



2023 WORTHINGTON INDUSTRIES BENEFITS SUMMARY

Benefits effective date of hire unless otherwise noted and applies to full-time employees.

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

BENEFIT	HSA BLUE PLAN	HSA GREEN PLAN
ANNUAL COMPANY-PROVIDED FUND AMOUNT Funded monthly, pro-rated for new hires	Employee only: \$1,000 Family: \$2,000	Employee only: \$750 Family: \$1,500
DEDUCTIBLE Your HSA dollars can be used toward your deductible	Employee only: \$1,500 Family: \$3,000	Employee only: \$2,500 Family: \$5,000
COINSURANCE	In-network: 80% Worthington/20% your responsibility Out-of-network: 60% Worthington/40% your responsibility	In-network: 70% Worthington/30% your responsibility Out-of-network: 50% Worthington/50% your responsibility
OUT-OF-POCKET MAXIMUM Includes amounts paid by both you and Company-provided HSA funds	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: \$67 Employee + spouse: \$147 Employee + child(ren): \$120 Family: \$201	Employee only: \$24 Employee + spouse: \$53 Employee + child(ren): \$43 Family: \$73
PREVENTIVE CARE	Covered at 100% with no deductible	
PRESCRIPTION DRUG (IN-NETWORK)	Tier 1 – Preferred Generic 80% Worthington/20% your responsibility Tier 2 – Preferred Brand & Non-Preferred Generic 75% Worthington/25% your responsibility Tier 3 – Non-Preferred Brand 70% Worthington/30% your responsibility	
MAIL ORDER	Additional \$20 charge per fill after the second fill of a maintenance prescription drug if you do not utilize the Mail Order program	
SPECIALTY MEDICATIONS	70% Worthington/30% your responsibility. Must be filled at either the WI 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 <i>Tobacco surcharge waived upon completion of a smoking cessation program. For more information, call Worthington Industries Medical Center at 888.490.3500 or visit wibenefitshelp.com.</i>	

Call MyQHealth for all of your healthcare and wellness questions.
888.971.7377

Call Worthington's People Center for all of your enrollment questions.
877.840.6506

CARE FINDER (POWERED BY HEALTHCARE BLUEBOOK)

Choosing healthcare shouldn't be a guessing game. Care Finder is a powerful search engine that helps you compare the cost and quality of doctors, hospitals, lab tests, imaging procedures and more — from any device. If you're enrolled in Worthington's medical plan, you'll get access to Care Finder at no additional cost. Visit wibenefitshelp.com or call MyQHealth at **888.971.7377**.

WORTHINGTON AMPED WELLNESS PROGRAM - MYQHEALTH

Worthington Amped offers you the opportunity to get healthier and earn rewards. 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. Your goal is to complete a health screening with a blood draw by Sept. 30, 2023 to avoid the No-to-Wellness surcharge during calendar year 2024.

For those who amp up their wellness efforts and participate in challenges, there will be mid-year and year-end prizes as well as grand prize drawings. Visit wibenefitshelp.com to learn more.

No-to-Wellness Surcharge: \$40 a month per employee and \$40 a month per spouse enrolled in the medical plan.

DENTAL - DELTA DENTAL

BENEFIT	VALUE PLAN	PREMIUM PLAN
PREVENTIVE (Exams, cleanings)	No deductible, paid at 100%	No deductible, paid at 100%
RESTORATIVE (Fillings, extractions)	\$50 deductible, paid at 80%	\$50 deductible, paid at 80%
MAJOR (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: \$17.06 Employee + spouse: \$31.96 Employee + child(ren): \$46.66 Family: \$69.67	Employee only: \$25.37 Employee + spouse: \$48.20 Employee + child(ren): \$63.25 Family: \$96.08

A comprehensive list of services by category (Preventive, Restorative & 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		
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	Polycarbonate lenses: \$0 Standard progressives: \$0 Premium progressives: \$95-\$175 Average savings of 20-25% on other lens enhancements Every calendar year	Polycarbonate lenses: \$0 Photochromic/Tints: \$0 Standard progressives: \$0 Premium progressives: \$50 Anti-reflective coating: \$40 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: \$8.84 Employee + spouse: \$12.56 Employee + child(ren): \$14.87 Family: \$23.77	Employee only: \$12.36 Employee + spouse: \$17.54 Employee + child(ren): \$20.77 Family: \$33.20	

HEARING HEALTHCARE - AMPLIFON

A nationwide network of hearing healthcare providers offering more than 2,000 hearing aid models from leading manufacturers. **Benefit includes:** a low-price guarantee, a three-year warranty, including coverage for repairs, loss or damage and a 60-day no-risk trial period. This benefit is available to all employees and their family members.

BASIC LIFE AND AD&D (EMPLOYEE ONLY) - SECURIAN

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 (EMPLOYEE AND DEPENDENTS) - SECURIAN

EMPLOYEE	Between 1 and 8 times your benefit earnings not to exceed \$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

HEALTHCARE FSA	<ul style="list-style-type: none"> If you are enrolled in the medical plan with HSA, funds are available for only dental and vision expenses Contributions are made on a pre-tax basis Contribute up to \$2,850 annually
DEPENDENT CARE FSA	<ul style="list-style-type: none"> Account for child care (up to age 13) and/or elder care expenses Contributions are made on a pre-tax basis Contribute up to \$5,000 annually (\$2,500 if married and filing separately)
ADOPTION FSA	<ul style="list-style-type: none"> Account for reimbursement of qualified adoption expenses Contributions are made on a pre-tax basis Contribute up to \$5,000 annually

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. Company paid benefit, no employee contribution.

DISABILITY PLANS - BROADSPIRE (STD) & METLIFE (LTD)

SHORT-TERM DISABILITY	<ul style="list-style-type: none"> After a seven-day waiting period, three weeks of 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 - BROADSPIRE

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

- Matching Contributions:** The Company will contribute 50% up to 4% of eligible wages.
- Deferred Profit Sharing Contributions:** 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

Personalized learning plan and access to free one-on-one financial consultations, financial checklists, a library of articles and interactive resources, and much more!

LEGAL CARE - ARAG

Legal plan which provides you with access to a network attorney or financial counselor as often as you like to discuss your legal and financial issues.

Coverage includes: defense of civil damage claims, prenuptial agreements, small claim assistance, identity theft services, bankruptcy 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 Industries common stock through payroll deductions.