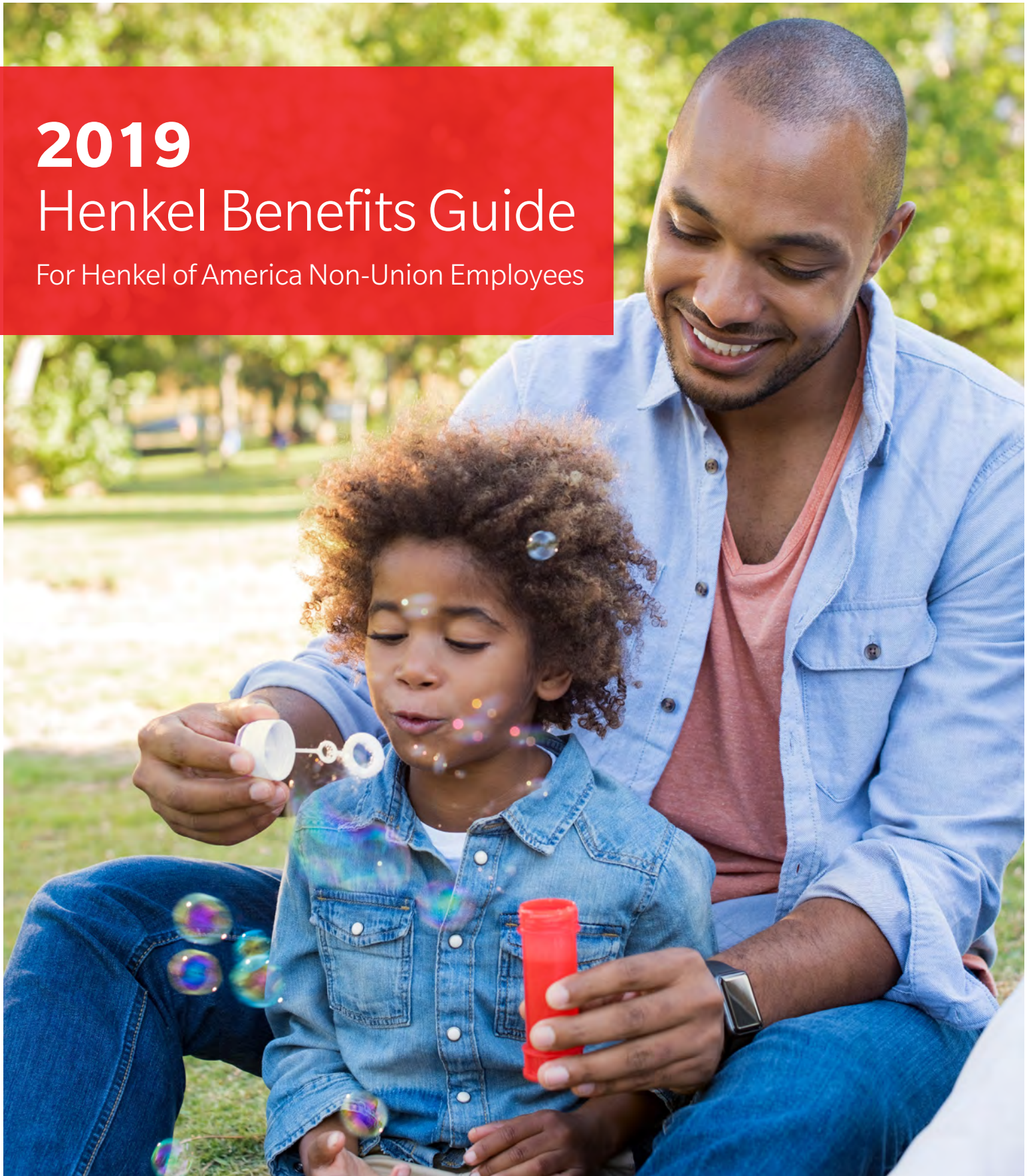


2019

Henkel Benefits Guide

For Henkel of America Non-Union Employees



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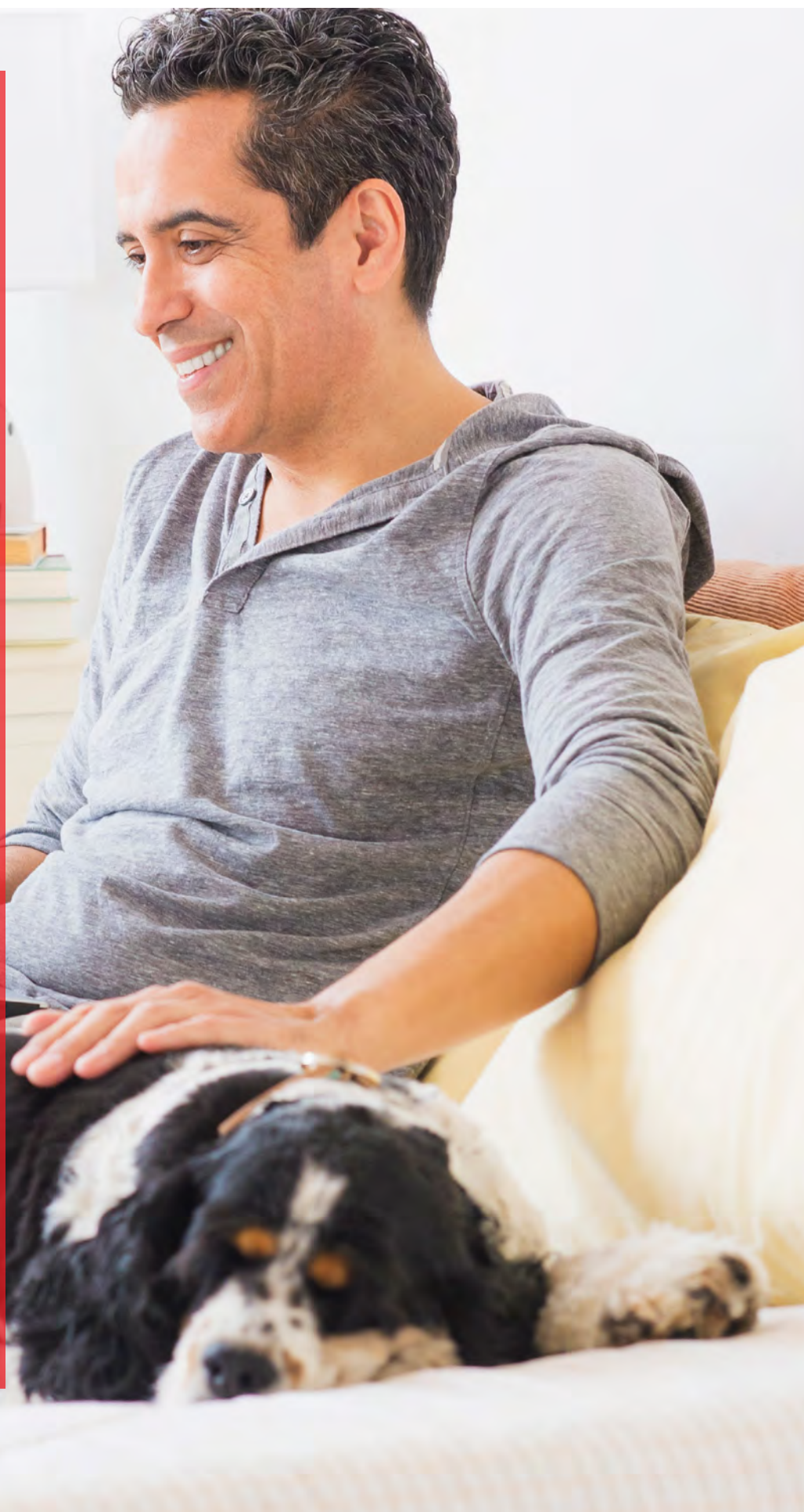
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Welcome

At Henkel, we strive to provide our employees with high-quality and comprehensive benefits to support your wellbeing. As Henkel continues to grow, our goal is to continue to offer benefits that are competitive, while giving you the ability to choose coverage that best fits your needs.

We view ourselves as partners in your wellbeing. Henkel offers high-quality benefits and other resources to support your total health. You are responsible for the choices you make throughout the year, which includes managing your health through preventive care and making wise choices to allow you to get the care you need while minimizing your out-of-pocket expenses.

This guide serves as a summary of your benefits. You can find additional information, including plan documents, on the Henkel Portal at www.henben09.com.

Visit the Henkel Portal

Be sure to visit the Henkel Portal at www.henben09.com to access Henkel benefits information throughout the year. When you visit the site, you will need to select your group from the drop down and enter the password below:

Group: Henkel

Password: Benefits



Eligibility & Enrolling

For You

As a Henkel employee, you are eligible to enroll in benefits if:

- You are scheduled to work 20 hours or more per week, and
- You are not seasonal, co-op, or temporary status.

Your Dependents

As an eligible employee, you can also enroll your eligible dependents for coverage. Eligible dependents include:

- Your spouse or eligible domestic partner.*
- Unmarried or married, natural, step or adopted children up to the end of the month in which they turn age 26.
- Children for whom you or your spouse or domestic partner is the legal guardian, or for whom the Plan is required to provide coverage under a Qualified Medical Child Support Order (QMCSO), up to the end of the month in which they turn age 26.
- Disabled children, up to the end of the month in which they turn age 26; age restrictions do not apply if a child is unable to hold a self-supporting job.

Domestic Partner Eligibility

Your same- or opposite-sex domestic partner is eligible for medical*, dental, vision, voluntary life and applicable AD&D plans if:

- You are in a committed and personal relationship.
- You have been living together for at least six months.
- You are financially interdependent.
- Neither you nor your partner is married to another person.
- You and your partner are not related.

If you are adding a domestic partner for the first time, you will need to certify that he/she meets these requirements with the Henkel Benefits Service Center at www.ybr.com/henkel or by calling 1-800-353-3425.

Payment for your domestic partner's coverage or his or her children's coverage will be deducted post-tax with imputed income.

*If You Cover a Domestic Partner

If you cover a domestic partner in the Henkel medical, dental or vision plan, 2019 is the last year you'll be able to do so. Effective January 1, 2020, domestic partners will no longer be eligible for Henkel coverage. Eligibility for spouses and dependent children is unchanged.

**HMOs may have separate restrictions and eligibility requirements.*

Verify Your Dependents' Eligibility

If you are enrolling a spouse or dependent for the first time, you will need to provide documentation to verify their eligibility for coverage. After enrolling, you will receive information in the mail about how to submit your documentation.

Documentation may include a marriage or birth certificate. If you don't provide the required documentation, your dependent will not be covered. If you have questions about the verification process, call Dependent Verification at 1-800-353-3425. Find helpful information at www.ybr.com/henkel. On the Home page, click on Action Needed under Dependent Verification to open the Dependent Verification website.



Enrolling in Your Benefits

Initial Enrollment

You must enroll within 31 days of becoming eligible for benefits coverage.

You need to complete your elections via the Henkel Benefits Service Center. See “How to Enroll” below.

Enrolling During Open Enrollment

Each year, you will have the opportunity to review your benefit choices for the following year during Open Enrollment.

You have access to your health and insurance benefits online at www.ybr.com/henkel. Through the Henkel Benefits Service Center, you can:

- Review and compare your health care options
- Estimate your medical costs
- Enroll your dependents and update your beneficiaries
- Make your enrollment elections and receive an enrollment confirmation
- Use the Secure Mailbox on the Henkel Benefits Service Center site to get answers to questions

How to Enroll

Visit the Henkel Benefits Service Center at www.ybr.com/henkel or call 1-800-353-3425 to enroll.

If you are logging in to the Henkel Benefits Service Center for the first time, you'll need to register as a new user using the last four digits of your Social Security number. You'll answer security questions and create your user ID and password.

If you enroll online through www.ybr.com/henkel, be sure to print a confirmation statement after you enroll. If you are unable to print, you can request your statement from customer service.

Enrolling During the Year

If you don't enroll for Henkel benefits during the Open Enrollment period each fall, you can't enroll until the next Open Enrollment period, unless you have a qualified family status change. Events that qualify as status changes include, but are not limited to, the following:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement of a child for adoption
- Any event that changes your employment or benefit eligibility status or the employment or benefit eligibility status of your spouse or dependent
- Your child gains or loses eligibility for your coverage
- Your dependent spouse or child dies
- A change in your place of residence that causes a loss or gain of coverage.

You have 31 days after the event to report the event, provide necessary documentation, and make changes.

To initiate a change due to a qualified family status change, contact the Henkel Benefits Service Center either online at www.ybr.com/henkel or by calling 1-800-353-3425.

Meet ALEX, Your Virtual Benefits Counselor

ALEX is a fun, interactive, and engaging online resource to help you understand your benefit options and choose a plan. After you answer a few simple questions, ALEX will “do the math” and recommend a plan that may be best for you.

By using ALEX, you can:

- Learn about your benefits in clear and simple terms
- Get recommendations for benefit options you should consider based on your personal situation
- Review your benefit options with your spouse/family members — at home or anywhere there's an internet connection

Visit ALEX at <http://www.myalex.com/henkel/2019/hnu>.

You'll also find a link to ALEX on the Henkel Portal and the Henkel Benefits Service Center site



Health Benefits

Henkel's Total Rewards Program provides comprehensive health and wellness benefits to protect you and your family. Benefits include:

- **Medical** – Choose from a variety of plans and receive 100% coverage for in-network preventive care.
- **Health Savings Account (HSA)** – With the Aetna HealthFund plan options, you can save pre-tax dollars to pay for eligible health care expenses now and in the future. Depending on the plan, Henkel may contribute to your HSA.
- **Wellness Resources** – Access a variety of resources to help you get healthy and stay healthy.
- **Dental** – Get coverage for preventive, basic and major dental care, including orthodontia. Depending on your location, you may have a choice of plans.
- **Vision** – Keep your vision sharp with coverage for eye exams and lenses.

Medical and Prescription Drug Coverage

Medical Coverage

You have three national medical plans to choose from through Aetna. If these options are not available to you because of your location, you can participate in the Out-of-Area Plan or you may have the option to participate in one of our regional HMOs.

With the national plans, you have the flexibility to see any provider you want, but you will pay less when you receive care from in-network providers. You can find an in-network provider at www.aetna.com/docfind; search the Aetna Choice POS II Network from the drop-down list.

Point of Service (POS) Plan

One of your medical options is a Point of Service (POS) plan, giving you access to Aetna's network of doctors, hospitals and other providers who contract with national providers to provide services at discounted rates. The plan also covers out-of-network doctors, but you'll pay less if you use only in-network doctors.

Two High Deductible Health Plans (HDHP) with Health Savings Account (HSA)

Two of your three medical options qualify as High Deductible Health Plans (HDHPs) under IRS guidelines. HDHPs allow you to also participate in a Health Savings Account (HSA). The plans combine POS-type medical coverage with a tax-free HSA you can use to pay your out-of-pocket costs, tax-free. You have access to a network of doctors, hospitals and other providers who contract with Aetna. A health savings account (HSA) helps pay for out-of-pocket medical expenses, including the deductible and coinsurance. Depending on which plan you choose, Henkel may contribute money to your HSA in addition to your pre-tax contributions.

Like the POS Plan, both HDHPs give you access to Aetna's network of doctors, hospitals and other providers who provide services at discounted rates. The plan also covers out-of-network providers, but you'll pay less if you use only in-network providers.

Regionally Based Health Maintenance Organization (HMO)

Network of doctors, hospitals, health care facilities, laboratories and other providers that have agreed to provide coordinated care services at discounted fees.

Prescription Drug Coverage

When you elect one of the Aetna medical plans, you will receive prescription drug benefits through Express Scripts. The plans cover a broad range of medications that fall into three categories.

Generic Medications

This category covers a broad range of generic medications. Generic medications become available when the patent expires on a brand name medication. They have the same active ingredients as their brand name counterparts, but cost less. If you or your physician requests a brand-name drug when a generic is available, you will be responsible for the generic copay plus the difference in cost between the brand-name and generic drug.

Formulary Medications

These brand-name medications are considered Preferred Prescriptions® and are on Express Scripts' preferred drug list.

Non-Formulary Medications

These are brand-name drugs that fall outside of the Preferred Prescriptions® formulary. You will pay the most toward the cost of these drugs.

Maintenance Medications Available Only Through Home Delivery

Maintenance medications (prescription drugs you take regularly) are available only through Express Scripts home delivery pharmacy after your second fill at a retail pharmacy. If you continue to fill your maintenance medication at a retail pharmacy after the second fill, you will have to pay the full cost of the prescription.

Express Scripts' mail order pharmacy offers enhanced quality controls, convenient delivery, and lower cost. You can fill your home delivery prescriptions through Express Scripts by visiting www.express-scripts.com.

Some drugs may require prior authorization or Step Therapy (which requires you to try a generic medication before a brand-name version can be prescribed). Please contact Express Scripts to ask about your specific needs.



Compare the Aetna Medical Plans

	Aetna Point of Service (POS) Plan		Aetna HealthFund 80/60 with HSA		Aetna HealthFund 70/50 with HSA	
	In-Network ¹	Out-of-Network	In-Network ¹	Out-of-Network	In-Network ¹	Out-of-Network
Henkel HSA Contributions (individual/family)	\$0		\$750/\$1,125		\$0	
Deductible	\$600 individual \$1,200 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$2,750 individual \$5,500 family	\$5,500 individual \$11,000 family
Coinsurance Plan pays You pay	80% 20%	60% 40%	80% 20%	60% 40%	70% 30%	50% 50%
Medical Out-of-Pocket Maximum	\$2,400 individual \$4,800 family	\$6,000 individual \$12,000 family	\$4,500 individual \$6,850 family	\$9,000 individual \$15,000 family	\$5,500 individual \$11,000 family ³	\$11,000 individual \$22,000 family ⁴
Preventive care	Plan pays 100% You pay 0%, no deductible, no copay	After deductible: Plan pays 60% You pay 40%	No deductible: Plan pays 100% You pay 0%	After deductible: Plan pays 60% You pay 40%	No deductible: Plan pays 100% You pay 0%	After deductible: Plan pays 50% You pay 50%
Office visits	Copays per visit: \$25 PCP ² \$40 specialist ²	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 70% You pay 30%	After deductible: Plan pays 50% You pay 50%
Inpatient Hospital Plan pays You pay	After deductible: 80% 20%	After deductible: 60% 40%	After deductible: 80% 20%	After deductible: 60% 40%	After deductible: 60% 40%	After deductible: 50% 50%
Emergency room care Plan pays You pay	80% 20%	80% 20%	80% 20%	80% 20%	70% 30%	70% 30%

¹ Choose providers in the Aetna Choice POS II Plan Network.

² For the Aetna POS Plan, copays do not count toward your deductible, but do count toward your out-of-pocket maximum.

³ No individual member will exceed \$6,850 of in-network out-of-pocket expenses.

⁴ No individual member will exceed \$11,000 of out-of-network out-of-pocket expenses.

Prescription Drug Coverage through Express Scripts

Type	Aetna Point of Service (POS) Plan No deductible	Aetna HealthFund 80/60 Deductible applies	Aetna HealthFund 70/50 Deductible applies
Prescription Drug Out-of-Pocket Maximum	\$4,200 individual \$8,400 family	Combined with medical out-of-pocket maximum	
Retail (up to 31-day supply)	Generic: 5% (min \$5 - max \$25) Formulary: 25% (min \$25 - max \$75) Non-formulary: 40% (min \$40 - max \$150)	After medical deductible: Plan pays 80% You pay 20%	After medical deductible: Plan pays 70% You pay 30%
Mail Order (up to 90-day supply)	Generic: \$20 Formulary: 25% (min \$62.50 - max \$187.50) Non-formulary: 40% (min \$100 - max \$375)	After medical deductible: Plan pays 80% You pay 20%	After medical deductible: Plan pays 70% You pay 30%

Note: You will pay the lower of; the pharmacy's cost of the drug or or the applicable copay/coinsurance. Certain preventive medications do not require you to meet the deductible before you begin to pay coinsurance, or may be covered 100% by your plan. For a list of these medications, visit www.express-scripts.com or call 1-800-595-4104.

Aetna Plan Highlights

Aetna Point of Service (POS) Plan

The Aetna POS plan provides comprehensive medical coverage and includes the following key features:

- Preventive care covered 100% when using in-network providers
- Lower annual deductible and out-of-pocket amounts, but pay more in employee payroll contributions
- Copays for in-network office visits to see a Primary Care Physician (PCP) or a specialist
- A separate prescription drug out-of-pocket maximum (\$4,200 individual/\$8,400 family), which means if you reach this amount, the Plan will pay 100% of the cost of prescription drugs for the remainder of the plan year

Eligibility to Make HSA Contributions

To make HSA contributions, you must be an eligible employee covered under the Aetna HealthFund 80/60 or 70/50 plan provided you:

- Cannot be claimed as a dependent on someone else's tax return;
- Are not enrolled in Medicare and are not covered under Tricare (Tricare includes medical coverage provided by the US Military); and
- Have no other health insurance coverage.

Health Care Reimbursement Accounts (also known as Health Care Flexible Spending Accounts) are generally considered disqualifying health coverage. Claims submitted under a spouse's Health Care FSA also result in HSA ineligibility for the Henkel plan participant.

Aetna HealthFund Plans with Health Savings Account

You have two Aetna HealthFund plans to choose from:

- Aetna HealthFund 80/60
- Aetna HealthFund 70/50

With both plans, you have comprehensive coverage at a lower payroll contribution, and can see any provider you want, but you will pay less for care received from in-network providers.

You also have the opportunity to contribute to a Health Savings Account (HSA) on a pre-tax basis. The HSA can be used throughout the year to pay for eligible medical, dental, and vision expenses, or saved for future health care expenses. An HSA puts you in charge of how you spend your health care dollars and encourages you and your family to consider the cost of care, become better health care consumers, and make wise health care purchasing decisions.

Aetna HealthFund 80/60 with Health Savings Account Plan

- Preventive care covered 100% when using in-network providers
- Henkel contributes to your Health Savings Account (HSA) to help cover the cost of care – \$750 for individual coverage and \$1,125 for family coverage
- Mid-level deductible and out-of-pocket maximum amounts, in exchange for lower employee payroll contributions
- Coinsurance for nearly all services, including office visits and prescription drugs
- You can also contribute tax-free dollars to your HSA

Aetna HealthFund 70/50 with Health Savings Account Plan

- Preventive care covered 100% when using in-network providers
- Lowest employee payroll contributions, but you pay the highest deductible and out-of-pocket maximum amounts
- Coinsurance for nearly all services, including office visits and prescription drugs
- You can contribute tax-free dollars to your HSA



Health Savings Account (HSA)

The HSA is an investment vehicle that may be used to pay for health care expenses tax-free. To contribute to an HSA, you must participate in either the Aetna HealthFund 80/60 or 70/50 plan.

Contributing to an HSA has several tax-saving advantages:

Triple Tax Advantage	Money in your HSA is tax-free when it goes in, tax-free as it grows, and tax-free when used to pay for eligible health care costs.
Grow Your Account	Your account balance rolls over from year to year, grows tax-free interest, and you can invest your funds once your account balance reaches \$1,000.
Keep It	You own your HSA, so it is entirely portable if you stop participating in a HealthFund plan or if you leave Henkel.

HSA and HCRA

When you are enrolled in a plan with an HSA, you are not eligible to participate in the Health Care Reimbursement Account (HCRA). However, a **Limited Purpose HCRA** is offered, giving you an additional opportunity for tax savings.

The Limited Purpose HCRA covers dental and vision expenses only, until you meet your deductible. Once your deductible is met, the Limited Purpose HCRA can also be used for medical expenses.

Making Contributions

You can make tax-free contributions to your HSA up to IRS limits. If you enroll in the Aetna HealthFund 80/60 plan, Henkel will contribute to your HSA. The table below shows the maximum amount that can be contributed to your HSA in 2019:

Coverage	Henkel's Contribution*	Your Optional Contribution**	Total 2019 Annual HSA Contribution Limit**
Aetna HealthFund 90/60			
Individual	\$750	Up to \$2,750	\$3,500
Family	\$1,125	Up to \$5,875	\$7,000
Aetna HealthFund 70/50			
Individual	\$0	Up to \$3,500	\$3,500
Family	\$0	Up to \$7,000	\$7,000

*If your coverage begins after January 1, 2019, Henkel's annual contribution will be prorated to reflect the date you enter the plan.

**If you are age 55 or older by the end of 2019, you may make additional catch-up contributions of up to \$1,000 per year.

Eligible Expenses

You can use your HSA for out-of-pocket expenses that would generally qualify for an income tax deduction for medical, dental, and vision expenses, including:

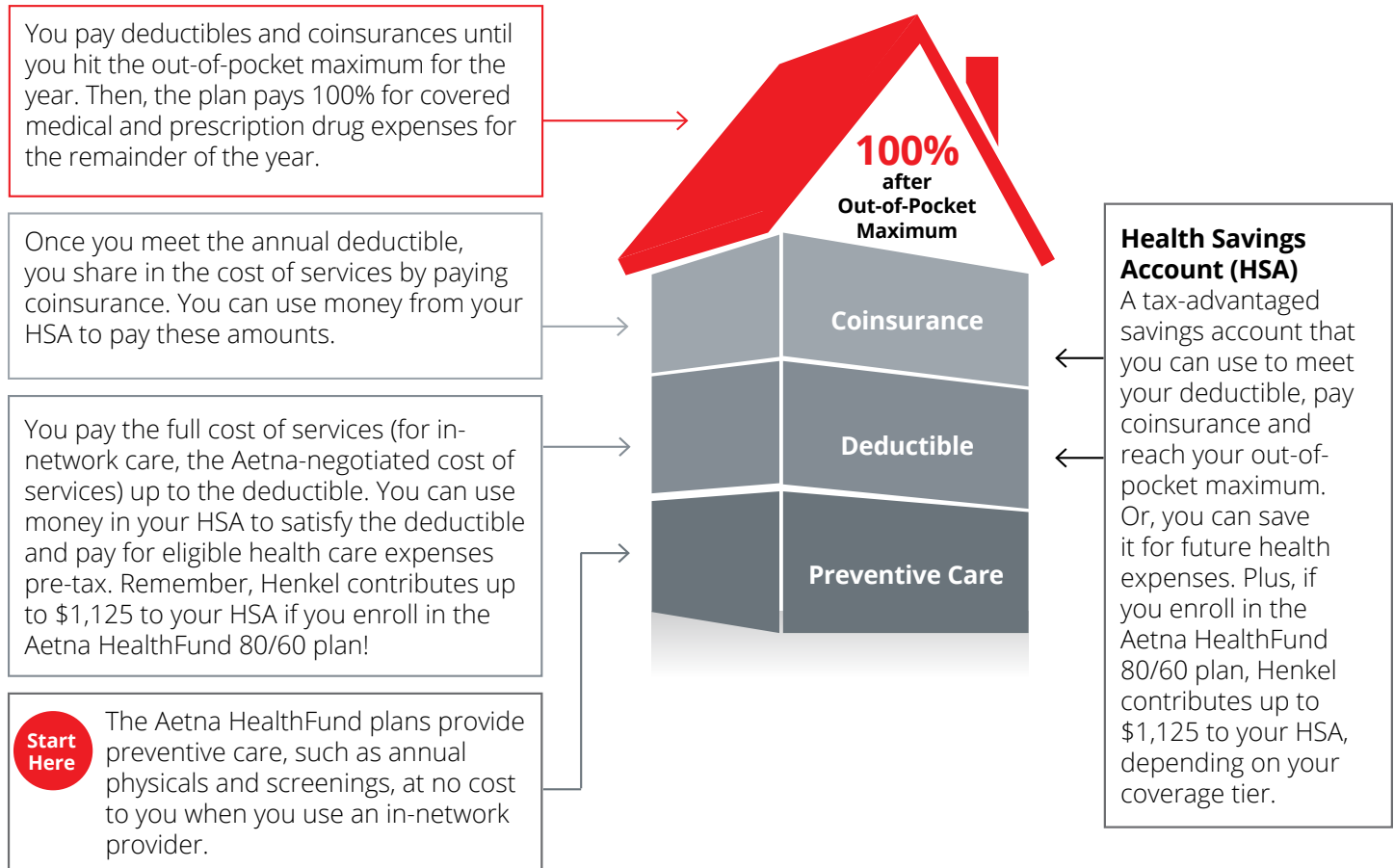
- Deductibles and coinsurance
- Office visits
- Prescription drugs
- Hospital stays
- Lab work and exams
- Hearing aids
- Smoking cessation
- Speech/occupational/ physical therapies
- Chiropractic care and acupuncture
- Dental exams, braces, and other dental care
- Eye exams, contacts, and glasses.

You can also use your HSA to pay for over-the-counter items, such as cold medicine. However, you need a prescription to be able to reimburse expenses for over-the-counter items through your HSA on a tax-free basis.

For a complete list of eligible expenses, review IRS publication 502 at www.irs.gov/publications/p502/index.html.

How the Aetna HealthFund Plans and HSA Work Together

Think of the Aetna HealthFund Plans like a house. Each level builds on the other to create a comprehensive medical plan. You will have access to a nationwide network of doctors and facilities with the freedom to choose in- or out-of-network coverage. You will pay lower out-of-pocket costs when using network providers. No referrals are needed. Your medical and prescription drug expenses are subject to the deductible and coinsurance. The HSA can be used throughout the year to pay for eligible expenses.



Managing Your HSA

There are two ways to access the funds in your HSA:

- **Online** – Visit www.payflex.com to download your claims from Aetna. You can either make an online payment to your provider, if you already paid your provider out-of-pocket, reimburse yourself.
- **HSA PayFlex Debit Card** – You will receive a PayFlex debit card for your transactions, like at the pharmacy. Use the card to pay for eligible health care services; payment is up to available HSA funds at time of withdrawal.

Additional Aetna Resources

Aetna provides resources to its members to help you find care and pursue healthy actions year-round.

Teladoc

You and your dependents have access to Teladoc when you enroll in a medical plan offered through Aetna. Teladoc provides you with 24/7 access, through online or phone consultations, to a national network of physicians who can diagnose, treat and write prescriptions for routine medical conditions, including:

- Allergies and sinus problems
- Cold and flu symptoms
- Respiratory infections
- Poison ivy
- And more

Services provided by Teladoc are covered under the Aetna plans. Teladoc is an alternative to urgent care and emergency room visits, and costs less than a regular office visit. Members enrolled in the POS plan will have a \$10 copay per visit. Aetna HealthFund 80/60 and 70/50 members will pay \$40 or less per visit. Go to <https://member.teladoc.com/aetna> to access Teladoc and create your account.



Aetna Health and Wellness Resources

Aetna Health Concierge

Aetna Health Concierge offers free, confidential health guidance for you and your covered family members—at no cost to you. Through Aetna Health Concierge, you and your family have a dedicated, specially trained nurse to help you make full use of your company benefits for your best health.

You can contact Aetna Health Concierge at 1-877-764-5721 to learn more about your diagnosis, get answers to your health questions and find out possible next steps. In addition, if your health records indicate that you could benefit from connecting with a medical expert, a representative will call you.

Aetna Navigator

On the Aetna Navigator website, www.aetna.com, you can find lots of information about staying well. There's information about:

- Fitness
- Nutrition
- Recommended tests
- Weight management
- Women's health
- Workplace health

You can also use Aetna Navigator to view and print your ID cards, find in-network providers, view balances, and view your claim status.

Aetna Health Decision Support

Health Decision Support is a library of online learning programs to help you:

- Gain a better understanding of your health conditions
- Learn about treatments, procedures and surgery options related to your health condition
- Understand complex medical terms
- Make informed choices about your health care

You can complete a program in about 20 minutes or less — providing a helpful tool as you explore your health and treatment options, or you prepare to visit your doctor. To access Health Decision Support, log in to www.aetna.com and click on *Making decisions about your health?*

Regional HMO Medical Plans

Depending on your location, you may have the option to select a regional HMO medical plan, which are available to employees in California and Michigan. If you are eligible for one of these plans, you will see the plan as an option when you enroll at www.ybr.com/henkel.

	Health Alliance Plan (HAP)* (Available to employees in Michigan)	Kaiser Permanente (Available to employees in California)
	In-Network Only	In-Network Only
Calendar Year Deductible	None	None
Out-of-Pocket Maximum (medical and prescription drug)	\$6,600 individual \$13,200 family	\$1,500 individual \$3,000 family
Lifetime Maximum per person	None	None
Physician Office Visits	\$20 copay for PCP \$35 copay for specialist	\$20 copay
Preventive Care (routine physical exams, gynecological care and immunizations)	Covered 100%	Covered 100%
Hospital Room & Board (semi-private room)	\$250 copay per admission	\$250 copay per admission
Emergency Room	\$100 copay	\$100 copay
Outpatient Surgery	\$150 copay	\$150 copay
Prescription Drugs		
Retail (30-day supply) (Generic/Preferred/Non-preferred)	\$0/\$20/\$40	\$10/\$30/\$30
Mail Order (90-day supply) (Generic/Preferred/Non-preferred)	\$0/\$40/\$80	\$20/\$60/\$60

*Health Alliance Plan also includes vision coverage.

For more information about these plans, visit the plan's website:

- Kaiser Permanente HMO: www.kp.org
- Health Alliance Plan (HAP): www.hap.org

Tobacco Surcharge

When you first enroll, and each year during Open Enrollment, you have the opportunity to attest or update your tobacco use status. If you have used tobacco during the six months prior to completing your attestation, you will pay a \$50 monthly surcharge beginning:

- January 1, 2019 if you become eligible as of that date, or
- January 1, 2020, if you become eligible after January 1, 2019

If you are a tobacco user, you can complete the Tobacco Cessation Program to have the surcharge refunded to you.

Tobacco Cessation Program

- If you have not been tobacco-free for the past six months at the time of enrollment, we encourage you to participate in the tobacco cessation program, available at no cost to you.
- If you successfully complete the program, you will be refunded any surcharge you have paid beginning January 1, 2019.

Please note, the tobacco surcharge applies to all medical plans offered through Henkel.

Tobacco Cessation Prescription Drugs

To assist you in quitting tobacco, Henkel covers prescribed tobacco cessation drugs at 100% with no copay for plan participants over 18 years of age. When you go to the pharmacy, you pay nothing out of pocket when you receive an approved tobacco cessation prescription.

Covered tobacco cessation products include:

- Nicotine transdermal
- Nicotrol NS
- Nicotrol inhaler
- Zyban
- Chantix

Talk to your doctor to find the best option for you.

Spousal Surcharge

If you cover your working spouse or domestic partner under Henkel's medical plan and he or she is eligible for minimal essential medical coverage (otherwise known as major medical) through his or her employer, you will pay an additional \$100 per month to cover your spouse or domestic partner. Note that the surcharge does not apply if your spouse or domestic partner is employed by Henkel.



Wellness at Henkel

Henkel is committed to helping you and your family live healthier lives by providing a variety of resources to help you get the information you need to make healthy choices, year round:

Henkel Wellbeing Program

Henkel offers a comprehensive benefits program designed to help you get healthy and stay healthy. The Henkel Wellbeing Program provides easy-to-use tools and services, along with a simplified reward structure, to help you make healthy choices, become a wise health care consumer, and achieve healthy outcomes. We are able to achieve combined success when each of us takes accountability for our health.

To learn more, access the Henkel Wellbeing website:

1. Visit www.aetna.com and log in to your account or register for the first time. If you are an Aetna medical plan member, use the member ID found on your ID card. If you are a non-Aetna member, use your Social Security number to register.
2. From the Member Home page, select the link for "Discover a Healthier You" located under the Stay Healthy tile near the bottom of the page.
3. On the following page, press "Continue" to enter the Henkel Wellbeing website.
4. Select the "Rewards" tab in the top right corner to review the Henkel Wellbeing Program activities.
5. If you are married to another Henkel employee, you will need to register for your own account as follows:
 - If you are covered under an Aetna medical plan as a primary member, register using your Aetna ID.
 - If you are covered as a dependent, and your spouse is the primary member, use your Social Security number to register (not your Aetna ID).

Resources for Living

Resources for Living provides five free counseling sessions for you or any household member. If you or your family member(s) require more counseling beyond five sessions or require more managed care, the care will be coordinated with your medical plan.

Through the EAP, you and your family members have:

- Confidential 24/7 access to trained, masters-level clinicians.
- Five face-to-face or phone counseling sessions per issue.
- Support and resources available for:
 - Parenting issues
 - Personal or professional relationship problems
 - Drug/substance abuse
 - Self-improvement
- Half-hour financial counseling session.
- Half-hour legal counseling session.
- Resources for things such as work/life balance, elder care referral and children's educational resources.
- One hour identity theft consultation.

You can also find online resources at www.resourcesforliving.com (enter Employer ID: HenkelNA, password: eap), or call to speak to a Resources for Living representative at 1-866-672-5414.

Health Advocate

Henkel offers Health Advocate, a free service to assist you and your dependents (including your spouse, parents and parents-in-law) in resolving various health care and insurance-related issues. A Personal Health Advocate is typically a registered nurse, supported by medical directors and benefits and claims specialists. They work with providers and insurance companies on your behalf to help resolve claims issues, research and explore treatment options, provide comparative cost estimates, obtain second opinions, find in-network providers and assist with other issues.

A Personal Health Advocate can:

- Help you understand and untangle medical bills.
- Help you understand and answer questions about plan benefits.
- Find the right providers and hospitals to fit your needs.
- Locate eldercare and additional support services.
- Get reliable second opinions.
- Explain treatment options recommended by your doctor.

Working with a Personal Health Advocate can reduce the time and stress that may come with solving health care issues. Call 1-866-695-8622 or visit www.healthadvocate.com/henkel to speak with a health advocate. Note that Health Advocate is not an insurance company, nor is it affiliated with a health care provider or third party provider.



Dental Coverage

The Cigna DPPO Plan is a national plan available to all employees. Depending on your location, you may have an additional plan to consider: the Cigna DHMO Plan. If there is a DHMO dentist available in your area, you will see this plan as an option when you enroll for benefits. With the DHMO plan, you have access to in-network providers only.

Dental Plan Comparison

	Dental PPO	Dental HMO
Choice of providers	This plan covers both in- and out-of-network providers, but you will pay less with in-network providers.	This plan covers in-network providers only. You must select a primary care dentist and you must receive a referral from your primary care dentist before you can see an in-network specialist dentist.
Plan deductible	You must reach the plan's deductible before the plan pays benefits for any major dental care you receive. The deductible does not apply to preventive or basic dental care.	This plan has no deductibles.
Paying for care	You pay coinsurance for care received. For major services, you must meet the plan's deductible first.	You pay copays for care received. Copays vary by service.
Benefit maximum	This plan has a benefit maximum. Once you reach the maximum, you must pay the full cost of care for the remainder of the year. For orthodontia, there is a lifetime benefit maximum.	This plan has no benefit maximums.



If you need assistance or have questions about your dental plan options during enrollment, Cigna has pre-enrollment specialists ready to help you. You can call Cigna Dental Customer Service at 1-800-244-6224.

Cigna Dental PPO Plan

The Cigna DPPO Plan gives you the freedom to choose whether you use an in- or out-of-network provider. The plan will provide the same level of coverage; however, if you receive care from an out-of-network dentist, coverage is subject to reasonable and customary charges, which may result in a higher out-of-pocket cost for you. You may be billed for the difference between the payment the dentist receives from Cigna and the dentist's usual fees when you use out-of-network providers at a greater cost to you.

Dental PPO Plan Highlights

Services Provider	In-Network: Percentage of DPPO Fee	Out-of-Network: Percentage of Reasonable & Customary (R&C)* Fee
Preventive Services (exams & cleanings, x-rays, fluoride treatment)	100% Deductible waived	100% Deductible waived
Basic Restorative Services (fillings, extractions, endodontics, periodontics)	Services covered at 80% Deductible waived	Services covered at 80% Deductible waived
Major Restorative Services (inlays/onlays, crowns, bridges/dentures)	Services covered at 50% Deductible applies	Services covered at 50% Deductible applies
Annual Deductible (major services only)	\$50 individual/\$100 family	\$50 individual/\$100 family
Annual Benefits Maximum Excluding Orthodontia	\$1,500 per person	\$1,500 per person
Orthodontia (orthodontic treatment and appliances)	Services covered at 50%, No deductible	Services covered at 50%, No deductible
Orthodontia Lifetime Benefits Maximum	\$1,500 per employee/spouse/child	\$1,500 per employee/spouse/child

* Reasonable & Customary charges are based on the lowest of a dentist's usual, actual or community average charges as determined by Cigna.

Cigna Dental HMO Plan

If there is a Cigna DHMO dentist available in your location, you may be able to enroll in the Cigna DHMO Plan. If this plan is available to you, you will see it as an option when enrolling for dental coverage through the Henkel Benefits Service Center.

This plan provides coverage for care received at in-network dental providers only. There are no out-of-network benefits. When you first enroll in this plan, Cigna will mail you a Welcome Kit that provides instructions on how to select a primary care dentist. A primary care dentist may be temporarily assigned to you, but you can change your primary care dentist at any time by contacting Cigna or using [myCigna.com](https://mycigna.com). See the instructions to the right to find a Cigna DHMO provider.

With the Cigna DHMO Plan, all care is coordinated through your primary care dentist. This means that if you need to see a specialist, such as an endodontist for a root canal, you must first receive a referral from your general dentist.

The plan has no deductible and no benefit maximum, and copays vary based on the services you receive. See the plan's Patient Charge Schedule, which is available at [myCigna.com](https://mycigna.com), for a list of the cost of each service.

Note that you can use your Health Care Reimbursement Account (HCRA) or Health Savings Account (HSA) dollars towards eligible dental expenses.

Find a DHMO Provider

Register at [myCigna.com](https://mycigna.com). You can search for a dentist using your home zip code, or by the name of the dentist, specialty or location.

- Log in to [myCigna.com](https://mycigna.com). Click on "Find a Doctor, Dentist or Facility" at the top.
- Under "Find a..." click "Dentist"
- Enter your search criteria and click "Search", or
- Under "Popular Searches" click a dentist by category.

You can also use the [myCigna](https://mycigna.com) mobile app or call Cigna at 1-800-244-6224 to find a provider.

Vision Coverage

Vision benefits through EyeMed provide coverage for exams and frames and/or contact lenses on an annual basis, with services generally covered at 100% when you use an in-network provider. However, you do have the option to use out-of-network providers at a greater cost to you.

Plan Highlights

Covered Expense	Frequency	In-Network Provider	Out-of-Network Provider
Eye Exam	Once every calendar year	Covered 100%	Plan pays up to \$30
Lenses <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal• Lenticular• Premium Progressives	Once every calendar year	<ul style="list-style-type: none">• Covered 100%• Covered 100%• Covered 100%• Covered 100%• \$65 copay	<ul style="list-style-type: none">• Plan pays up to \$45• Plan pays up to \$65• Plan pays up to \$85• Plan pays up to \$160• Plan pays up to \$65
Frames	Once every calendar year	Covered 100% up to plan allowance of \$150, then 20% off balance over \$150	Plan pays up to \$38
Contact Lenses (in lieu of lenses) <ul style="list-style-type: none">• Medically Necessary• Elective	Once every calendar year	<ul style="list-style-type: none">• Covered 100%• Plan pays up to \$150	<ul style="list-style-type: none">• Plan pays up to \$100• Plan pays up to \$100

After you've received your annual pair of glasses or contact lenses, you are eligible to receive additional discounts, regardless of how many orders you place:

- 40% discount on additional pairs of glasses
- 15% discount on additional orders of conventional contact lenses.

Note that you can use your Health Care Reimbursement Account (HCRA) or Health Savings Account (HSA) dollars towards eligible vision expenses.

What's Not Covered

- **Lens Treatment** – Enhancements like scratch resistance, progressive lenses, transition lenses, etc.; however, a discount is provided.
- **Lasik Surgery** – Discount arrangements are available and can be reimbursed through the Health Care Reimbursement Account, Limited Purpose HCRA or Health Savings Account (HSA).

Finding an In-Network Provider

To find an in-network provider near you, go to www.eyemedvisioncare.com and click on "Locate a Provider;" choose Access Network from the drop down box. Be sure to call and confirm the provider's participation and remember to identify yourself as an EyeMed member to ensure you receive your maximum benefits.

Tax-Advantaged Accounts

Tax-advantaged accounts give you the opportunity to pay for certain everyday expenses—such as health care expenses, child care, and even parking or commuting expenses—on a tax-free basis. The money for these expenses is taken out of your paycheck, before federal and Social Security taxes are calculated, which also helps lower your overall taxable income.

Reimbursement Accounts (also known as FSAs)

Henkel offers you the option of contributing to a Health Care Reimbursement Account and a Dependent Care Reimbursement Account (also known as Flexible Spending Accounts or FSAs) to help pay for eligible health care and dependent care expenses with pre-tax dollars.

Note: You must elect your Reimbursement Account amount annually.

Reimbursement Accounts At-a-Glance

	Health Care Reimbursement Account and Limited Purpose Health Care Reimbursement Account	Dependent Care Reimbursement Account
Annual Contribution Limit	\$2,650*	\$3,700 (if married and filing jointly)*
Employer Match	No match	35% of your contribution up to \$1,300
Payflex Debit Card	Yes	No
Administrator	PayFlex	PayFlex
Election Required	Yes, every year	Yes, every year

**This is the limit for the 2019 calendar year.*

Note: Generally, you cannot submit expenses for your domestic partner or his/her dependents under your HCRA or DCRA. If you have questions, please contact your tax advisor.

Health Care Reimbursement Account (HCRA) and Limited Purpose HCRA

There are two types of Reimbursement Accounts for health care expenses:

- The Health Care Reimbursement Account (HCRA) if you enroll in the Aetna POS Plan or waive Henkel coverage
- The Limited Purpose Health Care Reimbursement Account (Limited Purpose HCRA) if you enroll in the Aetna HealthFund 80/60 or HealthFund 70/50 plan

If you enroll in one of these HCRAs, you can contribute up to \$2,650 for the 2019 calendar year to cover health care expenses for yourself or a tax-qualified dependent.

Eligible Expenses

You can use the HCRA for eligible expenses incurred under your medical, dental and vision plans, such as:

- Deductibles
- Coinsurance
- Copays for physician visits or prescription drugs, and more

You can use the Limited Purpose HCRA for eligible dental and vision expenses, and only for medical expenses that exceed your deductible (such as coinsurance).

For a full list of eligible health care expenses and more information on the HCRA, view **IRS Publication 502** or visit www.payflex.com.

How the HCRA Works

1

Make Contributions to Your Account

During Enrollment

You may contribute up to \$2,650 through payroll deductions to your HCRA or Limited Purpose HCRA in 2019. Keep in mind that the amount you elect will be divided among the remaining pay periods in 2019.

2

Use Your HCRA or Limited Purpose HCRA Funds

From January 1, 2019, through March 15, 2020

You have three ways to access your funds:

Pay at the time of service with your PayFlex debit card

You must elect this option when enrolling. You will receive a PayFlex card to use for your HCRA or Limited Purpose HCRA transactions. Even though you pay for transactions using your debit card, keep your receipts, as you may be required to provide a copy for certain transactions in accordance with IRS regulations.

Submit a request for reimbursement from PayFlex

You can submit expenses paid out-of-pocket for reimbursement. Use the PayFlex mobile app or the claim form available at www.payflex.com to submit receipts and other documentation detailing the transaction. Reimbursement payments can be made to your bank account if you set up direct deposit.

Use the streamline process to pay directly

You must elect the No Debit Card option when enrolling. This process automatically recognizes eligible amounts incurred under an Aetna medical plan and reimburses you directly from your HCRA or Limited Purpose HCRA account.

If you are enrolled in the Aetna HealthFund 80/60 or the Aetna HealthFund 70/50 plan and you choose to participate in a Limited Purpose HCRA, you will have one PayFlex debit card for both your HSA and Limited Purpose HCRA.

3

Submit Your Claims

By June 30, 2020

Eligible expenses must be incurred between January 1, 2019, and March 15, 2020. You have until June 30, 2020, to submit all claims. Any amount remaining in your account after this date is forfeited.

Dependent Care Reimbursement Account (DCRA)

Each year, if you elect to enroll in the DCRA, you can contribute pre-tax funds to cover child or elder care qualified expenses. The care must be for a qualifying person so that you can work or attend school full-time. You must have received the care, not just paid for it, before you can request reimbursement. If you're married, both you and your spouse must be working, be a full-time student, actively looking for work or incapable of self-care.

Eligible Expenses

Eligible expenses include:

- Day care inside or outside your home for children under age 13, or any age if disabled;
- Tuition for pre-school, day camp or before- and after-school programs for children under age 13; and
- Day care for a dependent or disabled parent who lives with you at least eight hours a day and whom you claim on your income tax return.

For a full list of eligible expenses and further information on the DCRA, view [IRS Publication 503](#) or visit. Note: the DCRA is not for your dependent's health care expenses.

How the DCRA Works

1

Make Contributions to Your Account During Enrollment

The maximum contribution into the DCRA for the 2019 calendar year is \$5,000 (\$2,500 if married filing separate tax returns). Henkel will contribute 35% of your contribution, up to \$1,300. So, if you elect to contribute the maximum into the account, you will pay \$3,700 and Henkel will match your contribution with \$1,300 for a total of \$5,000. Contributions (both your money and Henkel's match) are deposited into the account on a per-pay-period basis through payroll deductions.

Keep in mind that the amount you elect will be divided among the remaining pay periods in 2019.

2

Use Your DCRA Funds

From January 1, 2019, through March 15, 2020

Submit a request for reimbursement from PayFlex

You will submit paper claims for reimbursements for eligible expenses. Use the claim form available at www.payflex.com to submit receipts and other documentation for reimbursement. Reimbursement payments can be made to your bank account if you set up direct deposit.

3

Submit Your Claims

By June 30, 2020

You have until June 30, 2020, to submit all claims for 2019 expenses. Any amount remaining in your account after this date is forfeited.

An Important Note About IRS Limits

You are responsible for ensuring that your HCRA, Limited Purpose HCRA and DCRA contributions do not exceed the IRS limit. If you contribute to more than one employer's Reimbursement Account (also known as FSA) during the year, all contributions count towards this maximum.

Commuter Benefits

Commuter benefits can help you stretch your pay because the program allows you to use pre-tax dollars each month to pay for qualified, work-related transit and parking expenses.

Eligible Expenses

- Mass transit costs, such as bus, subway or train, up to a monthly maximum of \$260.
- Parking at or near work and/or transportation service sites, as well as park and ride expenses, up to a monthly maximum of \$260.

Register for Commuter Benefits

You can register for this benefit at any time during the year on a one-time or a recurring basis. Enroll by the 5th day of any month for benefits beginning the following month. For example, you could enroll by July 5 for benefits beginning August 1.

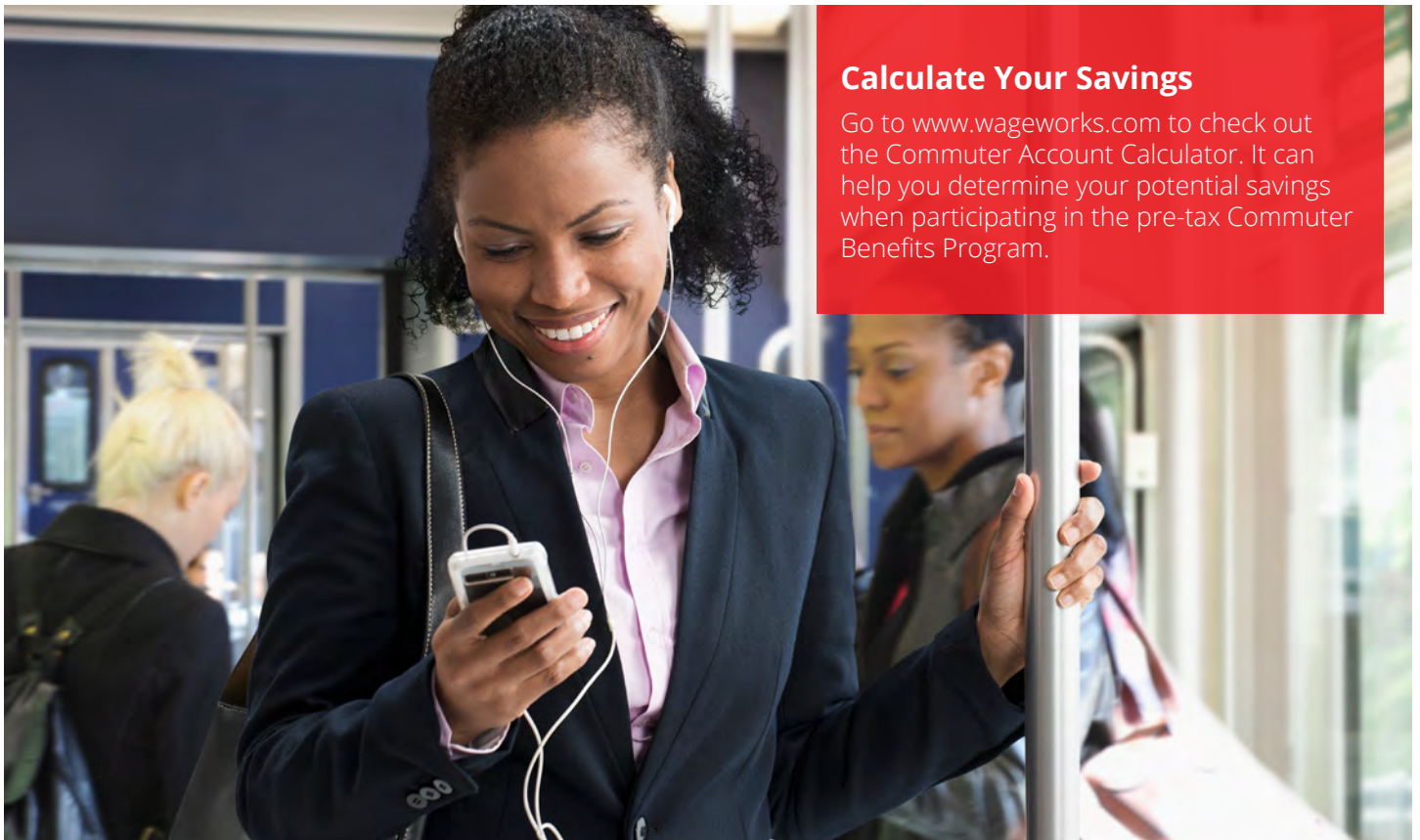
Online

To enroll, go to www.wageworks.com.

1. Click "Log In/Register" on the homepage, then select "Employee Registration." When asked for your ID Code, use the last four digits of your SSN.
2. From the Dashboard, click on "Enroll in Commuter."
3. Step through the process to place your order.
4. An order confirmation email will be sent after the order is placed.

Phone

You can also call 1-877-WageWorks (1-877-924-3967) Monday – Friday, from 8 a.m. to 8 p.m. ET for assistance.



Calculate Your Savings

Go to www.wageworks.com to check out the Commuter Account Calculator. It can help you determine your potential savings when participating in the pre-tax Commuter Benefits Program.

Income Protection and Voluntary Benefits

Income protection benefits help provide financial security to you and your family should the unexpected happen. Henkel offers company-provided life and accident coverage, as well as the opportunity to purchase a variety of supplemental insurance coverages.

Life Insurance

Life insurance provides a lump sum benefit to your beneficiaries if you die. It is intended to help replace the loss of your income. When enrolling, **be sure to provide your beneficiary information** online through the Henkel Benefits Service Center — and keep it up to date throughout your career at Henkel. If you don't have current beneficiary information on file, your beneficiary may not receive the benefit he or she is entitled to.

Basic Life Insurance — Henkel-Provided

Henkel provides Basic Life Insurance coverage at no cost to you. Per IRS rules, you pay imputed income tax on the value of your coverage over \$50,000.

Benefit Amount	2x covered earnings When newly eligible, the coverage is based on your current base salary. In future years, it is your base salary as of July 1 of the prior plan year
Minimum Coverage Maximum Coverage	\$25,000 \$1,500,000

If you are age 65 or older but under age 70 on your effective date of insurance, the amounts of your Basic Life and Basic Accidental Death and Dismemberment Insurance on your effective date of insurance will be limited to 65% of such amount. On and after your 70th birthday, the amount of such insurance will be 50% of the amount of such insurance in effect on the day before your 65th birthday.

Supplemental Life Insurance

With supplemental life insurance, you can choose to purchase additional coverage for yourself at a competitive group rate.

Coverage	1-8x covered earnings When newly eligible, the coverage is based on your current base salary. In future years, it is your base salary as of July 1 of the prior plan year
Maximum Coverage	\$1,500,000
Evidence of Insurability (EOI)	Initial Henkel enrollment 5x covered earnings or \$500,000, whichever is less. No Evidence of Insurability (EOI) required. Future enrollment increases Open Enrollment – 1x increments guaranteed up to 5x covered earnings or \$500,000, whichever is less. For more coverage, Evidence of Insurability (EOI) is required. Future enrollment (late enrollees) Full amounts require Evidence of Insurability (EOI)
Rates	Rates based on age and tobacco use (self-identifying)

Dependent Life Insurance

You can also choose to purchase life insurance for your spouse/domestic partner and children at a competitive group rate. Whether or not you need this insurance, and how much is needed, is a personal decision.

Spouse/Domestic Partner Life Insurance	
Coverage	Increments of \$25,000
Maximum Coverage	\$100,000
Evidence of Insurability (EOI)	Initial Henkel enrollment Elections up to \$50,000, Evidence of Insurability (EOI) is not required Additional amounts above \$50,000, Evidence of Insurability (EOI) is required Future enrollment increases Elections up to \$50,000, Evidence of Insurability (EOI) is not required. Additional amounts above \$50,000, Evidence of Insurability (EOI) is required Future enrollment (late enrollees) Any amounts require Evidence of Insurability (EOI)
Rates	Rates based on age and tobacco use (self-identifying)
Child Life Insurance	
Coverage	\$10,000 (all children covered for one premium)

Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is a process whereby you must submit a brief medical history, and possibly additional information, before the insurance provider approves your additional life insurance coverage.

During Open Enrollment, if any change you make to your supplemental life insurance coverage brings your coverage to greater than five times your covered earnings or \$500,000, whichever is less, you will be required to provide EOI. You will also be required to provide EOI if you have received a salary increase that causes your coverage for 2019 to exceed \$500,000.

If EOI is required, you will be prompted to complete an application before your enrollment elections will be confirmed. If required, you will have to complete a Statement of Health Form on the MetLife website. If preferred, you can print the Statement of Health Form and mail it directly to MetLife. It is your responsibility to complete the EOI form and submit it for evaluation.

If your application is approved, your coverage will be effective immediately upon notification of approval.



Extra Benefits

When you enroll in supplemental life insurance, as an added benefit you also have access to estate planning and will preparation services through MetLife.

Accidental Death and Dismemberment (AD&D) Insurance

Basic AD&D Insurance — Henkel-Provided

Accidental Death and Dismemberment (AD&D) insurance provides a lump-sum payment if you should die as the direct result of an accident or if you are dismembered as the result of an accident. Henkel provides this coverage at no cost to you.

Benefit Amount	2x covered earnings When newly eligible, the coverage is based on your current base salary. In future years, it is your base salary as of July 1 of the prior plan year
Minimum Coverage Maximum Coverage	\$25,000 \$1,500,000

When enrolling, be sure to provide your beneficiary information online through the Henkel Benefits Service Center.

Supplemental AD&D Insurance

You have the option to add additional coverage for yourself and/or your dependents while getting the advantage of a group rate. There are no Evidence of Insurability requirements for Supplemental AD&D.

Supplemental Employee Amount	1-8x covered earnings When newly eligible, the coverage is based on your current base salary. In future years, it is your base salary as of July 1 of the prior plan year No Evidence of Insurability (EOI) required
Maximum Benefit	\$1,500,000
Supplemental Spousal Amount	\$10,000 increments up to \$500,000 No Evidence of Insurability (EOI) required Spouse cannot elect AD&D if employee is not enrolled in Supplemental AD&D coverage
Supplemental Child Amount	\$10,000 increments up to \$50,000 No Evidence of Insurability (EOI) required Employee must be enrolled in Supplemental AD&D coverage

Short-Term Disability

Henkel provides Short-Term Disability (STD) coverage after three months of service. If you are absent from work due to disability for more than seven consecutive days, the STD plan provides 66⅔% or 100% of your weekly base salary depending on your length of service.

Length of Service	100% Pay Replaced	66⅔% Pay Replaced
3 Months up to 1 Year	4 weeks	22 weeks
1 Year up to 3 Years	8 weeks	18 weeks
3 Years up to 6 Years	12 weeks	14 weeks
6 Years up to 8 Years	16 weeks	10 weeks
8 Years up to 10 Years	20 weeks	6 weeks
10 or More Years	26 weeks	None

If you work in a state that provides a state-mandated disability program, you must apply for state disability benefits. Any state benefits received must be reported and will be deducted from the maximum weekly STD benefit. If you fail to apply for or report receipt of available state disability benefits, any STD benefit payments from Henkel will be reduced by the maximum amount of state disability benefits provided by that state's law.

Long-Term Disability

Basic Long-Term Disability

Henkel provides basic Long-Term Disability (LTD) coverage, providing continued income if you should become disabled from working more than 180 consecutive days. Your premiums for LTD coverage are deducted on an after-tax basis, so the benefit you receive, should you become disabled, is not subject to federal income taxes.

Eligibility	Immediate, employer-provided Basic coverage
Elimination Period	180 days of consecutive disability
Benefit Amount	66⅔% of covered earnings
Maximum Benefit	\$3,333 per month
Covered Earnings	Base salary as of July 1 of the prior year, subject to a \$60,000 maximum. When newly eligible, it is your base salary as of your hire date, subject to a \$60,000 maximum.

Supplemental Long-Term Disability

You have the opportunity to purchase additional LTD coverage at a competitive group rate if your salary is greater than \$60,000.

- You may purchase additional coverage to replace 66⅔% of your covered earnings (up to \$270,000), to a maximum benefit of \$15,000 per month.
- You have 31 days to elect coverage from the date you are first eligible; otherwise election is subject to Evidence of Insurability.

Visit the Henkel Portal at www.henben09.com for additional details.

Voluntary Benefits

You have a variety of supplemental insurance coverages to choose from, to add additional protection for you, your family and your possessions. If you elect any of these optional coverages, you pay the full cost, at group rates, through payroll deductions.

Initial Enrollment

You can elect the following benefits only during your initial enrollment period (or a subsequent Open Enrollment period) by visiting the Henkel Benefits Service Center at www.ybr.com/henkel or by calling 1-800-353-3425.

Hospital Indemnity Insurance	<p>Although Henkel's medical plans provide comprehensive coverage, you can purchase supplemental coverage for further financial protection in the event you are hospitalized due to an illness or injury.</p> <p>With Hospital Indemnity Insurance, if you are hospitalized, you will be paid a lump-sum benefit to help cover the costs of your hospital stay or medical care. This way, you avoid paying for these expenses out of your pocket and can preserve your HSA or reimbursement account funds for other purposes. Your spouse and child(ren) are also eligible for coverage under the plan.</p>
Accident Insurance	<p>Allstate Accident Insurance can help you be better financially prepared to handle the cost of an accident and related medical treatment. The cash benefits can be used to help pay for deductibles, treatment, physical therapy, and even personal costs, like rent or groceries. Your spouse and child(ren) are also eligible for coverage under the plan.</p>
Critical Illness	<p>If you are diagnosed with a critical illness, this benefit can help cover the costs of your medical expenses, treatments, and other out-of-pocket expenses — so that you can focus on getting better. Your spouse and child(ren) are also eligible for coverage under the plan.</p> <p>In the event you are diagnosed with a covered illness, you will receive a cash benefit that you can use however you like.</p>
Hyatt Legal Services	<p>The plan covers a wide variety of legal services through a network of more than 14,000 participating attorneys. Services include:</p> <ul style="list-style-type: none">• Wills, living wills and living trusts• Mortgages• Civil litigation• Bankruptcy• Adoption• Review of personal legal documents

Visit www.henkelvoluntarybenefits.com for additional details about these benefits, or call 1-866-795-4268, M–F, 9 am – 6 pm ET.

During the Year

You can enroll in the following benefits during the year. Mercer Voluntary Benefits administers these programs. To enroll or make changes to these benefits, call 1-866-795-4268, or visit www.henkelvoluntarybenefits.com.

Group Universal Life (GUL)	<p>You can supplement your basic life insurance with Group Universal Life (GUL) Insurance in an amount up to 8 times your basic annual earnings (rounded up to the next highest \$10,000), to a maximum of \$2.5 million.</p> <p>You also have the option of contributing to a side cash fund. Any money you contribute to the cash fund earns tax-deferred interest, meaning your money grows at a faster rate than comparable taxable accounts. The interest rate is guaranteed to never be lower than 3%.</p> <p>New employees who want to enroll in GUL without providing Evidence of Insurability (EOI), must do so within 90 days of their hire date.</p>
Group Auto/Home Insurance	<p>The Group Auto and Home Insurance program gives you access to competitive group rates and money-saving discounts that are not available to the general public. Discounted group rates may also be available for renters and for policies on boats and recreational vehicles, personal excess liability ("umbrella") coverage, and other types of policies.</p>
InfoArmor	<p>InfoArmor's PrivacyArmor® provides complete identity protection, including:</p> <ul style="list-style-type: none">• Identity Monitoring<ul style="list-style-type: none">- Your most current credit report- Continuous credit monitoring- Personal credit score with an analysis- Fraud restoration with non-credit searches• CreditArmor®• WalletArmor®• Internet and digital identity surveillance• Social media reputation monitoring <p>You can also purchase coverage for your dependents.</p>
Pet Insurance	<p>Pet insurance from Nationwide® can help you pay medical treatment costs for your pet's accidents, illnesses and routine medical care. Plans are available for dogs (mixed-breed and purebred), cats, birds, rabbits, ferrets, reptiles and other exotic pets. The plan covers a wide variety of treatments for your pet, including office visits, surgery, and prescriptions, from any licensed veterinarian in the U.S.</p>

Visit www.henkelvoluntarybenefits.com for additional details about these benefits.

Time Off

Vacation Accrual & Vacation Buy/Sell

Vacation Accrual

Each year you work at Henkel, you accrue vacation benefits based on your anniversary year. Your vacation accrues per pay period. You cannot carry over your vacation from year to year.

Vacation Schedule (as of January 1 of anniversary year)

If You Have Worked at Henkel for...	You Will Accrue...
Less than 1 year	a prorated vacation based on your hire date
1 to 4 years	10 vacation days
5 to 9 years	15 vacation days
10 to 19 years	20 vacation days
20 years or more	25 vacation days

2019 Holidays

Core Holidays	Floating Holidays
10 days	1 day

Vacation Buy/Sell Program

The Vacation Buy/Sell program allows you to purchase additional time off and sell vacation days you choose not to take. This program can help you create a healthy work/life balance and provides you with more flexibility. Income received from the Vacation Buy/Sell program is not considered recognized compensation for any benefit or compensation program.

Vacation Buy Program

During the Open Enrollment period, all employees will have the option to purchase one week's worth of vacation to be used in 2019. The cost is one week's salary that is paid through pre-tax payroll deductions. Any purchased vacation that you do not use by the end of the year will be refunded to you at the end of the year. Accrued vacation days must be used before vacation-buy days. If you use more days than you accrued or purchased and leave the company, you must provide reimbursement.

Vacation Sell Program

Employees who are eligible for three or more weeks of vacation have the option to sell one week of vacation. The only time you can sell your vacation is during the Open Enrollment period. If you elect to sell a week of vacation, you will be paid through a lump-sum payment via payroll.

Eligibility for Selling Vacation

If You Qualify For a Vacation of...	You May Sell...
10 days	No days
15 days	5 days vacation
20 days	5 days vacation
25 days	5 days vacation

Additional Benefits

Employee Service Recognition Program

If you reach a milestone anniversary date in your service with Henkel, you will receive a cash award in the following amount:

Years of Service	Award Amount*
1 year	\$50
5 years	\$100
10 years	\$200
15 years	\$300
20 years	\$400
25 years	\$500
30 years	\$600
35 years	\$700
40 years	\$800
45 years	\$900
50 years	\$1,000

**Henkel will pay the income tax on the award amount so that you receive the full award amount shown above.*

You will receive the award in the first bi-weekly paycheck of the month following your anniversary date.

Adoption Assistance

Henkel provides reimbursement of up to 50% of the IRS limit for adoption assistance in connection with the adoption of any one child. This is in aggregate, rather than an annual amount, even if the expense occurs over a period of years. The plan covers reimbursement for up to two children per employee.

To apply for adoption assistance, complete the form that is available on the Henkel Benefits Service Center website at www.ybr.com/henkel.

Merit Scholarship

Henkel offers college scholarship opportunities for the children of employees. Look for more details about the 2019 program on the Henkel intranet portal under "Services."

Educational Assistance

Henkel invests in the training and professional development of our employees by providing the opportunity for reimbursement of expenses toward education received at an accredited institution. Detailed information regarding the program and how to apply is available on the Henkel intranet portal under "Services."

Retirement Benefits

Henkel 401(k) and Defined Contribution Arrangement (DCA)

Your retirement benefits help you meet one of life's important goals — saving toward financial security at retirement. Not only does Henkel match your 401(k) contributions up to 4%, the Company also makes an additional 4% contribution toward your retirement savings.

The Henkel 401(k) Plan helps you save and plan for retirement and includes two components:

- **401(k) Plan** – A retirement account that you can make contributions to, which Henkel will match up to 4%.
- **Defined Contribution Arrangement (DCA)** – Henkel makes a contribution equal to 4% of your eligible earnings to your account with Fidelity, whether or not you contribute to the 401(k) plan.



Managing Your Investments

Fidelity is your retirement account record keeper. Manage your 401(k) and DCA investments by visiting Fidelity's website at www.401k.com.

Investment Options

You have access to 21 mutual funds and Lifecycle Funds, and can expand your investment choices through Fidelity's Brokerage Link®.

Planning and Investment Resources

Fidelity offers a number of online resources to help you plan your retirement savings goals, manage your investments, and diversify your portfolio to meet your strategy.

Loans

You can take out a maximum of two loans against your retirement plan at any one time. Your interest rate will be a prime rate + 1 in effect during the calendar quarter in which the loan is issued.

Henkel 401(k) Plan

By contributing to the 401(k) plan, administered by Fidelity, you can save for retirement while also taking advantage of valuable employer-match contributions from Henkel.

Key Features

- **Automatic Enrollment** – You will be automatically enrolled in the Plan unless you enroll on your own or opt out of the automatic enrollment feature within 45 days from your hire date. If you do not opt out of automatic enrollment within 45 days, 4% of your pay will be contributed to your Plan account, and contributions will be invested in the American Target Date fund with a target retirement date closest to the year you might retire, based on your current age and assuming retirement at age 65.
- **Your Contributions** – You can make tax-deferred contributions, or choose after-tax Roth contributions, up to 50% of eligible earnings up to IRS limits. These contributions are deducted from each paycheck, making it easy and convenient to save money for the future.
- **Henkel's Contributions** – Henkel matches your contributions \$1 for each \$1 you contribute (up to 4% of eligible pay). The match is based on combined pre-tax and Roth participant contributions.
- **Vesting** – Your and Henkel's matching contributions are immediately vested.
- **Annual Contribution Limits** – The IRS limits the amount you can contribute each year. In 2019, the limit is \$19,000. If you are age 50 or older, you can make catch-up contributions of up to \$6,000 in 2019.
- **Managing Your Account** – You can change your contribution percentage or your investment option(s), or opt out of the Plan, by calling 1-800-835-5092 or by going online through Fidelity NetBenefits® at www.401k.com.
- **Opting Out** – You can opt out of the Plan at any time; however, any contributions already invested cannot be reimbursed.

Defined Contribution Arrangement (DCA)

The Defined Contribution Arrangement (DCA) portion of the Plan is an account balance retirement plan fully paid for by Henkel.

Key Features

- **Henkel's Contributions** – The Company will contribute an amount equal to 4% of your eligible earnings to your account with Fidelity.
- **Managing Your Account** – Henkel's contributions are made every pay period and go directly into your 401(k) Fidelity account. You can make separate investment elections for the DCA contributions and 401(k) contributions. You can also decide how Henkel's contributions are invested at any time. You can access and manage your account through Fidelity at www.401k.com.
- **Vesting** – Every year, you become 20% vested in your DCA benefit. After five years, you are fully vested, which means you are entitled to your full account balance if you leave Henkel after that time. You also are fully vested upon death, termination following disability, or attainment of age 65.



Employee Share Plan

The Employee Share Plan (ESP) is a voluntary program that enables eligible employees to purchase shares of Henkel AG & Co. KGaA preferred stock through after-tax payroll deduction.

You are eligible to participate if you are a Salaried/Non-Union* hourly employee in the U.S., Puerto Rico, and Canada and have at least one year of service as of January 1. Open Enrollment for the Employee Share Plan is held between October 1 and October 31 each year.

**Union employee eligibility is based on the terms of the applicable collective bargaining agreement.*

Key Features

- **Contributions** – For 2018, the minimum annual contribution is \$600, and the maximum annual contribution is 4% of your base pay or \$5,748, whichever is less. Henkel will make a matching contribution equal to 33.33% of your contributions.
- **Participating in the Plan** – Your participation election is made in a flat dollar amount. You may not change your ESP election during the year; however, you can stop deductions if you choose. You can view your account anytime at www.equateplus.com.
- **Purchasing** – The shares of Henkel preferred stock are purchased monthly with employee and company contributions. Shares are traded on the DAX in Germany, in euros; month-end conversion applies.
- **Deductions** – Deductions will be taken in 12 monthly payments from your pay, on the first payroll of each month. If you do not have enough pay for the scheduled deduction, no deduction will be taken for that month. If the deduction is not taken, shares will not be purchased for that month.
- **Vesting** – The matching contributions in your ESP account vest three years from January 1 of the year in which the matching shares were purchased — shares purchased in 2018 vest in 2021.
- **Taxation** – The matching contributions are taxed at the time of vesting. When taxed, the matching contributions are taxed on the Fair Market Value in effect at the time of vesting.
- **Selling Shares** – An active employee may sell their employee shares at any time, and vesting applies to associated match shares, which may result in forfeiture of match shares if they are sold before being vested. Sale proceeds are paid to employees through Henkel's normal bi-weekly payroll process. The sale process may require up to four weeks to complete due to the administrative complexity of the transaction.
- **If You Leave Henkel** – All former employees must transfer or sell the shares held in their ESP accounts within 90 days of leaving the company.



Expat Benefits

If you are an expatriate working abroad, the Aetna International Plan is designed to provide you comprehensive coverage for care received internationally and domestically.

Plan Highlights

- This health coverage includes medical, dental and vision packaged into one plan.
- When receiving care domestically, Aetna International acts like a PPO plan, with options available to you in-network and out-of-network. To locate U.S. network providers, use DocFind at www.aetnanavigator.com or call Aetna Member Services.
- Pharmacy benefits are included in this plan, and you have multiple options when it comes to filling your prescriptions, including mail order abroad.

Plan Features	Outside the U.S.	In the U.S.	
Coverage	No network applies	In-Network	Out-of-Network
Deductible	None	None	None
Coinsurance	100%	100%	70%
Out-of-Pocket Maximum	None	\$500 single \$1,500 family	\$1,000 single \$3,000 family
Doctor Visits	100%	\$10 copay	70%
Hospital Coverage	100%	100%	70% after \$250 hospital deductible
ER Coverage	100%	100%	100%
Prescription Coverage	100%	\$10 copay generic/ \$20 copay brand	70%
Vision (1 exam/12 months)	100%	100%	100%
Vision Supplies up to \$200 Maximum	100%	100%	100%
Dental	Deductible is \$50 single/\$150 family up to \$2,000 per person/per year <ul style="list-style-type: none">• 100% preventive• 80% basic• 50% major		

Additional details about the Henkel Expat Plan are available at www.ybr.com/henkel or on the Henkel portal at www.henben09.com. Aetna International Customer Service is available to assist 24 hours a day, 7 days a week at 1-800-231-7729 or you can visit their website at www.aetnainternational.com.

Benefit Plan Contacts

Benefit	Plan Carrier	Contact Information
Henkel Benefits	Henkel Benefits Service Center	www.ybr.com/henkel 1-800-353-3425, M-F, 8 am – 8 pm ET
Medical	Aetna	www.aetna.com 1-877-764-5721, M-F, 8 am – 10 pm ET
Health Savings Account and Reimbursement Accounts	PayFlex	www.payflex.com 1-800-284-4885, M-F, 6 am – 6 pm ET Saturday 8 am – 1 pm ET
Commuter Benefits	WageWorks	www.wageworks.com 1-877-WAGEWORKS 1-877-924-3967
Resources for Living	Resources for Living	www.resourcesforliving.com (User name: HENKELNA, password: eap) 1-866-672-5414, M-F, 8 am – 5 pm ET (Crisis line open 24/7)
Prescription Drug	Express Scripts	www.express-scripts.com 1-800-595-4104, available 24/7
Dental	Cigna	www.myCigna.com 1-800-Cigna24 (1-800-244-6224), available 24/7
Vision	EyeMed	www.eyemedvisioncare.com 1-866-723-0596 Monday – Saturday, 7:30 am – 11 pm ET; Sunday, 11 am – 8 pm ET
Life/AD&D	MetLife	www.metlife.com
Disability	Lincoln	www.mylibertyconnection.com (User name: HENKEL) 1-888-526-5761, M-F, 8 am – 5 pm ET Claims filing available 24/7
Voluntary Benefits <ul style="list-style-type: none"> • Hospital Indemnity Insurance • Accident Insurance • Critical Illness Insurance • Hyatt Legal Services • Group Universal Life Insurance • Auto Insurance • Homeowners Insurance • Identity Theft Insurance • Pet Insurance 	Henkel Voluntary Benefits	www.henkelvoluntarybenefits.com 1-866-795-4268, M-F, 9 am – 6 pm ET
401(k) Plan & Defined Contribution Arrangement (DCA)	Fidelity	www.401k.com 1-800-835-5092, M-F, 8:30 am – 8 pm ET
Employee Share Plan (ESP)	Equate Plus	www.equateplus.com 1-866-512-0921

Mobile Wallet Card Puts Benefits Contacts in Your Pocket

Henkel wants to make finding the right resource for your benefit questions easier and faster. The new Mobile Wallet Card puts all benefits contacts and apps in one place: on your smartphone!

How to Access the Mobile Wallet Card

1. From your computer or smartphone, open up the web browser, such as Safari or Chrome.
2. Go to www.myhenkelwalletcard.com.
3. Save the link to your favorites, or follow the instructions on the page to add the website link to your phone's homescreen.



The information in this newsletter pertains only to Henkel non-union employees. The company maintains the right to modify or terminate company-sponsored plans at any time without notice, as applicable. Although the company believes that these benefits will be provided in the future, no guarantee can be made. This is not a Summary Plan Description. In case of any discrepancies, the legal plan documents and contracts for each plan govern. This information should not be considered a contract for purposes of payment of benefits.

