

***A Summary of Employee
Benefits
2021***



For Employees of S&S Cycle, Inc.



S&S Cycle, Inc.

...is committed to providing equal opportunity to all individuals without regard to race, color, sex, age, religion, sexual orientation, veteran status, disability, national origin or other classes protected by applicable law.

S&S Cycle, Inc. is an Equal Opportunity Employer

Introduction

What started as a passion for speed, grew into the best known company name in the V-Twin high performance aftermarket. George B. Smith had to build his own parts to make his motorcycle faster. Now the company he founded manufactures the most prestigious line of "go fast" v-twin engine parts in the world. The company was started in the basement of his home in Blue Island IL in 1958, and moved to Viola, WI in 1969. In 2004 an additional facility was opened in La Crosse, WI.

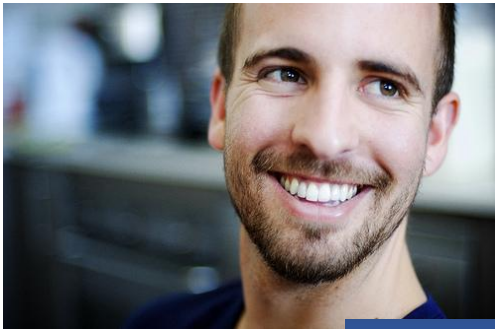


We consider our employees to be our #1 customer. That's why we strive to provide our employees with one of the most competitive and comprehensive benefits packages available in our industry.

We know that your total compensation package is an important factor in your decision to become part of our team. In the next few pages, you will see a snapshot of our benefit package we offer to our employees.

Insurance Coverage Eligibility

Insurance coverage becomes effective the first day of the month following 30 days of regular, full-time employment. 30 hours a week or more during a workweek is considered full time. The Company Coverage is provided for employees and their "immediate family"; immediate family includes an employee's legal spouse and any unmarried, IRS dependent or biological children up to 26 years of age. If a child is totally disabled and totally dependent, coverage may be extended beyond this age limit.



Medical Bi-Weekly Rates

	Provider Network HMO Plan	
	Standard Medical Plan	High Deductible Medical Plan w/ HSA
Single	\$81.28	\$60.34 (\$38.46 Into HSA Acct / \$1000 Annual)
Employee + 1	\$182.89	\$135.80 (\$115.38 Into HSA Acct / \$3000 Annual)
Family	\$264.17	\$196.12 (\$115.38 Into HSA Acct / \$3000 Annual)

	Your Point of Service Plan POS Plan	
	Standard Medical Plan	High Deductible Medical Plan w/ HSA
Single	\$86.65	\$65.17 (\$38.46 Into HSA Acct / \$1000 Annual)
Employee + 1	\$194.97	\$146.64 (\$115.38 Into HSA Acct / \$3000 Annual)
Family	\$281.62	\$211.81 (\$115.38 Into HSA Acct / \$3000 Annual)

High Deductible Medical Plan

This plan combines a Health Savings Account (HSA) with a high deductible health plan. S&S Cycle, Inc. makes a contribution to an HSA set up in the employee's name to help pay for part of the deductible. After the deductible is met, most eligible services are covered at 100% if in-network providers are used. Preventative care is covered at 100% even before the deductible is met. The HSA also allows a participant on this plan to contribute money to save for future health care expenses in a tax-effective manner.

Standard Medical Plan

This plan has a lower deductible than the High Deductible Plan. Participants are **not** eligible to open an HSA and there is no S&S Cycle, Inc. contribution to an HSA. After the deductible is met, most eligible services are covered at 80% if in-network providers are used. Preventative care is covered at 100% even before the deductible is met.

Vision

A Vision plan is offered to employees and their families through VSP. The total benefit per person, per calendar year includes one exam, glasses and frames, contacts (if glasses aren't used). Vision biweekly rates are:

Single: \$5.64

Employee + 1: \$8.19

Family: \$13.55

Schedule of Vision Benefits

<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Examination Once Every Plan Year	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every Plan Year <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) Standard Transitions Glass Photoqrey AR Coatings – Tier 1 Progressives – Tier 1 Progressives – Tier 2 Progressives – Tier 3 Progressives – Tier 4 Progressives – Tier 5 Standard Scratch Coating Solid Tints Fashion Gradient Tints 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$10 copay Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$45 Up to \$65 Up to \$85 Up to \$100 <ul style="list-style-type: none"> N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Frame Once Every Two Plan Years	Retail Allowance <ul style="list-style-type: none"> Up to \$200 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$70
Contact Lenses Once Every Plan Year Elective Contact Lenses	In lieu of Lenses <ul style="list-style-type: none"> Up to \$150 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	In lieu of Lenses <ul style="list-style-type: none"> Up to \$150
Fit/Follow-Up*** Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% after \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% after \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% after \$50 copay 	<ul style="list-style-type: none"> Up to \$50
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$200

Dental

A traditional dental plan is offered through Delta Dental. The dental plan provides 100% coverage for preventative and diagnostic treatment (2 cleanings per year, one every 6 months). Other services are covered at 50-80%. Orthodontia benefits are paid at 50% with a lifetime maximum of \$1,500 per person. Dental biweekly rates are:

Single: \$14.68

Employee + 1: \$31.13

Family: \$51.53

Benefit Plan Design		Delta Dental PPO When you see a Delta Dental PPO dentist	Delta Dental Premier When you see a Delta Dental Premier or any other dentist
Individual Annual Maximum		\$1,000	\$1,000
Deductible	Individual	\$50	\$50
	Family	\$150	\$150
Dependent Eligibility			
Dependents are eligible through the end of the month in which they attain age 26 and full-time students through the end of the month in which they attain age 26; except as noted for orthodontics			
Diagnostic & Preventive Services			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Sealants		100%	100%
Emergency treatment to relieve pain		100%	100%
Deductible applies		No	No
Basic & Major Services			
Fillings		80%	80%
Endodontics – nonsurgical		80%	80%
Endodontics – surgical		80%	80%
Periodontics – nonsurgical		80%	80%
Periodontics – surgical		50%	50%
Extractions - nonsurgical		80%	80%
Extractions - surgical and other oral surgery		80%	80%
Crowns, inlays, onlays		50%	50%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		80%	80%
Implants		80%	80%
Deductible applies		Yes	Yes
Orthodontic Services			
Coverage copayment		50%	50%
Individual lifetime maximum		\$1,500	\$1,500
Dependents eligible to age		19	19
Full-time students eligible to age		19	19
Adult ortho		No	No
Deductible applies		No	No
Special Plan Provisions (see following pages for more information)			
Evidence-Based Integrated Care Plan		Yes	Yes

Dental

Delta Dental is the nation's largest and oldest dental-benefits specialist built on the guiding principle that dental benefits should be simple and hassle-free. Delta Dental of Wisconsin was founded in 1962 with the same goal. Combined, member companies of the Delta Dental Plans Association serve more than 59 million people in nearly 97,000 groups nationwide.

With some PPO plans, you don't get much choice of providers. And if you go out of network, your provider may balance-bill you. But your Delta Dental PPO plan is different. The Delta Dental PPO network, with more than 165,000 dentist locations nationwide, is backed by the Delta Dental Premier network, with more than 247,000 dentist locations nationwide – almost 80% of the nation's dentists. Your lowest out-of-pocket costs come from seeing a Delta Dental PPO dentist, but you'll also enjoy cost advantages if you see a Delta Dental Premier dentist. That means savings on out-of-pocket costs **and** better choice. Here's an example:

Your Delta Dental PPO		
PPO Network	Delta Dental Premier "Safety Net"	Non-network
Other PPOs		
PPO Network	Non-network. No protection from balance-billing	

PPO Savings, With A "Safety Net"	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Dentist's Normal Fee	\$720	\$720	\$720
Allowed Amount	\$590	\$680	\$680
Dentist Fee Adjustment Due to Delta Dental Agreement	\$130	\$40	None
50% Benefit Paid by Plan	\$295	\$340	\$340
Patient Responsibility	\$295	\$340	\$380

Advantages of Delta Dental Network Dentists	Noncontracted Dentists		
	Delta Dental Premier Network Dentists		
	Delta Dental PPO Network Dentists		
Agreed-to fee ceilings (no balance-billing): <i>Dentist agrees to fee ceilings. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you.</i>	✓	✓	
Additional fee schedule savings: <i>Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you.</i>	✓		
Convenient claims processing: <i>Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist.</i>	✓	✓	
Treatment guarantees: <i>Examples -- Repair or replace dental restorations should they fail within 24 months.</i>	✓	✓	

Confirming Your Coverage

If you are not sure of the effective date of your coverage, please call Delta Dental at 800-236-3712 before you have any dental work done.

Also, before scheduling appointments for extensive dental care, you may ask your dentist to send the treatment plan to Delta Dental. The plan will be reviewed by Delta Dental and you and your dentist will receive a **Predetermination of Benefits** form. You and your dentist may then discuss the treatment and your out-of-pocket costs. Delta Dental encourages you to be informed about your dental care.

Delta Dental's Website

www.deltadentalwi.com has a lot to offer. You can use it to obtain coverage information under your plan, check the status of a claim, find a network dentist, evaluate your oral health and learn ways to improve and protect it.

Visit www.deltadentalwi.com for eligibility, claims or dentist information.

Also, our Benefit Advisors are available every weekday from 7:30 a.m. to 5 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!

Basic/Group Life Insurance

S&S Cycle provides employees with basic term life insurance equal to 2 times their annual base salary, rounded to the next higher \$1,000. This coverage is currently provided at no cost to the employee.

Accidental Death and Dismemberment

An additional life insurance policy is currently provided by the Company in an amount equal to the basic term life insurance. This coverage is payable in full, or in part, in the vent of accidental loss of life, limb, etc. The amount of payment depends on the loss incurred.

Supp. Life Insurance

Basic Life and AD&D	2 times salary to \$300,000
Employee-paid Supplemental Life	\$10,000 increments to the lesser of \$500,000 or 7 times salary
Guarantee Issue	\$100,000
Benefit Reduction Life and AD&D	Reduces to 65% at age 65 Reduces to 50% at age 70 Terminates at Retirement
Employee Paid Spouses Supp Life	\$5,000 increments to a lesser of 50% of employee amount or \$100,000
Spouse Guarantee Issue	\$25,000
Employee Paid Child Supp Life	\$1,000 increments to \$10,000



ADDITIONAL BENEFIT PLANS:

Optional Life Insurance

Employees

Employees may purchase additional term life insurance for themselves. Rates are based on age and your annual wage. Evidence of insurability may be required.

Spouse

Spouse life insurance may be purchased in amounts from \$10,000-\$50,000.

Dependent Child

Employees may also choose to purchase a \$5,000 or \$10,000 term life insurance policy for dependent children. One premium payment covers all your dependent children.

	Employee	Spouse & Child	
		Spouse ¹	Child ²
Life Coverage: provides a benefit in the event of death Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Non Medical Maximum	\$100,000	\$25,000	\$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%


Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

Short-Term Disability

Short-Term Disability insurance can help you replace a portion of your income during the initial weeks of a Disability. All active, full-time employees working at least 30 hours per week are eligible to participate.

The Benefit amount is 60% of your pre-disability weekly earning subject to the plan's maximum weekly benefit of \$1,000. All benefits begin after the end of the elimination period. For injury and sickness (includes pregnancy) the elimination period is 7 days. Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

Employee Paid Core Weekly Benefit	60% of covered basic weekly earnings up to \$1,000
Benefit Waiting Period for Accident	7 Days
Benefit Waiting Period for Sickness	7 Days
Benefit Waiting Period for Hospitalization	0 Days
Maximum Benefit Period	26 Weeks
Covered Earnings	Basic weekly earnings including commissions averaged over 24 month time period. Bonuses and other compensation are not included.
Pre-Existing Condition	This plan does not pay benefits for any disability resulting from pre-existing condition that occurred within 3 months of your effective date unless the disability occurs after you have been insured under this plan for 12 consecutive months.



Long-Term Disability

Long-term disability income begins after 180 days of disability and continues until you recover or reach retirement age, whichever occurs first. This policy provides an income benefit of 60% of your monthly wages. This optional benefit is paid for by the employee. If you elect this coverage when first employed, you will not need to complete an Evidence of Insurability (EOI) form. If you do not elect the coverage when first employed but do elect it during a future Annual Enrollment period, you will need to complete the EOI form and be accepted by the carrier prior to the coverage going into effect.

Benefits and payroll deduction premiums are based on your age and annual wages, The benefit amount is 60% of your pre-disability earnings up to a maximum of \$6,000.

To receive long-term disability benefits, you must be incapable of performing your job (for which you are suited based on your training or education). Disability benefits are

subject to physician certification, insurance carrier approval, and other plan terms and/or limitations.

Rate information will be provided to you at the time of enrollment. Payroll deductions for long-term disability will be made after taxes.

Long-Term Disability	
Employee Paid Core Monthly Benefit	60% of covered basic monthly earnings up to \$6,000; minimum monthly benefit is 10% or \$100
Definition of Disability	24 Month Own Occupation
Social Security Integration	Full Family Social Security Offset
Covered Earnings	Basic monthly earnings including commissions averaged over 24 month time period. Bonuses and other compensation are not included.
Pre-Existing Condition	This plan does not pay benefits for any disability resulting from a pre-existing condition that occurred within 3 months of your effective date unless the disability occurs after you have been insured under this plan for 12 consecutive months
Mental & Nervous Limitation	24 month limitation
Drug & Alcohol Limitation	24 month limitation

Retirement Savings Plan (401(k))

S&S has an active 401K Sharing Plan that eligible employees can identify amounts they want to defer into their retirement account.

The Retirement Savings Plan is designed to provide retirement income through a convenient long-term savings program; this type of program may provide both immediate and deferred tax advantages. Employees are eligible to participate in the plan on the first of the month following 30 days of employment.

Employee Contributions

Personal savings is an important part of retirement income. Employees may choose to make pre-tax and/or after-tax contributions to the Retirement Savings Plan through payroll deductions.

Employees decide the percentage they would like to defer and catch-up contributions are available for employees age 50 and older.

Tax-deferred contributions. You don't pay federal (and in most cases, state and local) income taxes on the money you contribute on a pre-tax basis. The money will be taxable when you withdraw it, when you may be in a lower tax bracket.

Employer contributions. S&S Cycle, Inc. will match what the employee defers or contributes to the plan at 50% of what the employee puts into the plan up to a maximum of 3%. Example- If employee defers 2%, then employer defers 1%. Example - If employee defers 4%, then employer defers 2%. Example - If employee defers 6%, then employer defers 3%. Employer maximum is 3%.

Roth 401(k) contributions. You have the flexibility to make some or all of your contributions on an after-tax basis. You pay taxes on the money now, but all of the earnings grow tax-free and you can make tax-free qualified withdrawals at retirement.


Flexible Health and Dependent Care Savings Accounts

Eligible employees may elect to defer a portion of their compensation to pay for certain out-of-pocket expenses, including medical, dental, vision, disability, dependent care assistance and uninsured medical expenses, on a pre-tax basis.

Employees who do not participate in an HSA may enroll in a flexible savings account to pay for eligible health care expenses (per FSA regulations) not covered by their insurance plans. Employees who participate in an HSA may enroll in a "limited" health care FSA to cover eligible expenses for dental and vision. Employees may set aside money in a dependent care FSA to pay for daycare expenses for their children under the age of 13, or for certain expenses for dependent adults. Contributions are made to the accounts through pre-tax payroll deductions.

Flexible Spending Accts

Health Care Spending Accounts	Dependent Care Reimbursement
You contribute pre-tax dollars for IRS approved Expenses	You contribute pre-tax dollars to pay dependent care expenses up to \$5000.00
<ul style="list-style-type: none">>Deductibles and Copays>Eligible cost not covered by your health plan>RK or Lasik eye surgery>Orthodontia not covered by dental plan>Prescriptions>Use-it-or-lose-it	<p><u>Eligible Dependents:</u></p> <ul style="list-style-type: none">❖Your children up to age 13❖Adults unable to care for themselves <p>Reimbursement for eligible day care/eldercare</p>



Wellness Resources

Fitness Club S&S encourages employees to exercise and maintain a healthy lifestyle and will reimburse you \$120 for your yearly health club membership dues.

Safety Glasses S&S requires safety glasses in all production areas and will reimburse you \$100 for prescription safety glasses every 2 years.

Safety Shoes S&S requires steel toed boots or shoes in all production areas and will reimburse you \$75 for your safety shoe purchase once a year (twice a year for Kawasaki).

2021 Holiday Schedule

Friday, January 1	New Year's Day
Monday, May 31	Memorial Day
Monday, July 5	Independence Day
Monday, September 6	Labor Day
Thursday, November 25	Thanksgiving Day
Friday, November 26	Floating Holiday #1
Friday, December 24	Floating Holiday #2
Monday, December 27	Christmas Holiday
Friday, December 31	New Year's Day Holiday

Note: 12/28/2021 - 12/30/2021 is designated as a shutdown for all hourly and salaried employees working in Operations.

Hourly employees will be required to use any paid time off.
Salaried employees will be required to use vacation time.

Should other departments determine they will also shutdown between the above mentioned dates, the same paid time off requirement will apply for hourly and salaried employees.



This booklet summarizes your S&S Cycle, Inc. benefit package. Complete descriptions of each benefit are available in the actual plan documents. Every effort has been made to ensure this booklet accurately describes these benefits. However, if there is a conflict between this booklet and the plan documents, the plan documents will govern. The benefits offered under these plans, and any other provision of the plans, may be modified or amended from time to time, or may be terminated at any time for any reason by S&S Cycle, Inc. S&S Cycle, Inc. has the right to modify or terminate the plans at any time. All significant changes to the plans will be communicated to covered person as required by applicable law. If a plan is terminated, the rights of the covered persons are limited to claims incurred and payable by the plan up to the date of the termination.

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