



thyssenkrupp

Benefits Guide

Your Roadmap to Benefits

27

Welcome to Your 2027 Benefits

At thyssenkrupp Automotive Technology (tkAT), we offer benefits that support your health, financial wellbeing and peace of mind. Whether you're enrolling for the first time or reviewing your coverage for the year ahead, this guide will help you understand your options and make informed decisions.

How to Use this Guide

Think of this guide as your benefits roadmap. As you explore each section, you'll find helpful tools and insights to make the most of the benefits available to you and your family. Here are a few rules of the road:

Use the onboard navigation

The tabs on the right hand side of the page will take you to areas of interest and provide you with in-depth information about your benefit offerings.

Watch for signs



Shift into Gear!

Tips, shortcuts and savings opportunities

These tricks highlight ways to save money, access care more conveniently and take advantage of programs that can support your overall wellbeing and deliver the most value for you and your family.



Under the Hood

Helpful details and deeper explanations

These tips provide helpful explanations, insider know-how and additional context so you can more fully understand your benefits and make confident choices.

Get the Most Mileage from Your Benefits

We know healthcare costs can add up. That's why our benefits program is built for any budget. It includes no-cost plan features and coverage options to help you get the right care at the right price.

7 Ways to Fuel Your Wellbeing

- **Visit a local health center** for no-cost care services*
- **Use MDLive telehealth services** for convenient no-cost virtual care
- **Choose a medical plan** that works for your needs and budget
- **Take advantage of in-network preventive care** at no additional cost
- **Enjoy predictable prescription drug copays** through the Standard and Plus Plans
- **Save on taxes** through a Health Savings Account (HSA) or Flexible Spending Account (FSA)
- **Access no-cost support through our Employee Assistance Program (EAP)**, including counseling, financial wellness, nutrition and stress-management resources

* If you are enrolled in the **Select HSA Plan**, IRS regulations require a small copay until the deductible is met.



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Medical Plans and Costs

We have three different medical plan options — the **Standard Plan** with a Health Care Account (HCA), the **Plus Plan**, and the **Select HSA Plan** with a Health Savings Account (HSA).

There's a lot to consider. Use this high-level summary to get familiar with your options.

STANDARD PLAN	PLUS PLAN	SELECT HSA PLAN
Built for Value	Built for Protection	Built for Savings
FREE local health clinic access Easy-to-schedule office visits with Nurse Practitioner for routine/school/sport physicals, labs, minor injuries, and acute illness		
FREE telehealth through MDLive		
\$250 Annual Wellness Benefit — added to your paycheck once the claim is processed		
Lowest premiums with a head start to meet your deductible	Most predictable costs, with higher premiums to match	Save on taxes while enjoying comprehensive coverage
tkAT funds your Health Care Account (HCA)	No tkAT funding	tkAT matches your Health Savings Account (HSA) contributions
Might be a fit for you if: - You have moderate healthcare needs - You are looking for the lowest premiums - You are comfortable with out-of-pocket spend after your HCA is used	Might be a fit for you if: - You value predictable costs - You prefer low out-of-pocket costs - You are comfortable with higher premiums	Might be a fit for you if: - You plan to contribute to your HSA - You're comfortable with variable pricing for your Rx and medical needs
Might not be a fit for you if: You want the lowest deductible	Might not be a fit for you if: You rarely use healthcare	Might not be a fit for you if: You value cost certainty over tax advantage
Maximize the value by: Using Marathon Health and telemedicine from MDLive for routine care to stretch your HCA further	Maximize the value by: Researching the network options to find the best provider for your needs	Maximize the value by: Contributing and exploring the investment options offered through your HSA



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Medical Plans: What You Get with Each Option

While all of our medical plan options offer good coverage and access to the BCBS provider network, each has distinct features. Review the chart below to see which plan might best fit your needs.

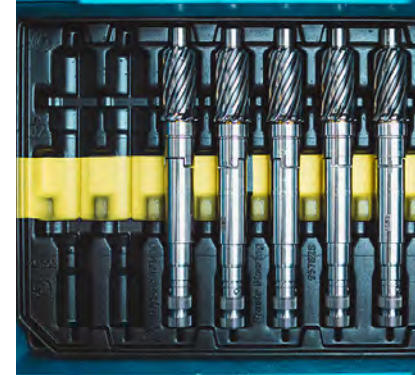
PLAN FEATURES	STANDARD PLAN	PLUS PLAN	SELECT HSA PLAN
Coverage and Access			
BCBS PPO Network	⚙️	⚙️	⚙️
Prescription coverage with CVS Caremark	⚙️	⚙️	⚙️
Access to local health centers	⚙️	⚙️	⚙️
Telehealth with MDLive	⚙️	⚙️	⚙️
Account Features			
Health Care Account (HCA)	⚙️		
Health Savings Account (HSA)			⚙️
Contributions from tkAT allowed	⚙️		⚙️
Contributions from employee allowed			⚙️
Funds roll over year to year	⚙️		⚙️
How the Plan Pays			
Medical copays before deductible		⚙️	
Prescription drug copays before deductible	⚙️	⚙️	
Embedded family deductible	⚙️	⚙️	
Embedded out-of-pocket			⚙️



Under the Hood: Not all deductibles work the same way

Standard and Plus Plans: If one family member meets the individual deductible, the plan begins paying benefits for that person, even if the family deductible has not been met. That's an "embedded deductible."

Select HSA Plan: Even if one family member meets their individual deductible, the plan does not begin paying benefits until the full family deductible has been met.



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Medical Plan Summary

Here's a high-level summary of your plan options. You can get more details in the [Medical Plan Comparison Chart](#).

	STANDARD PLAN	PLUS PLAN	SELECT HSA PLAN
Account funding by tkAT	Health Care Account (HCA) Seed: Employee only/\$750 Family/\$1,500	\$0	Health Savings Account (HSA) Match: Employee only/\$500 Family/\$1,000
Pre-Deductible Member Costs			
Routine physical	\$0	\$0	\$0
Office visit at Marathon Health	\$0	\$0	\$25
Telemedicine from MDLive	\$0	\$0	\$0
Office visit with BCBS Provider	As billed	PCP-\$35 / Specialist-\$50	As billed
Emergency / Urgent care	As billed	Emergency-\$250 / Urgent-\$75	As billed
Rx copay (GEN/FORM/BRAND)	\$10/\$35/\$60	\$10/\$35/\$60	Drug cost
Rx specialty	\$0 w/Prudent Enroll	\$0 w/Prudent Enroll	Drug cost
Rx weight loss	Not covered	\$200 w/30+ BMI	Not covered
Deductible	Per Person: \$3,500 2+ People: Not to Exceed \$7,000	Per Person: \$1,500 2+ People: Not to Exceed \$3,000	Employee Only: \$2,500 2+ People: Not to Exceed \$5,000
Post-Deductible Member Costs			
Routine physical	\$0	\$0	\$0
Office visit at Marathon Health	\$0	\$0	\$0
Telemedicine from MDLive	\$0	\$0	\$0
Office visit with BCBS Provider	20%	PCP-\$35 / Specialist-\$50	20%
Emergency / Urgent care	20%	Emergency-\$250 / Urgent-\$75	20%
Rx copay (GEN/FORM/BRAND)	\$10/\$35/\$60	\$10/\$35/\$60	20%
Rx specialty	\$0 w/Prudent Enroll	\$0 w/Prudent Enroll	\$0 w/Prudent Enroll
Rx weight loss	Not covered	\$200 w/30+ BMI	Not covered
Out-of-pocket maximum*	Per Person: \$5,500 2+ People: Not to Exceed \$10,500	Per Person: \$4,000 2+ People: Not to Exceed \$9,000	Per Person: \$4,500 2+ People: Not to Exceed \$8,000

* Note: For the Standard and Plus Plans, the out-of-pocket maximum applies to eligible medical expenses only. Prescription drug copays are not included and will continue to apply after the medical out-of-pocket maximum is reached.



Under the Hood: How much could one family member pay?

Even with family coverage, no individual family member will pay more than the plan's individual out-of-pocket maximum for covered services: **\$5,500 in the Standard Plan, \$4,000 in the Plus Plan and \$4,500 in the Select HSA Plan.** The Standard Plan includes a **\$1,500 HCA contribution**, and the Select HSA Plan offers a **\$1,000 company HSA match** to help you reduce your healthcare costs.



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Health Spending Accounts, Fueled by tkAT

Depending on the medical plan you choose, you'll have access to a healthcare spending account — a **Health Care Account (HCA)** or **Health Savings Account (HSA)** — that can help cover eligible healthcare expenses and reduce what you pay out of pocket.

At a Glance: HCA v. HSA

FEATURE	HCA	HSA
Available with Standard Plan	⚙️	
Available with Select HSA Plan		⚙️
Company contributions	⚙️	⚙️
Employee contributions allowed		⚙️
Funds roll over	⚙️	⚙️
Account stays with you if you leave tkAT		⚙️
Can be used for retirement healthcare expenses		⚙️
Automatically pays eligible BCBS medical claims	⚙️	

Health Care Account (HCA)

The HCA is designed to help offset your healthcare costs today with company-funded support.

- Automatically included with the **Standard Plan**
- tkAT funds the entire account each January:
 - Individual: \$750
 - Family: \$1,500
- BCBS automatically applies available HCA dollars toward eligible medical expenses
- Unused funds may roll over year to year*
- You cannot contribute your own money
- Funds may only be used for eligible medical expenses processed by BCBS
- Remaining balances are forfeited if you leave tkAT

* Any unused HCA dollars automatically roll over to the next plan year while you remain enrolled in the **Standard Plan**, subject to any maximum balance limits.

Health Savings Account (HSA)

The HSA is designed to help you pay for healthcare expenses today while building savings for the future with help from tkAT.

- Available with the **Select HSA Plan**
- tkAT matches your annual contribution up to:
 - Individual: \$500
 - Family: \$1,000
- You can contribute pre-tax dollars through payroll deductions
- The account belongs to you, even if you leave tkAT
- Funds can be used for eligible healthcare expenses now or in retirement**
- You can choose from a variety of investment options to meet your savings goals and risk profile
- You are responsible for managing your account balance
- Tax rules determine how HSA funds can be used

** For a complete list of eligible expenses, see [IRS Publication 969](#).



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Your Medical Plan Costs

For 2027, premiums are determined by your annual wage at the time of enrollment. This approach is designed to support a more equitable contribution structure across our workforce. The bi-weekly amount you pay will be based on your wage band, below.*.**

Wage Band	STANDARD PLAN			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Less than \$60,000	\$36.00	\$84.00	\$62.00	\$102.00
\$60,000-\$90,000	\$44.00	\$100.00	\$74.00	\$122.00
More than \$90,000	\$57.00	\$131.00	\$96.00	\$159.00

Wage Band	PLUS PLAN			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Less than \$60,000	\$104.00	\$239.00	\$177.00	\$291.00
\$60,000-\$90,000	\$125.00	\$287.00	\$212.00	\$349.00
More than \$90,000	\$162.00	\$373.00	\$276.00	\$454.00

Wage Band	SELECT HSA PLAN			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Less than \$60,000	\$62.00	\$143.00	\$106.00	\$175.00
\$60,000-\$90,000	\$75.00	\$172.00	\$127.00	\$210.00
More than \$90,000	\$97.00	\$224.00	\$165.00	\$272.00

* These rates are established premiums to participate in the 2027 thyssenkrupp Automotive Technology medical plan. There may be a different rate set by your local company. Check your online benefit record on Benefitsolver or reach out to your HR department to see your official rate.

** Rates shown are for medical coverage only; additional costs may apply depending on your elections and applicable surcharges.

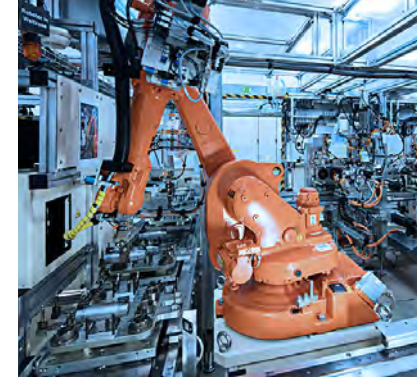
As a reminder, tkAT applies a **spousal surcharge** as applicable. Any spouse who doesn't have the option of insurance through their own employer is welcome to join the tk Automotive Technology plan without a surcharge. If your spouse has access to health coverage under another employer's plan and chooses to join this plan, you will pay a \$100 surcharge each month (\$46.15 bi-weekly).

Note: If you experience a pay increase at any point after enrollment, your 2027 premium will not change.



Under the Hood: Think Beyond Your Paycheck

When choosing a medical plan, don't focus on payroll deductions alone. Consider how often you use healthcare, the prescriptions you take, your expected medical needs, and each plan's deductible and out-of-pocket maximum. Together, these factors determine your total healthcare costs. For a side-by-side comparison, see [Medical Plans: What You Get with Each Option](#).



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Local health centers

When you need care right away, you have options. Choosing the right setting for care can save you time and money. In most locations, you can receive care through Marathon Health centers near you. Marathon Health provides convenient access to a wide range of clinical services — all at no cost to you and with quicker wait times.

Note: In San Diego, local health centers are provided through the Scripps Health network.

Why Choose Marathon Health?

Here's a high-level summary; all costs assume that you have already met your plan's deductible. Learn more at [Marathon Health](#).

VISIT TYPE	TRADITIONAL HEALTH CARE			HEALTH CENTER	WAIT TIMES	
	STANDARD PLAN	PLUS PLAN	SELECT HSA PLAN	MARATHON HEALTH	TRADITIONAL	MARATHON HEALTH
Preventive care	\$0	\$0	\$0	\$0	3 to 6 weeks	1 to 3 days
Sick visit	20%	PCP-\$35 / Specialist-\$50	20%	\$0 to \$25*	1 to 3 days	Same/next day
Urgent care	20%	\$75	20%	\$0 to \$25*	Varies	Same day
Labs	20%	20%	20%	\$0	Varies	Schedule any time
Generic prescriptions	\$10	\$10	20%	\$0	Varies	Same-day pick-up if in stock

* If you are enrolled in the **Select HSA Plan**, IRS regulations require a small copay until the deductible is met.



Attention San Diego employees

Marathon Clinics are not available in California. Visit [this page](#) to learn more details about how your health benefits will provide free clinic care at Scripps Health locations near you.

+ High-quality, no cost to you



Annual physicals
and preventive care



Sick visits and
minor injuries



Basic lab services



Health coaching and
wellness support



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Telehealth from MDLive

For common medical issues, you can receive convenient care when you need with telehealth from MDLive. MDLive gives you 24/7 access to board-certified providers by phone or video, making it easy to get care from wherever you are. It's a convenient option for many common health concerns and can help you avoid unnecessary trips to an urgent care center or doctor's office.

Why Choose MDLive?

Here's a high-level summary; costs shown for the tkAT medical plans assume that you have already met your plan's deductible.

VISIT TYPE	TRADITIONAL HEALTH CARE			TELEHEALTH	WAIT TIMES	
	STANDARD PLAN	PLUS PLAN	SELECT HSA PLAN	MD LIVE	TRADITIONAL	MD LIVE
Sick visit	20%	\$35/PCP \$50/Specialist	20%	\$0	1 to 3 days	On demand
Urgent care	20%	\$75	20%	\$0	Varies	On demand

When You Have More Serious Care

Urgent Care is best for health concerns that can't wait for a primary care appointment or clinic visit, but do not require emergency treatment. Examples include animal bites, stitches or X-rays.

Emergency Care is for sudden and serious medical conditions such as severe shortness of breath or trouble breathing, uncontrolled bleeding, head injury, confusion or loss of consciousness, chest pain, numbness, slurred speech and broken bones. Not sure if it's an emergency? Call the BCBS 24/7 Nurseline at (800) 299-0274.

+ High-quality, no cost to you



Colds, coughs and
sore throats



Pink eye



Ear infections



Rashes and skin
conditions

If needed, your provider can send prescriptions directly to your preferred pharmacy.



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Shift into Gear!
Register for MDLive before you need it

Creating your account now can save valuable time when you or a family member needs care unexpectedly. Go to [MDLive](#) to sign up.

Wellbeing Rewards and Savings

Your benefits go beyond medical coverage. Through BCBS wellness and fitness programs, you can earn rewards, support your wellbeing and save on activities that help you stay healthy.

Earn \$250 for Your Annual Physical

Get your annual physical and earn \$250. It's our way of encouraging you to stay on top of your health.

How it Works

- Book your annual physical with any in-network provider, including the Marathon Clinic. When you do, it's covered at no cost.
- After your visit, your provider submits the claim to the health plan.
- Once the health plan processes the claim, \$250 is added to your paycheck.

When to Expect Payment

The timing depends on how quickly your provider submits the claim. Visits at the Marathon Clinic are typically processed faster than visits at other offices.

Keep in Mind

- The \$250 can be earned once every 12 months.
- The \$250 reward is subject to applicable taxes.
- This reward is for employees only. Covered spouses and dependents are not eligible.



Shift into Gear!
Ready to get started?

Download the GO Wellbeing app on the Apple Store or Google Play.



App Store



Google Play

GO Wellbeing

GO Wellbeing is an easy-to-use app that helps you manage your health and wellbeing in one place. It's available to you at no cost when you enroll in a tkAT medical plan.

With GO Wellbeing, you can:

- Find tools and tips to support your mind and body
- Take the RealAge Test to see how your body's age compares to your actual age and get simple, personalized steps on how to maintain or improve your health
- Join fun challenges to stay motivated and boost your progress
- Earn rewards for healthy activities like sleep tracking, connecting a wearable health device, learning about financial fitness and more.

BCBS Fitness Program

Whether you're a gym regular, weekend warrior or just starting your wellness journey, the BCBS Fitness Program offers flexible options to fit your goals and budget.

Program Highlights

- Discounted access to thousands of participating fitness centers nationwide
- Digital fitness content and virtual workout options
- Reduced bundled pricing for covered family members
- Multiple membership options designed for a variety of budgets



Under the Hood:
Small Steps Can Add Up

Wellbeing benefits are designed to work alongside your medical coverage. Earning rewards, staying active, using preventive care and engaging with wellbeing resources are simple ways to get more value from your benefits throughout the year while potentially reducing future healthcare costs.



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Behavioral Health Resources Through BCBS

Whether you're looking for a therapist, support for stress or anxiety, or ongoing behavioral health care, BCBS offers several resources designed to help you find support when and where you need it.

At a Glance: BCBS Support

RESOURCE	BEST FOR ...
Headway	Finding therapists quickly
Provider Finder	Searching BCBS in-network providers
Mental Health Hub	Self-guided tools and wellness resources

Headway

Headway helps connect members with a diverse national network of 30,000+ therapists, psychiatrists, and psychologists — in-person or virtually — who accept BCBS coverage. Don't know where to start? Headway can help you find the right provider fit.

With Headway, you can:

- Filter your clinical needs and personal preferences to get matched with the right provider
- Schedule appointments with providers who have openings within 48 hours
- Choose in-person or virtual care
- View essential costs before booking care
- Book and manage appointments and payments directly on the Headway website

Visit <https://headway.co/> to get started.



Provider Finder

Use the Provider Finder on [BCBS](#) or through Blue Access for MembersSM to find in-network behavioral health providers. Start by selecting "Behavioral Health" and then you can narrow your search by People & Places, Gender, Ratings, Language, Distance, specialties and other filters.

Mental Health Hub

Visit the [Mental Health Hub](#) to take a Wellness Check Assessment, connect with mental health providers, and explore resources to support your wellbeing. You can also access an online, coach supported program that can help address depression, stress, anxiety and substance use. All programs are confidential and available 24/7.



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Employee Assistance Program

Life can be complicated. Whether you're managing stress, family responsibilities, financial concerns or a major life event, the Employee Assistance Program (EAP) through ComPsych GuidanceResources® provides confidential support at no cost to you and your eligible household family members.

You can reach out to GuidanceResources by visiting [Guidanceresources.com](https://guidanceresources.com) (first-time users can register with code EAPIL) or calling **(800) 890-1213**.

How the EAP Works

Support is available 24/7 through trained GuidanceConsultants who can offer:

- **Counseling Support:** Receive up to three sessions per issue, per member, per year for concerns such as:
 - Stress and anxiety
 - Emotional wellbeing
 - Marriage and relationships
 - Parenting and childrearing
 - Grief and loss
 - Major life changes
- **Legal Assistance:** Speak with an attorney regarding: Divorce, adoption, family law, wills and trusts, and other legal concerns.
- **Financial Guidance:** Consult with experts on topics including: Budgeting, debt management, mortgages, taxes, loans, and bankruptcy concerns.
- **Everyday Resources:** Child care, elder care, pet care, home repair services, moving assistance, government and community resources.
- **Digital tools:** On-demand podcasts, trainings, articles, and educational resources.



Shift into Gear!
Put the EAP at Your
Fingertips with the Mobile
App

For easy and convenient access, download
the GuidanceNow app from the App Store or
Google Play:



App Store



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Dental Plan Summary

The Dental Plan pays the same benefit percentage regardless of the provider you choose. You will likely pay the most when you use non-network dental providers.

Dental Network Comparison

However, your out-of-pocket costs can vary significantly based on whether your dentist participates in a Delta Dental network. You'll save the most when you use Delta Dental PPO providers, and a little less when you use Delta Dental Premier providers.

	DELTA PPO PROVIDER	DELTA PREMIER PROVIDER	NON-DELTA PROVIDER
Savings Potential	\$\$\$	\$\$	None
Typical Discount	15%-40%	5%-15%	None
Balance Billing Risk	No	No	Yes
Recommend Option	Best Value	Good Value	May Cost More

Plan Details

FEATURES	DENTAL PLAN BENEFITS
Annual deductible	Per Person: \$50; 2+ People: Not to Exceed \$100
Annual benefit maximum	\$2,000 per person
Lifetime maximum benefit for orthodontia	\$1,500 per person for dependent children to age 26 and adults
Pre-treatment estimate	Not required but highly recommended for treatment that is expected to be \$300 or more
COVERED SERVICES	
Preventive and diagnostic (Such as routine exams, cleanings, and X-rays)	100%, no deductible
Basic services (Such as fillings, root canals, and gum treatment)	90%, after deductible
Major restorative services (Such as crowns, bridges, and implants)	70%, after deductible
Orthodontia	50%, after deductible



Shift into Gear! Don't skip preventive care

Routine exams and cleanings can help identify issues early, potentially reducing the need for more extensive and costly dental treatment later.



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Vision Plan Summary

Vision benefits are provided through **VSP**. Choosing a VSP network provider helps you save on routine eye exams, eyeglasses and contact lenses and take advantage of valuable discounts and allowances. To find a VSP in-network provider, visit vsp.com.

VISION PLAN	
COVERED SERVICES	YOUR COSTS
Exams	
Well vision exam (one per calendar year) wellness	\$10 copay
Routine retinal screening	Up to \$39 copay
Retinal imaging for members with diabetes (covered-in-full) Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more	\$20 copay
Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed.	
Prescription eyeglasses	
Frames (payable every other calendar year)	\$20 copay
Featured Frames Brand	\$250 allowance*
Frame allowance	\$200 allowance*
* You save 20% on the amount over your allowance	
Walmart/Sam's Club/Costco allowance	\$200 allowance
Lenses	
Single vision, lined bifocal and lined trifocal lenses Impact-resistant lenses for dependent children	Included in \$20 Prescription Glasses copay
Standard progressive	\$0
Premium progressive	\$80-\$90 copay
Custom progressive	\$120-\$160 copay
Tints/light-reactive lenses	\$0
Scratch resistant coating	\$0
Contact lenses (every calendar year instead of glasses)	
Contact lenses	\$200 allowance (copay does not apply)
Contact lens exam (fitting and evaluation)	Up to \$60 copay

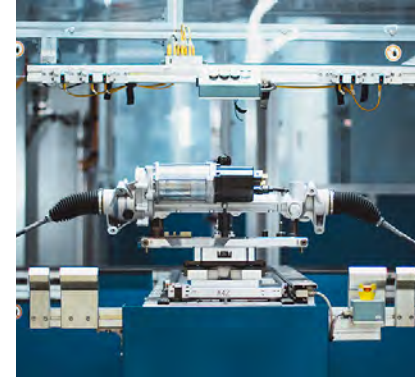


Shift into Gear! Stretch Your Vision Dollars

Take advantage of additional member savings available through VSP:

- 30% off unlimited additional pairs of glasses and sunglasses
- 15% off laser vision correction through contracted facilities
- Contact lens rebates and satisfaction guarantees
- Up to 60% savings on hearing aids through TruHearing®

Visit vsp.com/offers to learn more.



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Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are uniquely designed to help spread your out-of-pocket expenses across your paychecks through convenient pre-tax payroll deduction.

At a Glance: FSAs

	HEALTHCARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
AVAILABLE WITH	STANDARD PLAN AND PLUS PLAN	SELECT HSA PLAN	ANY MEDICAL PLAN
Employee contributions	⚙️	⚙️	⚙️
Pre-tax savings	⚙️	⚙️	⚙️
Full annual election available immediately	⚙️	⚙️	
Medical expenses: pre-deductible	⚙️		
Medical expenses: post-deductible	⚙️	⚙️	
Dental expenses	⚙️	⚙️	
Vision expenses	⚙️	⚙️	
Hearing expenses	⚙️	⚙️	
Daycare, preschool, day camps, and before-or-after school expenses for children			⚙️
Adult daycare services			⚙️
Compatible with an HSA		⚙️	⚙️
Reimbursement based on account balance			⚙️
"Use-it-or-lose-it"	⚙️	⚙️	⚙️
Grace period to incur expenses: March 15th of the following year	⚙️	⚙️	⚙️
Submission deadline: March 31st of the following year	⚙️	⚙️	⚙️



Shift into Gear! Plan Ahead

All Flexible Spending Accounts (FSAs) are subject to IRS use-it-or-lose-it rules. Estimate your expenses carefully and contribute only what you expect to use during the plan year.



Shift into Gear! Keep Those Receipts

Remember to keep your itemized receipts when you pay for eligible expenses, as they may be requested during the claims reimbursement process.



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Healthcare FSA

A Healthcare FSA can help you manage everyday healthcare costs while stretching your paycheck further. You may contribute an amount up to the annual IRS limit.

The Healthcare FSA can be used for eligible medical, dental, vision and hearing expenses and pairs best with the Standard and Plus Plans. With costs continuing to rise, a Healthcare FSA is a great tool to help manage your overall healthcare spend.

Eligible Expenses

- Medical plan deductibles and copays
- Prescription drug costs
- Glasses and contact lenses
- Hearing aids
- Orthodontia and eligible dental expenses

Why Consider a Healthcare FSA?

- **Your full annual election is available immediately**

Unlike many savings accounts, your entire Healthcare FSA election is accessible from day one.

- **Budget for expected expenses**

Plan ahead for healthcare, dental and vision costs throughout the year.

- **Save on taxes**

Because contributions are deducted from your paycheck before taxes, every dollar goes further.

Limited Purpose FSA for Select HSA Plan enrollees

For **Select HSA Plan** enrollees, the Limited Purpose FSA works alongside your HSA and helps you pay for eligible dental, vision and hearing expenses.

Once you meet the IRS minimum deductible requirement, you can also use your Limited Purpose FSA to pay for eligible medical expenses.



Under the Hood: Money Matters

Dependent Care FSAs work differently than Healthcare FSAs. Funds become available as contributions are made throughout the year and can only be used to reimburse eligible dependent care expenses.

Dependent Care FSA

A Dependent Care FSA helps you pay for eligible care expenses that allow you (and your spouse, if applicable) to work, look for work, or attend school. You may contribute an amount up to the annual IRS limit.

Eligible Expenses

- Day care centers
- Preschool programs
- Before- and after-school care
- Day camps
- Adult daycare services

Eligible Dependents

- Children under age 13
- Disabled children of any age
- Qualifying dependent adults who live with you

Why Consider a Dependent Care FSA?

- **Save on taxes**

Pay eligible dependent care expenses with pre-tax dollars.

- **Budget for care costs**

Spread expenses across your paychecks throughout the year.

- **Support your family**

Use funds for eligible child care and adult care expenses.

- **Keep more money in your pocket**

Reduce your taxable income while paying for care you already need.



Under the Hood: Choosing Between an HSA and FSA

If you're enrolled in the **Select HSA Plan**, you can't contribute to a traditional Healthcare FSA. Instead, you can enroll in a Limited Purpose FSA to help pay for eligible dental, vision and hearing expenses.



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Life and AD&D

Protecting your family's financial future is an important part of your overall benefits package. tkAT provides Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost to you, with additional coverage options available for you and your family.

At a Glance: Life & AD&D Coverage

Life Insurance provides a benefit to your beneficiaries if you pass away, helping protect your family's financial security. AD&D Insurance provides an additional benefit if a covered loss occurs as the result of a qualifying accident.

COVERAGE	INCLUDED AT NO COST	ADDITIONAL COVERAGE AVAILABLE
Employee Life Insurance	⚙️	⚙️
Employee AD&D Insurance	⚙️	⚙️
Spouse Life Insurance		⚙️
Child Life Insurance		⚙️

Basic Life & AD&D Insurance

tkAT automatically provides:

- Life Insurance equal to 2x your annual salary
- AD&D Insurance equal to 2x your annual salary
- Coverage at no cost to you

Supplemental Life and AD&D Insurance

You may purchase additional protection for yourself and your family.

COVERAGE LEVEL	SUPPLEMENTAL LIFE INSURANCE	SUPPLEMENTAL AD&D INSURANCE
Employee	Up to 5x Basic Yearly Earnings	Up to 5x Basic Yearly Earnings
Spouse	\$10,000, \$25,000, \$50,000 or \$100,000	\$10,000, \$25,000, \$50,000 or \$100,000
Children	\$2,500, \$5,000 or \$10,000	\$2,500, \$5,000 or \$10,000

Note: Some benefits described in this guide may vary for employees covered by a Collective Bargaining Agreement. If you are represented by a union, refer to your Collective Bargaining Agreement for benefit details that apply to you.



Shift into Gear! Review Your Beneficiaries

Major life events such as marriage, divorce, the birth of a child, or the loss of a loved one can affect your beneficiary designations. Take a few minutes during enrollment to review and update your beneficiaries to ensure your coverage reflects your current wishes. [Review yours now.](#)



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Disability

Disability benefits help protect a portion of your income if you're unable to work because of a qualified illness or injury. tkAT provides disability coverage designed to help support your financial wellbeing while you're focused on recovery.

At a Glance: Disability Coverage

FEATURE	INCLUDED AT NO COST	ADDITIONAL COVERAGE AVAILABLE
Policy Coverage Start	Salary employees: 1st of the month after 6 months Hourly employees: 6 months	Salary employees: 1st of the month after 6 months Hourly employees: 6 months
Coverage Purpose	Temporary income protection	Extended income protection
Benefit Amount	66.67% of covered weekly earnings	60% of monthly earnings
Maximum Benefit	\$2,500 per week	\$10,000 per month
When Benefits Begin	Day 1 for accidents; Day 8 for illness	After 6 months of disability
Maximum Benefit Duration	Up to 6 months	Up to normal retirement age
Cost	Company-paid	Salary employees: company-paid Hourly employees: employee-paid

Short-Term Disability (STD)

Company-paid Short-Term Disability benefits help replace a portion of your income if you're unable to work because of a qualified illness or injury.

Long-Term Disability (LTD)

Long-Term Disability benefits provide ongoing income protection if a qualifying illness or injury prevents you from returning to work after six months of an approved disability due to illness or injury.



Starting a Claim is Easy

Starting the process promptly can help avoid delays in receiving benefits.
To file a claim:

- Call 888-301-5615
- Visit mybenefits.thehartford.com
- Reference Policy Number 681150



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Voluntary Benefits

Some benefits are called “voluntary” because they are fully employee-paid. Supplemental Health Benefits help provide an extra layer of financial protection when accidents, serious illnesses or hospital stays create expenses that aren’t fully covered by your medical plan. Identity Theft Protection and BenefitHub offer added protection and potential savings for you and your family.

Coverage is available through **The Standard** and can be elected whether or not you participate in a tkAT medical plan. Cash benefits are paid directly to you, giving you the flexibility to use the money where you need it most.

At a Glance: Supplemental Health Benefits

BENEFIT	HELPS WITH ...	CASH PAID DIRECTLY TO YOU
Critical Illness Insurance	Covered serious illnesses	⚙
Accident Insurance	Covered accidental injuries	⚙
Hospital Indemnity Insurance	Covered hospital admissions and stays	⚙



Shift into Gear! Growing Your Family?

Hospital delivery is a covered benefit under Hospital Indemnity Insurance. The benefit provides cash payments directly to you, giving you the flexibility to help pay for medical bills, transportation, meals, and more.



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Critical Illness Insurance

Critical Illness Insurance provides a lump-sum cash benefit if you're diagnosed with a covered condition, which may include:

- Heart attack
- Stroke
- Cancer
- Other qualifying illnesses

Dependent coverage provides a benefit equal to 50% of your elected coverage amount.

Accident Insurance

Accident Insurance provides a lump-sum cash benefit for covered accidental injuries and related treatment, which may include:

- Emergency room visits
- Ambulance services
- Diagnostic testing
- Physical therapy and rehabilitation
- Transportation and lodging costs related to care

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides cash benefits for covered hospital admissions and stays due to illness, injury, or childbirth. This benefit can help pay for:

- Medical expenses
- Deductibles and coinsurance
- Meals and parking
- Childcare
- Household bills or other everyday expenses

Employee Discounts

BenefitHub gives employees access to exclusive discounts and promotions to theme parks, attractions, hotels, rental cars, concerts, sports, live events, electronics, appliances, apparel, gift cards, movie tickets and much more. All employees are eligible; first-time users will need to register using your Employee ID and date of birth.

Identity Theft Protection

Identity Theft Protection through **ID Watchdog® from Equifax** helps monitor and safeguard your personal information. Family coverage includes features designed to help protect spouses, children, and older adult family members. Coverage features include:

- Identity monitoring
- Credit monitoring
- Fraud alert support
- Cybersecurity assistance
- Identity restoration services
- Access to dedicated resolution specialists



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Retirement

The tkAT 401(k) Plan, administered by Fidelity, helps you save for retirement through your own contributions, company matching contributions and potential investment growth.

The Plan becomes available after **90 days of employment** and includes tools, resources and guidance to support your retirement goals.

At a Glance: 401(k)

FEATURE	DETAILS
Eligibility	After 90 days of employment
Contribution types	Pre-tax, Roth and after-tax
Automatic enrollment	3% of eligible pre-tax earnings
Maximum company match	5% of pay
Contribution changes	Any time

Automatic Enrollment

If you don't make a contribution election within 90 days of becoming eligible, you'll automatically be enrolled at **3% of eligible pre-tax earnings**. You can increase, decrease or stop contributions at any time through Fidelity. If you do not wish to participate in the Plan, you may elect a 0% contribution rate before automatic enrollment occurs by visiting [NetBenefits.com](#) or calling a Fidelity Retirement Representative at **(800) 835-5091**.

How the Company Match Works

tkAT helps accelerate your retirement savings through company matching contributions.

Company Match Formula

You Contribute	First 3% of pay	Next 4% of pay
Company Match	100% match	50% match

Maximize Your Match

You Contribute	7% of pay
Company Match	Full 5% match

Investment Options

The 401(k) Plan offers a variety of investment options, making it easy to create a portfolio aligned with your goals, investment timeline and risk tolerance. These include:

- Conservative investments
- Moderate investments
- Growth-oriented investments
- Diversified portfolio options
- Target Date Funds
- Investment guidance and planning tools

Roth Contributions

Unlike traditional pre-tax contributions, Roth contributions are taxed when you make them. Contributions and their earnings grow tax-free, so your withdrawals are not taxed if you are at least age 59½ and have had the funds in the Roth account for five years or more. Similar to pre-tax contributions, there are annual limits on how much you can contribute.



Shift into Gear! Monitor Your Account

You can review your balance, make investment elections, and update your investment strategy at any time through [NetBenefits.com](#) or call a Fidelity Retirement Representative at **(800) 835-5091**.



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Other Benefit Costs

Below are your bi-weekly contribution costs for other tkAT benefits. For life insurance, Long-Term Disability, and Critical Illness Insurance, please refer to the rates on Benefitsolver when you enroll.

Dental Plan

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$2.00	\$5.00	\$4.00	\$9.00

Vision Plan

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$1.00	\$2.00	\$1.50	\$3.00

Supplemental Accidental Death & Dismemberment (AD&D) Insurance

ADULT	CHILD
\$0.12 per \$1,000 coverage	\$0.23 per \$1,000 coverage

Hospital Indemnity Insurance

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Basic	\$5.04	\$13.68	\$8.70	\$14.76
Premium	\$10.02	\$27.36	\$17.40	\$29.46

Accident Insurance

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Basic	\$2.66	\$4.60	\$6.30	\$7.74
Premium	\$3.94	\$6.81	\$9.34	\$11.35

Identity Theft Protection

EMPLOYEE ONLY	FAMILY
\$3.18	\$5.77

Supplemental Life Insurance, Long-Term Disability and Critical Illness Insurance

Please see rates on Benefitsolver when you enroll.



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How to Enroll

Get Started

You'll enroll for benefits on benefitsolver.com (use case-sensitive company key **thyssenkrupp**) after logging in with your username and password. First-time users will need to register by entering a username and password and answering a few security questions. Then, log in using your new username and password.

Click on the **Forgot your username or password?** link to reset your login details. If you are still having issues logging in contact the Benefitsolver Service Center at (844) 771-9337.

Explore Your Options

Explore the site to learn about your benefits. You'll find lots of helpful information in the Reference Center.

Start Your Enrollment

Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

You'll need to provide each dependent's legal name, Social Security Number and birth date to add them to your coverage.*

* You may be required to provide documentation to prove your relationship to each dependent.



The screenshot shows the 'Welcome' page of the benefitsolver.com website. It features a login section with fields for 'User Name' and 'Password', both marked as 'case sensitive'. A 'Register' button is located next to the password field. Below the login fields is a large blue 'Login' button with a right-pointing arrow. At the bottom of the login section is a link that says 'Forgot your user name or password?'. To the right of the login fields, there is a section titled 'First time here?' with the text 'Register to create your user name and password.'



The screenshot shows two overlapping sections of the website. The top section is titled 'About You' and contains a clipboard icon and the heading 'Your Information'. Below this, there are labels for 'First Name:', 'Middle Initial:', 'Last Name:', and 'Social Security Number:'. The bottom section is titled 'Your Family' and features a family icon. It asks the question 'Do you have any dependents?' with 'Yes' and 'No' radio button options.



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Choose How to Enroll

You have two options for enrolling: with help from the MyChoice Recommendation engine, or on your own.

MyChoice Recommendation Engine

Answer a few simple questions to receive a personalized benefits recommendation. Your answers are never shared.

Explore on your own

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option and select which family members you want to cover.

The screenshot displays the MyChoice enrollment process. At the top, it asks "How would you like to enroll" with two options: "I'd Like Help Choosing Plans" (highlighted) and "I Know What I Want". Below this, a message states: "Not sure which benefits to elect? MyChoice is a great place to start! Just answer a few questions and see which coverages are recommended for your unique needs." A survey question follows: "On average, 86% of employees are confused about healthcare benefits. Does this describe you too?" with two radio button options: "Yep! That's me: I don't understand it myself" (selected) and "I know where my ID card is". The main section is titled "Coverage Recommendations" and includes the MyChoice logo. It states: "Based on the information you provided in the MyChoice questionnaire, we can recommend the following coverages to best meet your needs." Under "My Health", it defines medical benefits and lists "Medical Plan" as a recommendation. A sidebar on the left shows "Medical" as the selected category, with links for "Medical Plan", "Covered Members", "Plan Details", and "Why Recommended". A pop-up window titled "Enrolling In Benefits (1 of 15)" is overlaid, indicating the next step: "Once we are finished you will have a chance to review your benefits and make any additional changes before you approve your elections." and "Enrolling In Medical..."



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Review And Finalize Your Elections

Make sure your personal information, elections, dependents and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you'll receive a confirmation number and can print your **Benefit Summary** for your records.

1. About You2. MyChoice3. Election Information4. Review

Total Employee Cost
\$587.34 Monthly

Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Edit" link to the right of the area in which you would like to make the changes.

Review Enrollment

You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

About You

Dependents

Beneficiary Information

Your Elections

My Health

Your Employer's Cost

\$375.33 Monthly

This is the total amount your employer will be paying for these benefits to lower your overall cost.

Your Cost

Total Premium	\$365.12 Monthly
Total cost of all plan premiums	
Total Savings Contributions	\$222.22 Monthly
Total amount contributed to savings plans	
Total Cost	\$587.34 Monthly

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

Back

Approve

Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

I Disagree

Total Employee Cost: \$587.34 Monthly

I Agree

Thank You!

Transaction Complete

Print Benefit Summary

Your information has been submitted. Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number

You Completed Your Enrollment!

Now manage your benefits year-round by downloading the MyChoice Mobile App to your mobile device: Apple | Android

Once you have downloaded the App, activate your access code below to get access!

my choice

MyChoice Mobile App

- Quick access to benefit details
- Store your ID Cards

Get Access Code

Home

Logout



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Open Enrollment Checklist



Explore your medical plan options. Review the [Medical Plan Comparison Chart](#) to understand the differences among the plans and determine which option best fits your needs. Be sure to locate a [health center](#) near you.



Consider your full benefits package. Beyond medical coverage, take time to evaluate your needs for dental, vision and voluntary benefits such as Critical Illness, Accident, and Hospital Indemnity Insurance. You may also want to take advantage of tax-saving opportunities through a Healthcare FSA, Dependent Care FSA, or Health Savings Account (if you enroll in the Select HSA Plan).



Compare other coverage options. If you're eligible for benefits through another source, such as a spouse's or domestic partner's plan, compare the available options carefully to determine which coverage best meets your needs and budget.



Gather dependent verification documents. If you plan to enroll eligible dependents in medical, dental, or vision coverage, make sure you have all required verification documents ready before starting your enrollment. This will help to avoid processing delays and ensure your dependents' coverage begins on time.



Familiarize yourself with Benefitsolver. Review the enrollment instructions ahead of time and remember that you can enroll through the Benefitsolver website or the MyChoice Benefits mobile app.



Review your life insurance beneficiaries. Make sure your beneficiary designations are current and reflect your wishes. You can review and update beneficiaries through Benefitsolver and Fidelity.



Double-check your elections before you submit. Carefully review your confirmation statement to confirm that all benefit elections are accurate before submitting. Once verified, click Submit to finalize your enrollment. Failure to click Submit will prevent your benefit elections from being processed.



Under the Hood: Get Help from the Benefits Service Center

Get help with your benefit elections and enrollments by logging into your Benefit Record and interacting with chatbot Sofia. It will answer your questions immediately or route you to a human agent who knows your health plan. Call **(844) 771-9337** for help logging in or for specific questions. You may also send your questions to mytkbenefits@thyssenkrupp.com.



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Eligibility

You're eligible for benefits if:

- You're an active, regular full-time employee of thyssenkrupp Automotive Technology, and
- You work 30 or more hours per week.

You can also cover eligible dependents, including your:

- Legal spouse,
- Dependent children under age 26 (including your natural children, stepchildren, foster children, legally adopted children and children placed with you for adoption), and
- Mentally or physically disabled children who are unmarried and rely on you for support and care. Coverage for disabled children requires disability certification for medical coverage.

Note: New hires are eligible to enroll the first of the month following their hire date.

Qualifying Events

It's important that you make your enrollment choices carefully because they will remain in effect until the next annual enrollment period. You can make limited changes at other times during the year only as a result of a qualifying event, as long as you provide documentation and make your changes within 30-days.

Eligible Events

- Marriage or divorce
- Death
- Birth or adoption of a child
- A change in your or your spouse's employment status from full to part-time or vice versa if affects your benefit eligibility
- Change in your work site
- Change in coverage of employee, spouse or dependent child by Medicare or Medicaid
- Involuntary loss of medical coverage by an employee, spouse or dependent child.

Any change you make must be consistent with your qualifying event. For example, if you have a new baby, you cannot remove your spouse from your medical plan and dependent life insurance, but you can only add the child as a dependent under the plans.



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Medical Plan Comparison Chart

	STANDARD PLAN		PLUS PLAN		SELECT HSA PLAN	
Payroll deductions (premiums)	\$		\$\$\$		\$\$	
Consider this plan if you want:	Lowest premiums and highest out-of-pocket costs, with: ○ A Health Care Account (HCA), and ○ Copays for prescription drugs		Highest premiums and lowest out-of-pocket costs, with: ○ Copays for prescription drugs		Mid-range premiums and mid-range out-of-pocket costs, with: ○ A Health Savings Account (HSA), and ○ Coinsurance for prescription drugs	
Provider network	Blue Cross Blue Shield of Illinois (BCBS) PPO network					
Annual company contributions						
HCA	Individual/\$750 Family/\$1,500		NA		NA	
HSA	NA		NA		Matching contribution up to \$500/Individual and \$1,000/Family	
Program basics						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible	Individual/\$3,500 Family/\$7,000	Individual/\$7,000 Family/\$14,000	Individual/\$1,500 Family/\$3,000	Individual/\$3,000 Family/\$6,000	Individual/\$2,500 Family/\$5,000	Individual/\$5,000 Family/\$10,000
Out-of-pocket maximum*	Individual/\$5,500 Family/\$10,500	Individual/\$11,000 Family/\$21,000	Individual/\$4,000 Family/\$9,000	Individual/\$8,000 Family/\$18,000	Individual/\$4,500 Family/\$8,000	Individual/\$9,000 Family/\$16,000
Coinsurance	Plan/80% Employee/20%	Plan/60% Employee/40%	Plan/80% Employee/20%	Plan/60% Employee/40%	Plan/80% Employee/20%	Plan/60% Employee/40%
Preventive care						
Routine annual physical and well baby care	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible
Routine tests and screenings (such as mammograms, Pap tests, colonoscopies, immunizations)	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible

* Note: For the Standard and Plus Plans, the out-of-pocket maximum applies to eligible medical expenses only. Prescription drug copays are not included and will continue to apply after the medical out-of-pocket maximum is reached.

(continued on next page)



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Medical Plan Comparison Chart (continued)

	STANDARD PLAN		PLUS PLAN		SELECT HSA PLAN	
Physician services (non-preventive care)						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Office visit at Marathon Clinic	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible	\$25 copay before deductible; 20% coinsurance after deductible	60%, after deductible
Office visit with BCBS provider	As billed before deductible; 20% after deductible	60%, after deductible	Primary Care Physician (PCP): \$35 copay	60%, after deductible	As billed before deductible; 20% after deductible	60%, after deductible
Office visit/ specialist	80%, after deductible	60%, after deductible	\$50 copay	60%, after deductible	As billed before deductible; 20% after deductible	60%, after deductible
Maternity services	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Associated lab work	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Medical/surgical services	80%, after deductible	80%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
MDLive: Online video or phone consultation	\$0	N/A	\$0	N/A	\$0	N/A
Hospital and facility services						
Inpatient hospital services	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Outpatient hospital services, including diagnostic tests	As billed	As billed	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Emergency and urgent care						
Urgent care center services	80%, after deductible	60%, after deductible	\$75 copay	60%, after deductible	80%, after deductible	60%, after deductible
Emergency room care	80%, after deductible	60%, after deductible	\$250 copay	60%, after deductible	80%, after deductible	60%, after deductible
Ambulance services, as appropriate	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible

(continued on next page)



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Medical Plan Comparison Chart (continued)

	STANDARD PLAN		PLUS PLAN		SELECT HSA PLAN	
Therapies and other services						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Physical therapy, up to 60 visits/year	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Speech therapy, up to 60 visits/year	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Chiropractor, up to 40 visits/year	80%, after deductible	60%, after deductible	\$50 copay	60%, after deductible	80%, after deductible	60%, after deductible
Mental health and substance abuse treatment						
Inpatient	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Outpatient	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible
Prescription drugs (CVS Caremark)						
Generic	\$10 copay	NA	\$10 copay	NA	80%, after deductible	60%, after deductible
Formulary	\$35 copay	NA	\$35 copay	NA	80%, after deductible	60%, after deductible
Brand	\$60 copay	NA	\$60 copay	NA	80%, after deductible	60%, after deductible
Specialty drugs (PrudentRx)	\$0 copay when enrolled with PrudentRx		\$0 copay when enrolled with PrudentRx		\$0 copay when enrolled with PrudentRx after deductible	
Weight loss drugs (GLP-1s)	Not covered		\$200 copay if requirements are met*		Not covered	

* GLP-1 drugs for weight loss require a baseline 30+ Body Mass Index (BMI) and enrollment and ongoing participation in the CVS Weight Management Program.



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Contact Information

For a quick response to a question, visit or call Benefitsolver. For more complex issues or when you need a higher level of confidentiality, email mytkbenefits@thyssenkrupp.com.

BENEFITS	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Benefit Account and Enrollment	Benefitsolver	(844) 771-9337	benefitsolver.com
Medical	Blue Cross Blue Shield of Illinois (BCBS)	(888) 895-1563	bcbsil.com
	BCBS Nurse 24/7 Nurseline	(800) 299-0274	
	BCBS Fitness Program	(888) 762-BLUE (2583)	
	GO Wellbeing	NA	
	Marathon Clinic	(866) 434-3255	my.marathon-health.com/login
Telehealth	MDLive		mdlive.com
Prescription Drugs	CVS Caremark	(888) 895-1563	caremark.com
Dental	Delta Dental	(800) 323-1743	deltadentalil.com
Vision	VSP	(800) 877-7195	vsp.com
Flexible Spending Accounts and Health Savings Account	HealthEquity	(866) 346-5800	myhealthequity.com
Supplemental Health Benefits (Critical Illness, Accident, and Hospital Indemnity)	The Standard	(888) 937-4783	thestandard.com
Identity Theft Protection	ID Watchdog	(866) 513-1518	idWatchdog.com
Employee Assistance Program	GuidanceResources by ComPsych	(800) 890-1213	guidanceresources.com (Code: EAPIL)
Employee Discount Program	Benefithub	(813) 675-2210	thyssenkrupp.benefithub.com
Life and AD&D	Unum	(800) 275-8686	unum.com/employees
Disability Insurance	The Hartford	(888) 868-1583	mybenefits.thehartford.com
401(k) Plan	Fidelity Retirement	(800) 835-5091	netbenefits.com

Note: The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.



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