screening (mammogram)• Colon cancer screening (colonoscopy, sigmoidoscopy, or Cologuard)• Cervical cancer screening• Prostate-specific antigen (PSA) test
Personal Health Goals \$100 HSA/HRA credit per goal	Choose one of the following: <ul style="list-style-type: none">• Complete 3 calls with an Aetna In Touch Care nurse• Complete the Mental Health Check-in Questionnaire• Enroll in the Aetna Maternity Program and complete the Pregnancy Risk Survey by the 16th week of gestation• Complete a 4-week or 4-month post-partum assessment with an Aetna Maternity nurse
Self-Reported Activities \$50 HSA/HRA credit per activity, up to \$100 total	<ul style="list-style-type: none">• Fee-based participation in an outdoor hobby, race, or fitness event• Gym membership or subscription to a wellness app/online course• Purchase of a health/wellness device or equipment• Semiannual preventive dental visits

Note: Employees under the Carlisle Basic Plan are not eligible for Wellness Incentives.
Preventive screenings are defined by the American Cancer Society and U.S. Preventive Services Task Force.

We recommend downloading the updated MyActiveHealth app for easier tracking and access to wellness activities.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using pretax dollars. You must use all funds in your Health Care and/or Dependent Care account by 12/31 of the current plan year or per IRS regulations the remaining dollars will be forfeited. For terminated employees: you will have 90 days from your termination date to submit all reimbursement documents to PayFlex for any eligible services from the start date of your FSA to the date of your termination (you will not be able to use the FSA funds for anything after your term date).



Health Care FSA

Contribute up to \$3,200 per year, pretax, to pay for eligible medical, prescriptions, dental, and vision out-of-pocket expenses.
NOTE: To enroll in Healthcare FSA you must enroll in Carlisle medical plan.



Dependent Care FSA

Contribute up to \$5,000 per year (\$2,500 if married and filing separate tax returns), pretax, to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.



Commuter Benefits

Contribute \$315 per month, pretax, to pay for your parking or public transportation expenses while commuting to work, including monthly passes, tokens or fare cards. NOTE: It doesn't include commuting expenses for member's spouse or dependents.



Use It or Lose It

If you do not spend all the money in this FSA by **December 31**, per IRS regulations for pretax contributions, unused dollars will be forfeited. The filing deadline for the previous plan year is **March 31**.

NOTE: In 2024, PayFlex changed their name from PayFlex to Inspira Financial.

Health & Wellness



At Carlisle, supporting your health goes far beyond offering traditional coverage. We provide programs and resources to help you feel your best and manage your health care with ease.



Life Assistance Program

The Company provides a Life Assistance Program that is designed to provide a confidential personal consultative service to help individuals identify and resolve personal issues, emotional problems, issues involving interpersonal relationships, alcohol/substance abuse, and marital and family problems. Use of this service by employees and family members is encouraged. Any employee or eligible family member may contact Lyra Health directly and receive sessions of problem identification or short term counseling, paid for by the Company. If the need exists, Lyra Health will facilitate referral to an appropriate resource for further counseling or treatment. Participation in the program does not remove the employee’s job performance responsibilities.

Lyra Mental and Emotional Health Care

Whether you are experiencing burnout, anxiety, depression, caregiver stress, or racial stress/trauma, or are looking to improve your relationships, Lyra has a care option that’s right for you.

We offer our employees and their eligible family members free access to licensed counselors through Lyra, our Life Assistance Program, whether or not you have elected other benefit coverage. This coverage program provides support, guidance, assessments and referrals for additional services.

You can choose where and how to meet — one-on-one at the provider’s office or via live video. Or you can use Lyra’s self-care apps for an emotional boost on the go. When you need help anytime, day or night, you’ll have access to the Lyra Care Navigator Team who can connect you to the best care and ensure you are feeling better at work and at home.



Call 877-337-3823 or visit the Lyra site to get started: carlisle.lyrahealth.com

Personal Health Advocate

The health care system can be difficult to navigate. That’s why Carlisle provides you with 24/7 access to Health Advocate, a health care concierge service, at no cost. Available to you and your family members – including parents and parents-in-law – this service can save you time and money.

Your Personal Health Advocate can:

- Resolve insurance claims and billing issues
- Support medical issues, from common to complex
- Answer questions about diagnoses and treatments
- Research the latest treatment options
- Find the right in-network doctors and make appointments
- Research and arrange expert second opinions
- Facilitate pre-authorizations and coordinate benefits
- Explain benefits and your share of the costs

Personal Health Advocates are highly trained registered nurses backed by a staff of medical directors and administrative experts.

Don’t forget to download the Health Advocate mobile app!

The Health Advocate is free, convenient, on-the-go help.

Your Health Advocate mobile app and member website offer one-click access to health care help.

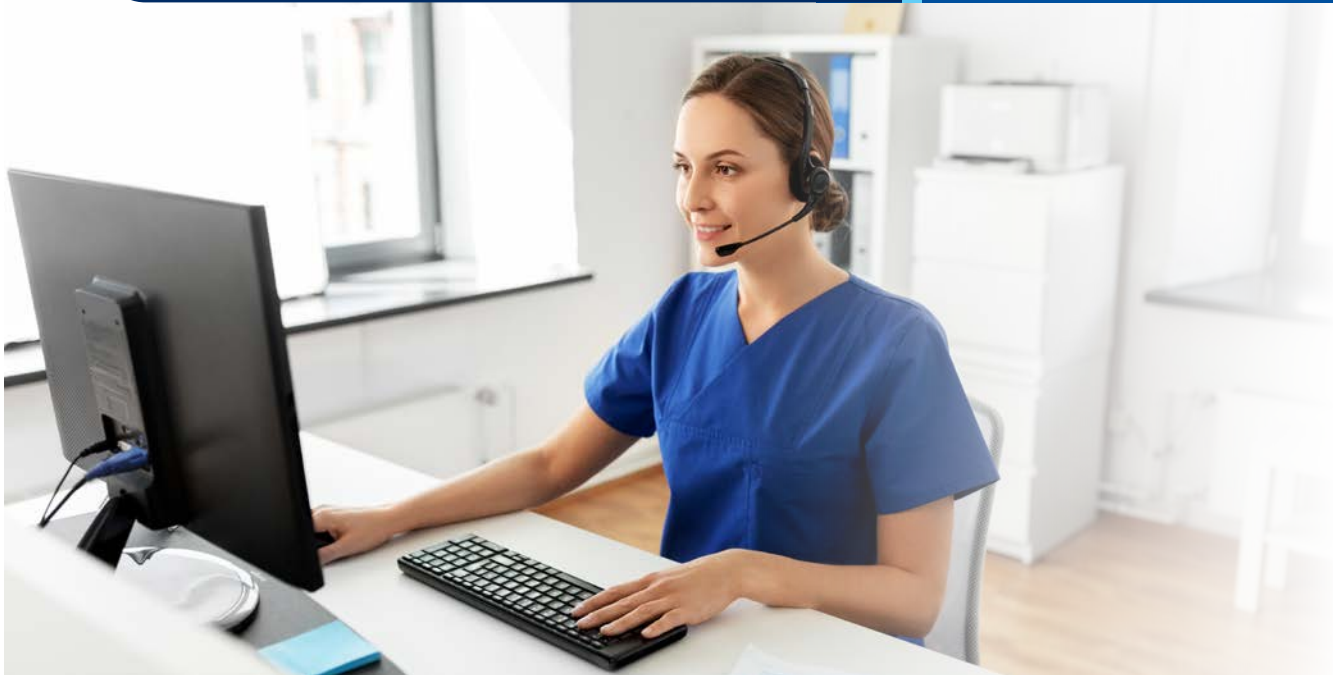
- Check the status of a case in real time; see your case history
- Send and receive secure messages from your Personal Health Advocate
- Submit a billing or claims issue

Health Advocate is available 24 hours a day, 7 days a week. Regular hours are 8 AM to 12 AM (midnight) ET on weekdays. After hour calls are handled by the Personal Health Advocate on call.



Access Health Advocate

Visit the Health Advocate site to learn more: www.healthadvocate.com
Toll-Free: 866-695-8622
answers@HealthAdvocate.com





Supplemental Medical



Just as it sounds, supplemental medical plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary post-tax.



Hello Heart

Have you ever wondered how your daily lifestyle choices may be affecting your hearth health? With Hello Heart, you can track, understand, and manage your blood pressure and cholesterol — all at no cost to you!

When you sign up, you'll receive:

- Blood pressure, cholesterol, medication, physical activity, and weight tracking
- Risk detection for critically high readings, blood pressure spikes, and irregular heartbeat
- AI-driven personalized digital coaching
- Shareable physician reports
- And more

The Hello Heart app explains your results on an easy-to-understand screen meant for real people, so you can be confident about your numbers and truly understand what they mean. Hello Heart can also show you how to make easy changes that stick, and you can track your progress over time in the app.



If you enroll in a Carlisle medical plan, you will receive access to Hello Heart. Visit the Hello Heart site to learn more: www.helloheart.com

Hinge Health

Hinge Health offers innovative digital programs for back, knee, hip, neck, and shoulder pain. Digital Care Pathways is designed to prevent elective surgeries for people with chronic musculoskeletal (MSK) conditions. If you enroll in a Carlisle medical plan, you will receive access to Hinge Health.

Once enrolled, you'll receive the Hinge Health Welcome Kit, which includes a tablet and wireless sensors that guide you through at-home exercise therapy. You'll also receive support from a board-certified personal health coach and physical therapists who are with you every step of the way, tailoring the program specifically to you.



Visit the Hinge Health site to learn more: www.hingehealth.com

Hospital Indemnity Insurance

Hospital indemnity insurance is a supplemental medical insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your medical insurance covers most of your hospitalization, you can still receive payments from your hospital indemnity insurance plan to cover extra expenses while you recover.

How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your hospital indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your hospital indemnity plan makes cash payments to you.

With the payments going directly to you, you can use these emergency funds to pay for costs not covered by your health insurance, health insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

Sample of Covered Conditions

Hospital Admission

Hospital Confinement

Hospital Intensive Care

Surgical Care

Medical Diagnostic and Imaging

Transportation and Lodging



Hospital Indemnity Contributions

MONTHLY PREMIUMS	YOU PAY
Employee Only	\$11.69
Employee + Spouse	\$25.71
Employee + Child(ren)	\$19.41
Employee + Family	\$35.30

Critical Illness Insurance

While major medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, a stroke or a heart attack, major medical insurance may not provide the coverage you need. Critical illness insurance will help ease the financial strain and help you not worry while you recover.

How Will a Critical Illness Claim Get Paid?

After purchasing critical illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things, including:

- Child care costs
- Medical expenses
- Travel expenses for you and your family
- Lost wages from missed time at work
- Living expenses
- And more

Since the payment is made to you, the money can be used for anything you need while you focus on recovering.

Critical Illness Insurance Monthly Rate Per \$10,000		
AGE	EMPLOYEE	SPOUSE
<25	\$2.617	\$2.460
25–29	\$3.400	\$3.322
30–34	\$4.226	\$4.423
35–39	\$5.543	\$5.720
40–44	\$6.775	\$7.137
45–49	\$10.630	\$10.517
50–54	\$16.148	\$14.967
55–59	\$24.339	\$21.122
60–64	\$34.093	\$28.689
65–69	\$51.750	\$42.972
70–74	\$62.729	\$52.245
75–79	\$62.731	\$52.253
80–84	\$62.745	\$52.248
85+	\$62.758	\$52.249
Child under age 27	\$2.829	

Sample of Covered Conditions
Heart Attack
Cancer-Invasive
Stroke
Alzheimer's Disease
Severe Coronary Artery Disease
Major Organ Failure



Accident Insurance

Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations or paralysis. In the event of your accidental death, accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, accident insurance pays you directly.

How Accident Insurance Works

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

Accident Insurance Contributions	
MONTHLY PREMIUMS	YOU PAY
Employee Only	\$7.07
Employee + Spouse	\$10.54
Employee + Child(ren)	\$10.58
Employee + Family	\$16.66

Eligible Expenses
Emergency Room Visits
Hospital Stays
Fractures and Dislocations
Medical Exams – including major diagnostic exams
Physical Therapy
Transportation and Lodging – if you are away from home when the accident happens



Visit the Carlisle Benefits site for more information on the supplemental plan options: bit.ly/CarlisleBenefitsSupplemental

Dental Plan



The plan pays benefits for covered preventive and diagnostic services with no need for you to pay a deductible (whether services are obtained in-network or out-of-network). NOTE: You may elect dental coverage whether or not you elect medical coverage.



Carlisle Cigna Dental PPO Plan		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Benefits Maximum		
Per Individual	\$1,500 per individual (Basic and Major Services combined)	
You Pay		
Preventive Care		
Cleanings, exams, X-rays twice per year Fluoride Treatment under age 19, one per year	\$0	\$0 (Up to the maximum allowable amount)
Basic Services		
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Simple Endodontics, Periodontics, Emergency Exams	20%*	20%* or more if charges are more than the maximum allowable charges.
Major Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Surgical Implants	50%*	0%* or more if charges are more than the maximum allowable charges.
Orthodontia		
24-Month Treatment Fee. Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding.		
Children and Adults	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived. Out-of-network providers may cost more if charges exceed maximum allowable charges.	

* After deductible



Visit the Carlisle Benefits site for more information on the dental plan options:
bit.ly/CarlisleBenefitsDental

Vision Plan

Carlisle EyeMed Vision Plan		
	IN-NETWORK	OUT-OF-NETWORK
Exam With Dilation as Necessary	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	N/A
Frames, \$0 copay	20% off balance over \$160 allowance	Up to \$75
Standard Plastic Lenses		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55
Standard Progressive Len	\$80 copay	Up to \$40
Premium Progressive Lens	\$80 copay + 80% of charge less \$120 allowance	Up to \$40
Lenticular	\$15 copay	Up to \$55
Lens Options (paid by you and added to the base price of the lens)		
UV Treatment	\$15 copay	N/A
Tint (Solid and Gradient)	\$15 copay	N/A
Standard Plastic Scratch Coating	\$0 copay	Up to \$11
Standard Polycarbonate	\$40 copay	N/A
Standard Polycarbonate – Kids under 19	\$0 copay	Up to \$28
Standard Anti-Reflective Coating	\$45 copay	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (available once a comprehensive eye exam has been completed)		
Standard	Up to \$40	N/A
Premium	10% off retail	N/A
Contact Lenses		
Conventional	\$0 copay; 15% off balance; over \$160 allowance	Up to \$120
Disposable	\$0 copay; + balance over \$160 allowance	Up to \$120
Medically Necessary	\$0 copay, Paid-in-Full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months defined by benefit frequency (Calendar Year)	
Diabetic Diagnostic Vision Services TYPE 1 AND TYPE 2 DIABETICS; FREQUENCY: UP TO (2) SERVICES PER BENEFIT YEAR		
Office Visit	Covered 100%	Up to \$77
Retinal Imaging	Covered 100%	Up to \$50
Extended Ophthalmoscopy	Covered 100%	Up to \$15
Gonioscopy	Covered 100%	Up to \$15
Scanning Laser	Covered 100%	Up to \$33

Vision Insurance Contributions	
MONTHLY PREMIUMS	YOU PAY
Employee Only	\$7.01
Employee + Spouse	\$13.32
Employee + Child(ren)	\$14.02
Employee + Family	\$21.57



Visit the Carlisle Benefits site for more information on the vision plan options:
bit.ly/CarlisleBenefitsVision

Insurance Offerings



To help protect the financial well-being of your loved ones, Carlisle provides basic life insurance, accidental death and dismemberment (AD&D) insurance, and business travel accident insurance for employees – at no cost to you.



Life and AD&D

Life and Accidental Death & Dismemberment (AD&D) insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death or in the case of a covered accidental injury. Basic Life is provided for you at no cost, and you have the option to purchase coverage for your dependents.

Basic Life
Employee

2X of your basic annual earnings, up to **\$1,000,000**
Income taxes may apply to amounts over \$50,000

For You

1X – 8X your base annual earnings not to exceed **\$1,000,000**

For Your
Spouse

Increments of **\$10,000, \$25,000 or \$50,000**

For Your
Child

Flat **\$10,000**

Guaranteed Issue & Evidence of Insurability (EOI)

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to 8 times your base annual salary, up to \$1,000,000 maximum. Any amounts over 5 times your annual salary or more than \$750,000 are subject to EOI. If you elect coverage after your initial enrollment, you will need to provide EOI before any amount becomes effective. If you don't enroll your spouse when first eligible, and coverage is requested at a later date, your spouse will need to provide EOI to be eligible for any amount of coverage. There is no EOI requirement for children.

Life and AD&D Contributions

AGE	Employee Monthly Rate per \$1,000		Spouse Monthly Rate per \$1,000
	NON-TOBACCO	TOBACCO	
<25	\$0.060	\$0.060	\$0.060
25–29	\$0.060	\$0.060	\$0.060
30–34	\$0.080	\$0.090	\$0.080
35–39	\$0.090	\$0.111	\$0.090
40–44	\$0.120	\$0.180	\$0.128
45–49	\$0.214	\$0.317	\$0.240
50–54	\$0.351	\$0.514	\$0.377
55–59	\$0.548	\$0.822	\$0.599
60–64	\$0.882	\$1.310	\$0.967
65–69	\$1.370	\$2.020	\$1.489
70–74	\$2.500	\$3.689	\$2.714
75–79	\$3.946	\$5.855	\$4.280
Employee AD&D Rate / Family AD&D Rate		\$0.033 per \$1,000 / \$0.035 per \$1,000	
Child Life Rate / Child AD&D Rate		\$0.08 per \$1,000	



Disability Income Protection

If you become disabled for an extended period of time and cannot work, no benefit becomes more important to your financial security than disability income protection. Carlisle provides disability coverage for all regular, full-time employees—at no cost to you.

Short-Term Disability (STD)

Short-Term Disability benefits are available when you must be absent from work due to a non-occupational illness or injury.

	Hourly Employees	Salary Employees
Eligible for Benefits	Immediately	Immediately
Benefits Begin		
• Accident or Hospitalized	First day of disability	First day of disability
• Illness	After 3 business days	After 3 business days
Benefits While Disabled	75% up to 26 weeks	100% for 8 weeks 75% up to 18 weeks

Salary Continuation benefits are offset by any state disability benefits or Social Security disability benefits. Prudential will assist with information to submit and process claims requests for short-term/long-term disability, family medical leave, or other leave of absence needs at www.prudential.com/mybenefits (click on “Claims and Absence”) or at 877-367-7781.

Long-Term Disability (LTD)

Long-Term Disability covers 60% of your base annual earnings to a \$25,000 maximum/month. If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness. The benefit duration is up to age 65. However, if you become disabled at or after age 65, benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details. Certain exclusions as well as pre-existing condition limitations may apply. Prudential will assist with information to submit and process claims requests for short-term/long-term disability, family medical leave, or other leave of absence needs at www.prudential.com/mybenefits or by calling 877-367-7781.

Paid Parental Leave (PPL)

Eligible employees receive up to two weeks of Paid Parental Leave (PPL) after the birth, adoption or foster placement of a child. PPL must be taken within 12 months of birth, adoption, or placement, and it can be taken in one or two continuous blocks of time. PPL supplements any applicable state benefit programs to provide you with 100% of your base pay for up to two weeks. Prudential can assist with PPL and STD eligibility information. Please contact Prudential at www.prudential.com/mybenefits (click on Claims and Absence) or at 877-367-7781.



Visit the Prudential site for more information and to submit claim requests:
www.prudential.com/mybenefits
(click on Claims and Absence)
Phone: 877-367-7781

Planning for Retirement

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pretax basis. You can begin contributing to the plan at any time once you become eligible and can start making contributions to your account through convenient payroll deductions.

Increase Your Retirement Savings With a 401(k)

Your Annual Contribution

+

100% Company Match
on the first 3% contributed and 50% on the next 2% contributed

Funded With PRE-TAX dollars

Cannot exceed the IRS limit of \$23,500

If you are age 50+ you can make an additional contribution of \$7,500. If you are between ages 60 and 63 you can make an additional contribution of \$11,250.

The CEISP is a Safe Harbor Plan. Safe Harbor contributions are fully vested immediately but are subject to restrictions on early withdrawal.

Employee Deferrals

If you do not elect a deferral percentage within the opt out period for the Carlisle LLC Employee Incentive Savings Plan (CEISP), approximately 30 days, you will be automatically enrolled with a 5% pre-tax deferral election unless you opt-out. You may contribute between 1% and 50% of your eligible pay on a pretax and/or Roth contribution basis, up to the annual IRS limit. You may also contribute on an after-tax basis, but the total deferral percentage of pretax + Roth + after-tax cannot be more than 50%.

Eligibility

You are eligible for the CEISP if you are a full-time employee. CEISP’s service provider, Principal, has your eligibility information. Part time employees are eligible if paid by Carlisle for 1,000 hours or more during the first full year of employment or for any calendar year. Long tenured part-time employees are also eligible to participate in our plan if they either are paid for 500 hours or more for three consecutive years (SECURE 1.0) or two consecutive years (SECURE 2.0).

Vesting

You are always 100% vested in your pretax, Roth and after-tax contributions, funds you have rolled over from another qualified plan and earnings on these funds. You are also 100% vested in company matching contributions made on or after January 1, 2007.



Important Contacts

Employee Stock Purchase Plan

The Employee Stock Purchase Plan (“The Plan”) offers eligible employees the opportunity to purchase Carlisle Companies Incorporated (“Carlisle” or the “Company”) Common Stock at market price. Contributions are strictly voluntary and are made through payroll deduction.

Plan Provisions

The Plan provides for monthly purchases and you may enroll at any time, with such enrollment effective the next available pay period (“Purchase Period”). Your participation may be delayed based on the timing of the payroll cycle.

Payroll deductions will accumulate in a non-interest bearing account held by Equiniti, the Plan Administrator. The accumulated balance will be used to purchase shares on the investment date.

No brokerage fees will be charged for these purchase transactions.

Coverage	Contact	Phone	Website
401(k) Retirement	Principal	800-547-7754	www.principal.com
Business Travel Accident	AIG	866-893-2520	www.aig.com/us/travelguardassistance
Carlisle Benefits Department	Benefits Service Center	844-349-0781	benefits@carlisle.com
COBRA	Inspira Financial	888-678-7835	https://inspirafinancial.com/individual
Dental	Cigna	800-244-6224	www.mycigna.com
Employee Stock Purchase Plan	Equiniti	866-709-7704	equiniti.com
Health Advocate	Health Advocate	866-695-8622	www.healthadvocate.com
Health Reimbursement Arrangement	Aetna	866-276-5125	www.aetna.com
Heart Health Support	Hello Heart		www.helloheart.com
Life and AD&D	Prudential	877-367-7781	www.prudential.com/mybenefits
Leave and Disability Plans (FMLA, LOA, PPL, STD, LTD)	Prudential	877-367-7781	www.prudential.com/mybenefits
Medical	Aetna	866-276-5125	www.aetna.com
Mental & Emotional Health	Lyra	877-337-3823	https://carlisle.lyrahealth.com
Musculoskeletal Condition Support	Hinge Health	855-902-2777	www.hingehealth.com
Supplemental Medical (Accident Insurance, Critical Illness, Hospital Indemnity)	Prudential	1-844-455-1002	www.prudential.com/mybenefits
Spending Accounts (Commuter Benefits, Flexible Spending Accounts, Health Savings Account)	Inspira Financial	888-678-8242	https://inspirafinancial.com/individual
Stock Options (current active stocks)	UBS Financial Services	1-833-275-2667	www.ubs.com/us
Vision	EyeMed	866-723-0514 For LASIK providers call: 877-558-7376	www.eyemedvisioncare.com Choose the SELECT Network

Participation

Participation is optional. Once you enroll, the contribution amount you select is deducted automatically from your pay each pay period. You may contribute any whole dollar amount equal to \$10 or more.



Buying Stock

After the end of each Purchase Period, your account balance will be used to buy Carlisle Common Stock at market price. All shares purchased will be held in your name by the Plan Administrator.



Selling Shares

You may sell your shares at any time subject to the terms of the Plan. The tax consequences of selling your shares depend on the length of time that you hold them.

Visit the Equiniti site for more information and to enroll:
www.equiniti.com
Phone: 866-709-7704



Visit the Carlisle Benefits site for more information about benefit options:
CarlisleBenefits.com

Important Notice to Employees from Carlisle

About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Carlisle Basic Plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2025 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Carlisle and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Carlisle prescription drug plans, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2025. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Carlisle plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Carlisle coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Carlisle plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Carlisle and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Carlisle coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here’s how to get more information about Medicare prescription drug plans:

- Visit [medicare.gov](https://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Corporate Benefits Department at Carlisle
16430 N. Scottsdale Road, Suite 400
Scottsdale, AZ 85254
(O) 480-781-5000
benefits@carlisle.com

October 2024

Summary Annual Report For Group Health and Life Plan of Carlisle Companies

This is a summary of the annual report of the Group Health and Life Plan of Carlisle Companies, EIN 23-0457510, Plan No. 501, for period 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Carlisle, LLC has committed itself to pay certain self-insured Medical, Prescription Drug, Health Flexible Spending Account, Dental, Short-term Disability, and Severance claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Cigna Health and Life Insurance Company, Fidelity Security Life Insurance Company, Life Insurance Company of North America, National Union Fire Ins. Co. of Pittsburgh, PA, and Prudential Insurance Company of America to pay Medical, Prescription Drug, Dental, Vision, Life Insurance, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, Business Travel Accident, Critical Illness, Accident, Evacuation, and Hospital Indemnity claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$6,025,625.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Carlisle, LLC at 16430 N. Scottsdale Road, Suite 400, Scottsdale, AZ, 85254 or by telephone at 704-501-1143.

You also have the legally protected right to examine the annual report at the main office of the plan (Carlisle, LLC, 16430 N. Scottsdale Road, Suite 400, Scottsdale, AZ, 85254) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

Important Notice About Fixed Indemnity Policy

IMPORTANT: 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.

- The payment you get isn’t based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn’t a substitute for comprehensive health insurance.
- Since this policy isn’t health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member’s job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners’ website ([naic.org](https://www.naic.org)) under “Insurance Departments.”
- If you have this policy through your job, or a family member’s job, contact the employer.

This brochure highlights the main features of the Carlisle Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Carlisle reserves the right to change or discontinue its employee benefits plans at any time.

You can find the most current Federal Required Important Notices on the belong site carlislebenefits.com.

