

EMPOWERED TO THRIVE

2025 BENEFITS SUMMARY



PHONE | 833.824.2292



WEB | [anthem.com](https://www.anthem.com)



HOURS | M-F, 8 a.m. - 8 p.m. ET



PHONE | 877.840.6506



EMAIL | WPC@wthg.com



HOURS | M-F, 8 a.m. - 5 p.m. ET

MEDICAL & PRESCRIPTION DRUG - ANTHEM (HSA WITH HEALTHEQUITY)

BENEFIT	HSA SELECT PLAN	HSA CHOICE PLAN
ANNUAL COMPANY CONTRIBUTION TO YOUR HSA Funded quarterly, prorated 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: \$1,650 Family: \$3,300	Employee only: \$2,650 Family: \$5,300
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: \$76 Employee + spouse: \$168 Employee + child(ren): \$137 Family: \$230	Employee only: \$28 Employee + spouse: \$61 Employee + child(ren): \$50 Family: \$84
PREVENTIVE CARE	Covered at 100% with no deductible	
PRESCRIPTION DRUG (IN-NETWORK) PHARMACY BENEFIT MANAGER: NAVITUS	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 PHARMACY	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 Worthington 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 the Worthington Medical Center at 614.840.3500.</i>	

VIRTUAL PHYSICAL THERAPY - HINGE HEALTH

Hinge Health provides virtual physical therapy support to help manage back, neck and joint pain without medication or surgery. Through Hinge Health, get personalized exercise therapy and one-on-one coaching. Hinge Health is available at no cost to you.

DIABETES MANAGEMENT AND CLINICAL WEIGHT LOSS - VIRTA

Access a virtual clinic to help manage and reverse Type 2 diabetes, prediabetes and obesity through nutritional therapy and behavioral change. Virta is available at no cost to you.

WELLNESS PROGRAM

Our wellness program 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. Employees and spouses enrolled in medical coverage as of Jan. 1, 2025, must complete a health screening with a blood draw by Sept. 30, 2025, to avoid the Wellness Surcharge during calendar year 2026.

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: \$17.25 Employee + spouse: \$32.31 Employee + child(ren): \$47.18 Family: \$70.44	Employee only: \$25.65 Employee + spouse: \$48.74 Employee + child(ren): \$63.95 Family: \$97.15

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

VISION - VSP VISION CARE			
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: \$9.60 Employee + spouse: \$13.64 Employee + child(ren): \$16.15 Family: \$25.82	Employee only: \$13.43 Employee + spouse: \$19.05 Employee + child(ren): \$22.56 Family: \$36.07	
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 		
SUPPLEMENTAL LIFE AND AD&D (EMPLOYEE AND DEPENDENTS) - SECURIAN			
EMPLOYEE	Between one and eight 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 an HSA medical plan, funds are available for only dental and vision expenses • Contributions are 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) 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			
SupportLinc provides access to a variety of resources to support your mental and emotional wellbeing, including up to eight free counseling sessions per issue. Company-paid benefit, no employee contribution.			
DISABILITY PLANS - BROADSPIRE (STD) & RELIANCE MATRIX (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 average amount of your two prior years' 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			
Company contributions are made each pay period and you are 100% vested in all contributions. You are eligible for Company contributions after six months of employment.			
<ul style="list-style-type: none"> • Matching Contributions: The Company will match 50% of employee contributions 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. 			
FINANCIAL WELLNESS - MORGAN STANLEY AT WORK			
Personalized learning plan and access to free one-on-one financial consultations, financial checklists, a library of articles, 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. Coverage includes civil claims, prenuptial agreements, small claim assistance, identity theft services and more.			
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 Enterprises common stock through payroll deductions after six months of employment.			
PET INSURANCE			
Take advantage of a 10% discount on pet insurance through ASPCA Pet Health Insurance to help cover veterinary care. Sign up at aspcapetinsurance.com/WorthingtonEnterprises and enter discount code: EB24WTHG.			

This is a general summary of benefits and does not contain exclusions, limitations or complete details. Please see the Summary Plan Descriptions at worthingtonbenefits.com for further details. Employee support specialists in the People Center are also available Monday through Friday from 8 a.m. to 5 p.m. ET. Please contact the People Center at 877.840.6506 or WPC@wthg.com.