

2025 WORTHINGTON STEEL BENEFITS SUMMARY

MEDICAL & PRESCRIPTION DRUG - ANTHEM BCBS NETWORK (HSA WITH HEALTHEQUITY)

BENEFIT	HSA BLUE PLAN	HSA GREEN PLAN
ANNUAL COMPANY HSA CONTRIBUTION <i>Funded semi-annually in January and July, prorated for new hires</i>	Employee only: \$1,000 Family:* \$2,000	Employee only: \$750 Family:* \$1,500
DEDUCTIBLE	Employee only: \$1,650 Family:* \$3,300	Employee only: \$2,650 Family:* \$5,300
COINSURANCE	In-network: 80% Company/20% employee responsibility Out-of-network: 60% Company/40% employee responsibility	In-network: 70% Company/30% employee responsibility Out-of-network: 50% Company/50% employee responsibility
OUT-OF-POCKET MAXIMUM	In-network: \$3,500 employee only; \$7,000 family* Out-of-network: \$5,000 employee only; \$10,000 family*	In-network: \$4,500 employee only; \$9,000 family* Out-of-network: \$6,000 employee only; \$12,000 family*
MONTHLY EMPLOYEE CONTRIBUTION	Employee only: \$96 Employee + child(ren): \$171 Employee + spouse: \$210 Family: \$288	Employee only: \$35 Employee + child(ren): \$62 Employee + spouse: \$77 Family: \$104
PREVENTIVE CARE	Covered at 100% with no deductible	
PRESCRIPTION DRUG (IN-NETWORK)	Tier 1 – Preferred Generic 80% Company/20% employee responsibility Tier 2 – Preferred Brand & Non-Preferred Generic 75% Company/25% employee responsibility Tier 3 – Non-Preferred Brand 70% Company/30% employee responsibility	
MAIL ORDER	Additional \$20 charge per fill after the second fill of a maintenance prescription drug if you do not use the Mail-Order program.	
SPECIALTY MEDICATIONS	70% Company/30% employee responsibility. Must be filled at either the Worthington Industries Pharmacy or Lumicera, Navitus' Specialty Pharmacy.**	
LIFETIME MAXIMUM	Unlimited	
TOBACCO SURCHARGE	\$40/month, based on the use of any tobacco or nicotine products by employee and/or dependents. Tobacco Surcharge waived upon completion of a tobacco cessation program. For more information, call your Anthem Family Advocate at 833-824-1434 .	

Call your Anthem Family Advocate at **833-824-1434** for questions about your medical and prescription drug benefits. Call the Worthington Steel People Center at **614-840-3002** to enroll or make changes to your benefits.

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 between Oct. 1, 2024 - Dec. 1, 2025, to avoid the No-to-Wellness Surcharge during calendar year 2026.

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
PREVENTIVE CARE (Exams, cleanings)	No deductible, paid at 100%	No deductible, paid at 100%
RESTORATIVE CARE (Fillings, extractions)	\$50 deductible, paid at 80%	\$50 deductible, paid at 80%
MAJOR CARE (Crowns, bridges, dentures)	No coverage	\$50 deductible, paid at 50%
ORTHODONTIA	No coverage	No deductible, paid at 50% (\$1,000 lifetime maximum per child age 16 or younger)
ANNUAL MAXIMUM	\$1,000/person	\$1,000/person
MONTHLY EMPLOYEE CONTRIBUTION	Employee only: \$17.65 Employee + child(ren): \$48.27 Employee + spouse: \$33.06 Family: \$72.07	Employee only: \$26.24 Employee + child(ren): \$65.43 Employee + spouse: \$49.86 Family: \$99.39

*Family includes Employee + spouse, Employee + child(ren), and Family coverage levels.

**The Worthington Industries Medical Center continues to operate under this name post legal separation.

***A comprehensive list of services by category (Preventive, Restorative and Major) is available by contacting Delta Dental.

VISION - VSP			
BENEFIT	VALUE PLAN (IN-NETWORK PROVIDER)	PREMIUM PLAN (IN-NETWORK PROVIDER)	OUT-OF-NETWORK REIMBURSEMENT (COPAYS APPLY)
EYE EXAMS	\$20 copay (Excludes evaluation & fitting charges for contact lenses) Every calendar year		Up to \$45
PRESCRIPTION GLASSES	\$25 copay		N/A
FRAMES	<ul style="list-style-type: none"> \$155 frame allowance included in prescription glasses copay, save 20% on amount over allowance Every other calendar year 	<ul style="list-style-type: none"> \$200 frame allowance included in prescription glasses copay, save 20% on amount over allowance Every calendar year 	Up to \$70
LENSES	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Average savings of 20-25% on other lens enhancements Every calendar year 	Progressive: \$50
CONTACT LENSES (instead of glasses)	Covered up to \$120; fitting fee capped at \$60 copay		Up to \$105
KIDS CARE PROGRAM	Children receive exam, lenses and frames every 12 months		\$0
MONTHLY EMPLOYEE CONTRIBUTION	Employee only: \$9.17 Employee + child(ren): \$15.43 Employee + spouse: \$13.03 Family: \$24.66	Employee only: \$12.83 Employee + child(ren): \$21.54 Employee + spouse: \$18.20 Family: \$34.44	
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 		
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"> If you are enrolled in a medical plan with HSA, funds are available for only dental and vision expenses. Contributions made on a pre-tax basis Contribute up to \$3,200 annually 		
DEPENDENT CARE FSA	<ul style="list-style-type: none"> Account for child care (up to age 13) or elder care expenses Contributions made on a pre-tax basis Contribute up to \$5,000 annually (\$2,500 if married and filing separate income tax returns) 		
EMPLOYEE ASSISTANCE PROGRAM (EAP) - SUPPORTLINC			
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.			
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 earnings Company-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 65 Company-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			
<ul style="list-style-type: none"> 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/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.