



2026 WORTHINGTON STEEL BENEFITS SUMMARY

MEDICAL AND PRESCRIPTION DRUG - ANTHEM BCBS NETWORK (HSA WITH HEALTHEQUITY)						
	PPO PLAN		HSA BLUE PLAN		HSA GREEN PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COMPANY CONTRIBUTION TO YOUR HSA (PER PLAN YEAR; PRORATED FOR NEWLY ELIGIBLE EMPLOYEES)						
EMPLOYEE ONLY	N/A		\$1,000		\$750	
FAMILY			\$2,000		\$1,500	
DEDUCTIBLE (PER PLAN YEAR)						
	Embedded deductible		Combined deductible		Combined deductible	
EMPLOYEE ONLY	\$600		\$1,950		\$2,950	
FAMILY	\$1,200		\$3,900		\$5,900	
OUT-OF-POCKET (OOP) MAXIMUM (PER PLAN YEAR)						
	Embedded OOP max		Combined OOP max		Combined OOP max	
EMPLOYEE ONLY	\$3,800	\$5,300	\$3,800	\$5,300	\$4,800	\$6,300
FAMILY	\$7,600	\$10,600	\$7,600	\$10,600	\$9,600	\$12,600
COVERED SERVICES ¹						
ROUTINE PREVENTIVE CARE	No charge	No charge	No charge	No charge	No charge	No charge
LIVEHEALTH ONLINE	\$15 copay	N/A	\$35	N/A	\$35	N/A
OFFICE VISITS (PHYSICIAN)	\$25 copay	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
OFFICE VISITS (SPECIALIST)	\$40 copay	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
OUTPATIENT DIAGNOSTIC (LAB/X-RAY)	\$25 copay	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
URGENT CARE	\$50 copay	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
EMERGENCY ROOM	\$150 copay		20% after deductible		30% after deductible	
OUTPATIENT SERVICES	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
INPATIENT HOSPITAL STAY	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
PRESCRIPTION DRUG - NAVITUS						
PHARMACY	PPO PLAN (RETAIL/MAIL ORDER)		HSA BLUE PLAN (IN-NETWORK)		HSA GREEN PLAN(IN-NETWORK)	
TIER 1: PREFERRED GENERIC	\$10/\$25		20% after deductible			
TIER 2: PREFERRED BRAND & NON-PREFERRED GENERIC	\$40/\$100		25% after deductible			
TIER 3: NON-PREFERRED BRAND & GENERIC	\$70/\$175		30% after deductible			
TIER 4: SPECIALTY	\$70/\$175		30% after deductible			
MONTHLY EMPLOYEE MEDICAL PLAN CONTRIBUTIONS						
	PPO PLAN		HSA BLUE PLAN		HSA GREEN PLAN	
EMPLOYEE ONLY	\$109.00		\$109.00		\$40.00	
EMPLOYEE + CHILD(REN)	\$194.00		\$194.00		\$70.00	
EMPLOYEE + SPOUSE	\$239.00		\$239.00		\$88.00	
EMPLOYEE + FAMILY	\$327.00		\$327.00		\$118.00	
TOBACCO SURCHARGE	\$40 per month, based on the use of any tobacco or nicotine products by employee and/or covered spouse.					
	Tobacco surcharge waived upon participation in Anthem’s Tobacco Free tobacco cessation program. For more information, call your Anthem Family Advocate at 833-824-1434 .					

¹ If not otherwise indicated, deductible and coinsurance will likely apply. Coinsurance percentages shown in the above chart represent what you are responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. To be eligible for the HSA, you cannot be covered under a second health care plan. See plan document for full details.

WORTHINGTON STEEL WELLNESS PROGRAM

One of the most important components of the program is to help you know your numbers, like cholesterol and blood pressure, so you can identify health risks early and make positive changes. Complete a health screening with a blood draw, from Jan. 1, 2026, to Dec. 1, 2026, to avoid the No-to-Wellness surcharge during calendar year 2027.

No-to-Wellness surcharge: By completing your health screening with a blood draw, you save \$40 a month per employee and \$40 a month per spouse enrolled in a Worthington Steel medical plan.

DENTAL - DELTA DENTAL

BENEFIT	VALUE PLAN	PREMIUM PLAN
ANNUAL MAXIMUM COVERED BY PLAN	\$1,000 per person	\$2,000 per person
INDIVIDUAL/FAMILY DEDUCTIBLE Embedded deductible	\$50/\$150	\$25/\$75
PREVENTIVE CARE Examples: exams, cleanings, bitewing X-rays	No deductible, paid at 100%	No deductible, paid at 100%
RESTORATIVE CARE Examples: fillings, crown repair	Paid at 80%	Paid at 80%
ORAL SURGERY	Paid at 80%	Paid at 80%
MAJOR CARE Examples: crowns, bridges, dentures, root canal, gum disease treatment, implants	No coverage	Paid at 50%
ORTHODONTIA	No coverage	No deductible, paid at 50% (\$1,500 lifetime maximum per member; no age limit)

MONTHLY EMPLOYEE DENTAL PLAN CONTRIBUTIONS

	VALUE PLAN	PREMIUM PLAN
EMPLOYEE ONLY	\$18.50	\$31.99
EMPLOYEE + CHILD(REN)	\$50.60	\$78.85
EMPLOYEE + SPOUSE	\$34.66	\$60.84
EMPLOYEE + FAMILY	\$75.55	\$119.69

VISION COVERAGE - VISION SERVICE PLAN (VSP)

BENEFIT	VALUE PLAN (IN-NETWORK PROVIDER)	PREMIUM PLAN (IN-NETWORK PROVIDER)	OUT-OF-NETWORK REIMBURSEMENT (COPAYS APPLY)
EXAMS	\$20 copay	\$10 copay	Up to \$45
PRESCRIPTION GLASSES	\$25 copay	\$10 copay	N/A
FRAMES	\$155 frame allowance included in prescription glasses copay; save 20% on amount over allowance Every other calendar year	\$200 frame allowance included in prescription glasses copay; save 20% on amount over allowance Every calendar year	Up to \$70
LENSES	Single vision, lined bifocal, lined trifocal or lenticular lenses included in prescription glasses copay Every calendar year		Single vision: up to \$30 Bifocal: up to \$50 Trifocal: up to \$65 Lenticular: up to \$100
LENS ENHANCEMENTS	Standard progressives: \$0 copay Premium progressives: \$95-\$175 copay Average savings of 20-25% on other lens enhancements Every calendar year	Polycarbonate lenses: \$0 copay Photochromic/tints: \$0 copay Standard progressives: \$0 copay Premium progressives: \$50 copay Anti-reflective coating: \$40 copay Average savings of 20-25% on other lens enhancements Every calendar year	Progressives: \$50
CONTACT LENSES (INSTEAD OF GLASSES)	\$120; fitting fee capped at \$60 copay	\$150; fitting fee capped at \$60 copay	Up to \$105
KIDS CARE PROGRAM	Children receive exam, lenses and frames every 12 months		\$0

MONTHLY EMPLOYEE VISION PLAN CONTRIBUTIONS

	VALUE PLAN	PREMIUM PLAN
EMPLOYEE ONLY	\$9.17	\$14.61
EMPLOYEE + CHILD(REN)	\$15.43	\$24.54
EMPLOYEE + SPOUSE	\$13.03	\$20.73
EMPLOYEE + FAMILY	\$24.66	\$39.23

BASIC LIFE AND AD&D INSURANCE (EMPLOYEE ONLY) - LINCOLN FINANCIAL

EMPLOYEE	<ul style="list-style-type: none">• 1.5 times benefit earnings up to \$750,000• 100% company-paid, no cost to employee
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SUPPLEMENTAL LIFE AND AD&D INSURANCE (EMPLOYEE AND DEPENDENTS) - LINCOLN FINANCIAL

EMPLOYEE	Between 1 and 8 times your benefit earnings up to \$1 million
SPOUSE	\$25,000, \$50,000, \$75,000, \$100,000 or \$125,000
CHILD	\$5,000 or \$10,000

FLEXIBLE SPENDING ACCOUNTS (FSA) - HEALTHEQUITY

HEALTH CARE FSA	<ul style="list-style-type: none">• Available if you are not enrolled in an HSA medical plan. Funds are for eligible medical, prescription, dental and vision expenses.• Contributions made on a pre-tax basis• Contribute up to \$3,300 annually
LIMITED PURPOSE FSA	<ul style="list-style-type: none">• Available if you are enrolled in an HSA medical plan. Funds are for eligible dental and vision expenses only.• Contributions made on a pre-tax basis• Contribute up to \$3,300 annually
DEPENDENT CARE FSA	<ul style="list-style-type: none">• Available regardless of your medical plan enrollment. Funds are for eligible child care (up to age 13) and elder care expenses.• Contributions made on a pre-tax basis• Contribute up to \$7,500 annually (\$3,750 if married and filing separate income tax returns)

EMPLOYEE ASSISTANCE PROGRAM (EAP) - SUPPORTLING

The program provides confidential and comprehensive assessments, information and planning referrals for situations ranging from everyday issues to crisis counseling. This is a company-paid benefit, with no employee contribution required.

VIRTUAL WEIGHT LOSS AND DIABETES PREVENTION

VIRTA HEALTH	<ul style="list-style-type: none">No cost to medical plan members age 18 and olderOne-on-one support from a dedicated health coach and medical providerDigital tools to track your progress and provide real-time insights
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VIRTUAL PHYSICAL THERAPY

HINGE HEALTH	<ul style="list-style-type: none">Personalized exercise therapy to support your musculoskeletal systemTrueMotion technology used to track motion and provide real-time feedbackUnlimited one-on-one health coaching (via the app or phone)
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DISABILITY PLANS

SHORT-TERM DISABILITY	<ul style="list-style-type: none">Seven-day waiting period, followed by three weeks of 100% salary continuation then 23 weeks at 75% of benefit earningsCompany-paid benefit, no employee contribution
LONG-TERM DISABILITY	<ul style="list-style-type: none">60% of the greater amount of your two prior year’s W-2 earnings, offset by, among other things, Social Security, up to age 65Company-paid benefit, no employee contribution

PARENTAL LEAVE

Provides up to two weeks of parental leave, at 100% of your base pay, to bond with or care for your child. This benefit covers parents who are welcoming a child through birth, adoption or foster care.

401(K) RETIREMENT PLAN - FIDELITY

- Company match:** The company will match 50% on the first 4% of eligible wages you contribute.
- Company contribution:** The company will contribute 3% of eligible wages. You receive this contribution even if you choose not to make your own employee contributions.
- Company contributions are made each pay period and you are immediately 100% vested in all contributions.
- You are eligible for company contributions after six months of employment.

FINANCIAL WELLNESS - MORGAN STANLEY AT WORK

Offers personalized financial guidance and access to free one-on-one financial consultations, financial checklists, a library of articles, interactive resources and more. There is no cost to you to participate in this program.

LEGAL CARE - ARAG

Legal plan that provides you with access to a network of attorneys and financial counselors as often as you like to discuss your legal and financial issues.

Coverage includes: defense of civil damage claims, prenuptial agreements, small claims assistance, identity theft services, bankruptcy, caregiver support and other services. Cost is \$22 per month.

ADOPTION REIMBURSEMENT PLAN

Provides up to \$5,000 in reimbursement of eligible adoption expenses.

EMPLOYEE STOCK PURCHASE PLAN - BROADRIDGE

Enables you to purchase shares of Worthington Steel common stock through payroll deductions after six months of employment.

This is a general summary of benefits and does not contain exclusions, limitations or complete details. Please see the Summary Plan Descriptions at worthingtonsteelbenefits.com for further details.

CONNECT WITH THE WORTHINGTON STEEL PEOPLE CENTER

If you have questions about your benefits or need help, contact the Worthington Steel People Center by calling **614-840-3002**, Monday through Friday, 8 a.m. to 5 p.m. ET, or emailing wpc@worthingtonsteel.com.

