



2026

# BENEFITS GUIDE

STANDARD

**TIMKEN**

# BENEFITS GEARED TO YOU

At Timken, we understand the importance of offering a comprehensive suite of benefit programs to support you and your family in achieving your wellbeing goals. We are proud to provide benefits that give you flexibility, choice, and security, so you can choose what's right for you and your family. This Benefits Guide is an overview of the benefits available to you. Read it carefully so you can make the best choices for the 2026 Plan Year. You can also use this Guide as a resource to reference your benefits throughout the year!



## New Hire Enrollment

You are eligible for coverage beginning on your hire date. To enroll, you must take action within 30 days of that date.

Starting January 1, 2026, if you want medical coverage, you must actively enroll. **If you do not enroll within your 30-day window, you will not have medical coverage unless you experience a Qualified Life Event (QLE) or wait until the next Open Enrollment period.**



## Open Enrollment

This year is a **PASSIVE** enrollment, meaning if you don't make any changes, your current benefits will automatically roll over into 2026 — with the exception of Health Savings Account (HSA) and Flexible Spending Account (FSA) elections. Be sure to review your benefits to ensure they continue to meet your needs. This is your annual opportunity to review your benefits elections and dependents and make any necessary updates for the upcoming Plan Year..

*i* Although Open Enrollment is passive, you must actively elect contributions for your HSA and FSAs, as these do not automatically roll over. Note that HSA contributions can be changed throughout the year, but FSA elections cannot be changed unless you experience a QLE.

## How Do I Change My Benefits?

You may change your benefits outside of a New Hire or Open Enrollment window if you experience a Qualified Life Event (QLE). A Qualified Life Event is a specific change in your life that makes you eligible to update your benefits outside of the Open Enrollment period. When you experience a Qualified Life Event, such as adding a dependent, you can initiate a change in your benefits. Remember, your change in coverage must be consistent with your change in status.

## QUALIFIED LIFE EVENT RESOURCES

- Initiate a change by accessing MyTotalRewards and clicking on "change your coverage"
- Update your benefits and see a full list of eligible QLEs with specific time periods by visiting [mytotalrewards.timken.com](https://mytotalrewards.timken.com)
- Ask questions regarding specific life events and your ability to make changes to benefits elections by emailing the Timken Benefits Department at [benefits@timken.com](mailto:benefits@timken.com)

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In this Guide, we use the term "company" to refer to The Timken Company. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal Plan Document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation and are subject to change at the company's discretion. Whenever an interpretation of a plan benefit is necessary, the actual Plan Documents will be used.



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*See page 36 for important information concerning  
Medicare Part D coverage*



# HOW DO I NAVIGATE MY BENEFITS?

Healthcare navigation is not just about improving health outcomes, it's about enhancing your healthcare experience. Alleviating stress around managing healthcare needs and optimizing the use of available benefits allows employees, and their families, to better focus on their health and wellbeing.

With dedicated support, you can navigate your healthcare coverage without feeling overwhelmed, leading to improved satisfaction with your benefits and a healthier lifestyle. This proactive approach streamlines the healthcare process when navigating medical services, bills, and resources. By helping you find timely and cost-effective care, healthcare navigation is here to support your goals and your wallet.

Our navigation tools through Quantum Health (for our Anthem population) and AultCare Navigator (for our AultCare population) offer a range of benefits that can significantly enhance your overall experience with your health insurance. This reduces the confusion and frustration often associated with navigating the complex, confusing insurance world.

Next time you have a healthcare question, reach out to Quantum Health and AultCare Navigator for help with:

## 1. Understanding Benefits

Use healthcare navigation to understand your benefits, confirm covered services, and make the most of your coverage.

## 2. Finding Providers

Locate quality, in-network providers including specialists, primary care physicians, referrals, and other professionals.

## 3. Scheduling Appointments

Get the care you need, when you need it, within your covered benefits. Get support coordinating timely visits, especially for complex medical needs.

## 4. Managing Medical Bills

Learn how to reconcile the Explanation of Benefits (EOB) to the bill you receive. If needed, get support resolving billing issues with insurance companies and healthcare providers.

## 5. Navigating Conditions

Access a dedicated nurse care coordinator specializing in your concerns to support you through your treatment journey.

## 6. Accessing Resources

Get connected to additional resources such as mental health services, support groups, or community programs.

## Quantum Health

*I'm enrolling in the Anthem Health Plan*

### GET STARTED

Scan to download the Quantum Health app

Visit [quantum.timken.com](https://quantum.timken.com)

Call **866.920.1971**



## AultCare Navigator

*I'm enrolling in the AultCare Health Plan*

### GET STARTED

Scan to visit the AultCare Member Portal website

Visit [aultcarenavigator.timken.com](https://aultcarenavigator.timken.com)

Call **330.363.6282**



# YOUR ENROLLMENT CHECKLIST

You and your family have unique needs, so we offer a variety of benefit plans to choose from. Consider your spouse's benefits through their employer and your dependents' eligibility when weighing each option. As you prepare for enrollment, consider the following steps:

## 1. Confirm Your Eligibility

### ELIGIBILITY

If you are a full-time employee of Timken, you are eligible to participate in the medical, dental, vision, life, and disability plans, along with the Flexible Spending Accounts (FSAs) and additional benefits.

### ELIGIBLE DEPENDENTS

Your spouse, if they are:

- A person to whom you are legally married

Note: A spouse may join the Timken medical plan only if they are not eligible for coverage through their employer.

Your children under age 26 if they are:

- Your natural-born children
- Placed in your home pending a final adoption decree
- Adopted children for whom the final court order has been issued
- Stepchildren for whom you are responsible for more than half of their support
- Children for whom you have legal guardianship or legal custody
- Unmarried, beyond age 26, incapable of self-support because of a developmental disability or physical handicap that occurred before age 26, and dependent on you for more than half of their support. Contact the Benefits Department prior to the child's 26th birthday to apply for this provision

Foster children, exchange students, and children who are wards of the court are not considered dependents. Timken requires that you provide legal documentation, such as a birth certificate, proving your dependent's relationship to you, the plan participant.

## 2. Prepare to Enroll

### REVIEW YOUR OPTIONS

We want you to have quality healthcare that's still affordable, so Timken will continue to absorb a majority of the cost. Your share of the cost for medical, dental, vision, Health Savings Account (HSA), and FSA benefits is deducted from your paycheck on a pre-tax basis, which lowers your taxable income.

Your access fees for medical, dental, and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

You may select any combination of medical, dental, and/or vision plan coverage levels. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birthdates for any eligible dependent(s) who you plan to enroll.

### WHAT BENEFITS APPLY TO ME?

Ask yourself these questions before you enroll to make sure you have the right coverage.

- Does my spouse have benefits coverage through an employer?
- Did I get married or divorced, or have a baby recently? If so, do I need to add or remove any dependent(s) or update my beneficiary designation?
- Did any of my covered children reach the age of 26 this year? If so, they are no longer eligible for benefits unless they meet specific criteria.

## 3. Enroll in Benefits

### HOW TO ENROLL

#### 1. Enroll on the MyTotalRewards Site

**From home:** [mytotalrewards.timken.com](https://mytotalrewards.timken.com)

**From work:** Click the MyTotalRewards link from MySuccess

**From your mobile device:**  
[mytotalrewards.timken.com](https://mytotalrewards.timken.com)  
(secure login required)

#### 2. Confirm Personal and Dependent Details

**3. Select New Coverage:** This is a passive enrollment. It is important to review your current benefits to make sure they still meet your needs. If you don't make changes, your current benefits will roll over into 2026.

**4. Complete Enrollment:** Click the "Complete Enrollment" button to finalize your elections. To print or save a copy of your confirmation statement for your records, click on "Get Your Summary." **PRINT OR SAVE THE CONFIRMATION PAGE FOR YOUR RECORDS!!!!**

**Prefer to Enroll by Phone?:** Call the Timken Benefits Center at **833.372.8743**, Monday–Friday, 8:00 a.m.– 6:00 p.m. ET.



While reviewing and enrolling in benefits, be sure to review and confirm your personal information, like your phone number and personal email, is correct and up to date. It's also important to designate or review your beneficiary information for accounts like your Health Savings Account, 401(k) account, and life insurance.

## 4. Plan for the Future

### WHEN DOES COVERAGE BEGIN?

Benefits elections are effective either as of your hire date or following a waiting period (see your local Human Resources representative for information regarding your effective date). Due to IRS regulations, once you have made your choices for the 2026 Plan Year, you won't be able to change your benefits until the next enrollment period unless you experience a Qualified Life Event. Benefits outlined in this Guide are effective as of January 1, 2026.

i

### WHAT'S NEW FOR 2026

Our benefits are geared to your and your family's needs. Take this time to review the changes you can expect in 2026 to create a benefits plan that is as unique as the needs of you and your family.

- **New Timken–Paid Benefit!** You will now automatically be covered by Basic Accidental Death and Dismemberment (AD&D) insurance. Timken pays the full cost of this coverage.
- **Healthy Savings Choice Plus Deductible:** To align with IRS guidelines, there will be a slight increase in the deductibles for this medical plan option.
- **Dependent Care FSA (DCFSA) Increased Limit:** You can now contribute up to \$7,500 annually (employee and company combined) to your DCFSA, giving you more tax-free dollars to help cover child care and other dependent care expenses.





# BETTER HEALTH PROGRAM GET HEALTHY AND SAVE MONEY

From time to time, we may need a little extra advice from a health professional or a gentle nudge toward wellness. That's why Timken offers employees and covered spouses incentives to complete the wellness program requirements. Our Better Health Program is available to all benefits-eligible employees and covered spouses enrolled in a Timken-sponsored medical plan and is provided at no cost. All screening results are **completely confidential**.

## Better Health Discount

Timken provides a \$750 annual Better Health Discount on medical access fees for employees (and \$750 for covered spouses) who complete the wellness program. **All requirements must be completed by the August 31, 2026, deadline.**

**Note:** Based on timing, your access fee discount may not be reflected in the MyTotalRewards Portal during Open Enrollment.

## Marquee Health

### ADDITIONAL RESOURCES

In addition to the wellbeing program, Marquee Health offers everything you need to achieve better health, all in one easy-to-use digital platform.

It features:

- Unlimited one-on-one health coaching
- Educational tools and resources
- Gym discounts
- And more!



### GET READY FOR SAVINGS!

Visit **timkenbetterhealth.com** to check if you have completed the requirements or see what's left to achieve. If you have completed a specific requirement, you will see a green check mark!

\*It can take 10 business days for your portal to reflect that a requirement has been completed (credit for the Healthy Metrics can take up to 30 days to reflect in your portal)



**SCAN HERE TO DOWNLOAD THE  
TIMKEN BETTER HEALTH APP.**



For questions, contact Marquee Health:

Call **888.262.1960**

Email **timken@mywellportal.com**



# Better Health Program Requirements

## ALL REQUIREMENTS MUST BE COMPLETED BY AUGUST 31, 2026

### 1. Log in to the Timken Better Health Program Portal

#### Health Program Portal

Visit [timkenbetterhealth.com](https://timkenbetterhealth.com) or the Timken Better Health Program app.

**Username:** date of birth (MMDDYYYY) + last four digits of Social Security number (SSN)

**Password:** last four digits of SSN

### 2. Register, complete, and submit your Biometric Screening Form

Employees and covered spouses must register for the Biometric Screening Form, complete the consent form, and download the Biometric Screening Form from their own personal account. Results must be submitted by uploading the completed form to your [timkenbetterhealth.com](https://timkenbetterhealth.com) account or by emailing to [ehs.physicianscreening@ehealthscreenings.com](mailto:ehs.physicianscreening@ehealthscreenings.com) (this is a secure email address).

After submitting your completed Biometric Screening Form, **you will receive two email notifications.**\* The first email will notify you that your form has been received, contains the required information, and will be processed. The second email will notify you that your results have posted to your personal profile. Please log in to [timkenbetterhealth.com](https://timkenbetterhealth.com) or the Timken Better Health Program app to view your results and confirm whether you met the health metrics.

\*If you have not received a confirmation email within three days after submitting the form, your form was not received, and you must resubmit your form.



There may be opportunities for you to complete your Biometric Screening Form during an onsite screening event or through your Occupational Health Nurse in 2026. Stay tuned for additional announcements from your HR Manager.

### 3. Meet or improve by 3% in 3 of the 5 health metrics, or complete an Achievement Alternative Option

**Health Metrics Criteria** — Your 2026 results must meet or show a 3% improvement from your 2025 results in at least 3 of the 5 health metrics shown below:

HEALTH METRICS	
BLOOD PRESSURE	< 130/85 mm Hg
HDL CHOLESTEROL	Men ≥ 40 mg/dL Women ≥ 50 mg/dL
FASTING GLUCOSE	< 100 mg/dL
WAIST CIRCUMFERENCE	Men < 40 in. Women < 35 in.
TRIGLYCERIDES	< 150 mg/dL

**Achievement Alternatives** — If your 2026 results did not meet or improve by 3% in 3 of the 5 health metrics, you may be eligible to complete one of the available Achievement Alternative options below:

- Complete a Medical Waiver. This waiver can be found by logging in to [timkenbetterhealth.com](https://timkenbetterhealth.com), under the "Achievement Alternative" tile, then clicking "Medical Waiver." The deadline to submit is August 31, 2026.
- For qualifying type 2 diabetics, complete a 10-week coaching program through Virta Health. To qualify for the Achievement Alternative, you must complete the free 10-week program by August 31, 2026. To enroll, visit [info.virtahealth.com/timken](https://info.virtahealth.com/timken) and click "Apply."
- Complete five free weekly coaching sessions with a Marquee Health Coach **after** your biometrics have been submitted. You must enroll by July 24, 2026, and complete the fifth session by August 29, 2026, to earn the Achievement Alternative credit. Call **888.262.1960** or email [coaching@mywellportal.com](mailto:coaching@mywellportal.com) to schedule your first session.

### 4. Register for RxSavings Solutions

Sign up at [myrxss.com](https://myrxss.com), call **800.268.4476**, or download the mobile app to set up your account through Timken. Your participation will be noted on the [timkenbetterhealth.com](https://timkenbetterhealth.com) website if you were previously registered.



# YOUR FREE TOOLS FOR HEALTHY LIVING

## Virta Health

### REVERSE YOUR TYPE 2 DIABETES

Virta Health can help you reverse type 2 diabetes. This clinically proven and FDA-approved program helps lower your blood sugar and A1c while reducing or completely eliminating the need for medication, helping you feel in control and on target. **In fact, Timken employees who have completed one year of Virta treatment have seen great results and have saved money!!**

	USUAL CARE 1 YEAR OUTCOMES	TIMKEN 365 DAY OUTCOMES
A1C REDUCTION	▲0.2	▼-1.7
WEIGHT LOSS	▲0.5%	▼-8%
RX REDUCTION	▲12%	▼-58%

Virta is available to all eligible employees and covered dependents 18 and older who are enrolled in a Timken-sponsored medical plan with qualifying type 2 diabetes. There's no cost to you if you choose to enroll.

Virta includes:

- Medical supervision
- Personalized treatment plans
- One-on-one coaching
- Access to a private patient community
- Recipes and food guides
- Ongoing assistance every step of the way
- And it's **FREE**

Virta is a Better Health Program Achievement Alternative. Completing 10 weeks of Virta by August 31, 2026, can get you one step closer to earning the program's discount (see **page 6** for more information).

## Sword Health

### YOUR VIRTUAL PHYSICAL THERAPIST

We've partnered with Sword Health to support chronic back, joint, or muscle pain recovery. Sword Health's virtual physical therapy program gives you access to licensed physical therapists and personalized plans from the comfort of your home. Sword Health matches you with a Doctor of Physical Therapy who designs a customized program. Your physical therapist supports you every step of the way and even adjusts the program as your needs change, so you get better faster. Best of all, with Sword Health no referral is needed and there's no copayment, so it's **FREE** to anyone 13 years or older enrolled in a Timken-sponsored medical plan.

Whether you're looking to treat chronic pain or recover from surgery, Sword Health can help. Get access to:

- Expert clinicians and 24/7 support teams
- Technology that tracks progress and corrects movements in real time
- Data-driven analytics for creating custom recovery plans
- Treatment for your lower back, hip, knee, and more

Visit [join.swordhealth.com/timken](https://join.swordhealth.com/timken)  
Call **888.492.1860**



Visit [info.virtahealth.com/timken](https://info.virtahealth.com/timken)



# LOOKING FOR SOME EXTRA SUPPORT?

## Magellan Work-Life Balance Program (WLB)

Timken cares about the total health management of you and your family. So, for added support, we offer the Work-Life Balance Program through Magellan **FREE** of charge for all Timken employees and all members of their households.

This completely confidential service is available 24/7 and includes six **FREE** visits, per issue, per year, through in-person visit, video, or text.

### HOW CAN WLB HELP YOU?

- Manage everyday family or life stressors
- Find care for an aging parent
- Get advice on addressing your child's failing grades
- Plan for the future (e.g., will creation)
- Access video counseling for emotional support
- Navigate sensitive work-related concerns
- Improve debt and finances through video coaching
- Find discounts on travel, gyms, and child and elder care through the LifeMart Discount Center
- And **MUCH** more

Visit  
[member.magellanhealthcare.com](https://member.magellanhealthcare.com)  
Call **800.269.6017** (TTY 711)



### DIGITAL EMOTIONAL WELLBEING AND IN-PERSON OR VIRTUAL THERAPY

Magellan offers free in-person and virtual therapy. In-person counseling can be scheduled by phone or by going to **member.magellanhealthcare.com** and clicking on Find Care and then Find a Care Provider.

Magellan has also partnered with BetterHelp. BetterHelp is the world's largest online counseling platform and can provide counseling for the whole family. BetterHelp is available at no cost to you.

To get started, visit **BetterHelp.com/Magellan** and follow the prompts to register. Once you sign up and complete the questionnaire, you can begin talking with a therapist in person, online, or through the BetterHelp mobile app within 24 hours.



**MYTH:** Therapy is only for people with serious problems.

**FACT:** Therapy can help anyone and everyone, whether you're feeling stuck, in crisis, or just in need of a space to reflect. Just like we see a doctor for our annual checkups, therapy is proactive care for your mind.



# DO YOU OR YOUR SPOUSE USE TOBACCO?

## Tobacco User Surcharge

Tobacco use is not just harmful to your health — it also creates higher medical costs for you, your family, and Timken as a whole. If you are a tobacco user, you will pay a \$125 monthly surcharge (\$1,500 per year) in addition to your monthly medical access fee. The surcharge applies to both employees and their covered spouses enrolled in a Timken-sponsored medical plan.

Timken is committed to creating a workplace that promotes the health and wellbeing of our employees and keeps medical costs down. Any employee and/or spouse enrolled in a Timken medical plan who uses tobacco must report as a tobacco user during Open Enrollment. Failure to accurately report your tobacco use status during the attestation process may be grounds for discipline, up to and including termination. Timken reserves the right to conduct, and is considering, nicotine testing.



"I feel that this helped me tremendously! It made me be honest with myself and that was what I needed! Highly recommend this program!"

— Timken Employee  
Fulton, IL

## How Timken Can Help You Quit

### UBREATHE TOBACCO CESSATION PROGRAM

If you want to improve your health, continue your journey to quitting tobacco, and save money, UBreathe can help!

To stop the Tobacco User Surcharge and get **fully reimbursed**, you can complete eight weekly coaching sessions with a Marquee Health Tobacco Cessation Health Coach in 2026.

To get started, call a Health Coach at **888.262.1960** or email [coaching@mywellportal.com](mailto:coaching@mywellportal.com) and reference the Timken UBreathe Tobacco Cessation Program.

You'll learn:

- The benefits of quitting
- Setting a 'Quit Date' and creating a 'Quit Plan'
- Planning for triggers, cravings, and withdrawals
- Creating a stress management plan
- Ongoing support
- Information on how to access low- or zero-cost Nicotine Replacement Therapies available through the Timken medical plan

**If you successfully quit using tobacco or complete the UBreathe program during the Plan Year, your Tobacco User Surcharge will be reimbursed.** You are required to record your tobacco user status in the MyTotalRewards portal as a new hire and during Open Enrollment. If your status changes throughout the year, contact the Benefits Department. **Please note** quitting the use of tobacco is not a requirement of the UBreathe program to qualify for reimbursement.



The average one-pack-a-day tobacco user spends \$2,900 per year, which could be going into your 401(k)! Contact Marquee Health to learn how to kick the habit for good.

# Notice Regarding Wellness Program

The Better Health Program is a voluntary wellness program available to all medically enrolled employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the annual \$750 reduction in medical plan access fees by earning program credit through the program requirements.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **888-262-1960**.

The information from your blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through wellness programming, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Individuals who choose to remove the \$1500 per year tobacco surcharge may complete UBreathe, a tobacco cessation program through Marquee Health. See medical rates for details.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Timken may use aggregate information it collects to design a program based on identified health risks in the workplace, Marquee Health, Virta, and Sword Health will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. To provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **888-262-1960**.



# MEDICAL BENEFITS

Our medical coverage helps you maintain your wellbeing through FREE in-network preventive care, an extensive network of providers, and affordable prescription medication. Medical benefits are offered through the Anthem and AultCare networks, depending upon where you live and/or work.

There are three medical plans to choose from, so consider your healthcare needs when selecting a plan option. Take a moment to review the plan details and decide which is the best fit for you and your family. Remember, the option you elect will be in place for the entire 2026 Plan Year, unless you have a Qualified Life Event.

## Medical Access Fees

Access fees are the monthly amount you pay for insurance coverage. Medical access fees are deducted from your paycheck on a pre-tax basis. Your tier of coverage will determine the amount of your access fees.

## Medical Plan Summary

The chart below gives a summary of the 2026 medical coverage provided by Anthem and AultCare. All covered services are subject to medical necessity as determined by the plan. Out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HEALTHY SAVINGS CHOICE		HEALTHY SAVINGS CHOICE PLUS		LEGACY PPO**	
HSA-ELIGIBLE PLAN ***	YES				NO	
TIMKEN HSA CONTRIBUTION ***	Individual: \$500 Family: \$1,000		Individual: \$700 Family: \$1,400		None; eligible for Flexible Spending Account	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>						
INDIVIDUAL	\$4,500	\$9,000	\$3,400	\$6,800	\$1,750	\$3,500
FAMILY	\$9,000	\$18,000	\$6,800	\$13,600	\$3,500	\$7,000
COINSURANCE (PLAN PAYS)	80%*	60%*	80%*	60%*	80%*	60%*
<b>ANNUAL OUT-OF-POCKET MAXIMUM (OOP MAX) — DEDUCTIBLE DOES APPLY TO OOP MAX</b>						
INDIVIDUAL	\$7,100	\$14,200	\$5,000	\$10,000	\$4,250	\$8,500
FAMILY	\$14,200	\$28,400	\$10,000	\$20,000	\$8,500	\$17,000
<b>COPAYMENTS/COINSURANCE — YOUR COST</b>						
PRIMARY CARE	20%*	40%*	20%*	40%*	\$30 copayment	40%*
SPECIALIST SERVICES	20%*	40%*	20%*	40%*	\$60 copayment	40%*
PREVENTIVE CARE	0%	No Coverage	0%	No Coverage	0%	No Coverage
URGENT CARE	20%*	40%*	20%*	40%*	\$50 copayment	40%*
EMERGENCY ROOM	20%*		20%*		\$250 copayment	

\*After deductible. \*\*Separate Rx deductible and OOP maximum applies. \*\*\*Health Savings Account (HSA); refer to page 20 for details.

## Need Support Navigating Benefits?

### QUANTUM HEALTH

Download the Quantum Health app  
Visit [quantum.timken.com](https://quantum.timken.com)  
Call **866.920.1971**



### AULTCARE NAVIGATOR

Visit the AultCare Member Portal website  
Visit [aultcarenavigator.timken.com](https://aultcarenavigator.timken.com)  
Call **330.363.6282**



# WHAT AM I RESPONSIBLE FOR?

## How the Annual Deductible Works

The Timken medical plans have what's called an "embedded deductible." Here's what that means for a family plan:

- Each of your covered dependents has their own individual deductible
- Your family deductible is met when a combination of these individual deductibles reaches the family deductible amount
- One member can't reach the deductible for the entire family on their own. But once they meet their individual deductible, the plan will start paying coinsurance for them, before the rest of the family. In other words, the individual deductible is embedded in the family deductible
- Once the family deductible has been met, ALL members of the family will transition to coinsurance, even if some members have not met their individual deductible

The out-of-pocket maximum is also embedded. If you have several covered dependents, each individual's out-of-pocket charges will be applied not only toward their individual out-of-pocket, but also toward the family out-of-pocket amount.

Stated another way, one member can't contribute more than their individual out-of-pocket amount toward the family out-of-pocket amount. When the family out-of-pocket amount is reached, you won't have to pay any additional out-of-pocket expenses for the remainder of the calendar year.

INDIVIDUAL VS FAMILY DEDUCTIBLE COMPARISON					
MEETING INDIVIDUAL DEDUCTIBLE			MEETING FAMILY DEDUCTIBLE		
HEALTHY SAVINGS CHOICE PLUS			HEALTHY SAVINGS CHOICE PLUS		
Individual Deductible*	\$3,400		Family Deductible*	\$6,800	
Member	Claims	Deductible Paid	Member	Claims	Deductible Paid
Mr. Brown	\$5,000	\$3,400	Mr. Brown	\$5,000	\$3,400
Mrs. Brown	\$2,500	\$2,500	Mrs. Brown	\$2,500	\$2,500
Total	\$7,500	\$5,900	Child	\$4,500	\$900
			Total	\$12,000	\$6,800

\*Coinsurance will apply after deductible is met.



## Making the Most of Your Healthcare Spending

Finding in-network care is the first step to taking control of your healthcare spending. But what does that really look like when it comes to out-of-pocket expenses? Check out the below for an overview of how your choices and usage affect costs and how a deductible works.

WHY STAYING IN NETWORK MATTERS		
HEALTHY SAVINGS CHOICE PLANS	In-Network	Out-of-Network
<b>PROVIDER'S CHARGE FOR MRI WITH &amp; WITHOUT CONTRAST</b>	\$5,000	\$5,000
<b>IN-NETWORK CONTRACTUAL DISCOUNTED RATE</b> (Utilizing an in-network provider reduces your out-of-pocket healthcare costs due to pre-negotiated rates.)	\$2,070	N/A R&C \$3,000
<b>YOUR BENEFITS</b>	20% after \$3,400 Deductible is met	40% after \$6,800 Deductible is met
<b>YOUR COST</b> (Assumes \$0 has been previously applied towards your deductible.)	\$2,070	\$3,000 up to \$5,000 Provider may bill you beyond R&C *

\*Reasonable and Customary (R&C) is the average fee practitioner charge for the same or similar service within a geographic area.



# THE RIGHT CARE FOR THE RIGHT PRICE

Choosing the right option for the level of care you need can save you a lot of time and money! With so many options available, from telehealth to urgent care to the ER, it's hard to know which care fits your situation. Ensure you get the right care for the right price by seeking out the best care for you.



## SEARCHING FOR CARE IS EASY!

Download the Quantum Health App  
Visit [quantum.timken.com](https://quantum.timken.com)  
Call **866.920.1971**



Visit the AultCare Member Portal website  
Visit [aultcarenavigator.timken.com](https://aultcarenavigator.timken.com)  
Call **330.363.6282**



PRIMARY CARE DOCTOR	TELEMEDICINE	CONVENIENCE CARE	URGENT CARE	EMERGENCY ROOM
Routine checkups, minor illnesses, and for control of chronic illnesses and minor symptoms that don't require immediate care.	A 24/7 virtual alternative that connects you with a doctor by phone or video chat regardless of location.	The stop in between your primary care physician and telemedicine.	Immediate medical attention for non-emergency concerns. These facilities are available after-hours and on weekends.	For true medical emergencies that are life-threatening.
Average Cost: \$171	Average Cost: \$40–\$90	Average Cost: \$100	Average Cost: \$189	Average Cost: \$2,000
Average Wait: 20 min	Average Wait: 10 min	Average Wait: 30 min	Average Wait: 30 min	Average Wait: 90 min
Available during normal business hours.	24/7 access to doctors through a health app. No appointment needed.	Walk-in care clinics located in drug stores and major retailers.	Standalone facilities, open extended hours.	Standalone facilities or part of hospitals, open 24/7.



## WHERE SHOULD I GO FOR SPECIALTY CARE?

Timken's medical plan includes access to premier facilities for specialty care. Centers of Excellence (COEs) are facilities with proven track records of top-quality outcomes, fewer readmissions, shortened recovery times, and the greatest cost savings for situations such as cardiovascular conditions, musculoskeletal conditions, transplants, and other situations that require complex care.

For additional information, please visit [quantum.timken.com](https://quantum.timken.com) or [aultcarenavigator.timken.com](https://aultcarenavigator.timken.com).

# PHARMACY BENEFITS

Timken's prescription drug program, as a part of your medical plan, is managed by CVS Caremark. In 2026, you will have the added convenience of using one ID card for both medical and prescription coverage. Medication costs are determined by their assigned tier (generic, preferred, non-preferred, or specialty). Please note that the pharmacy deductible is combined with the medical deductible for both Healthy Savings Choice plans.



You can save money on prescription medications by visiting **caremark.com**. This site will help you compare drug costs side by side, manage refills, set up reminders, and sign up for mail-order delivery.

	HEALTHY SAVINGS CHOICE	HEALTHY SAVINGS CHOICE PLUS	LEGACY PPO ***
<b>RX DEDUCTIBLE</b>	Included with Medical	Included with Medical	Individual: \$150** Family: \$300**
<b>RETAIL RX (30-DAY SUPPLY) — YOUR COST</b>			
<b>GENERIC</b>	10%*	10%*	10% (\$10 min)*
<b>PREFERRED</b>	20%*	20%*	20% (\$35 min)*
<b>NON-PREFERRED</b>	45%*	45%*	45% (\$60 min)*
<b>SPECIALTY: BEFORE DEDUCTIBLE</b>	20% (\$250 max)*	20% (\$250 max)*	PrudentRx: \$0 Not Enrolled in PrudentRx: 30%*
<b>SPECIALTY: AFTER DEDUCTIBLE</b>	PrudentRx: \$0* Not Enrolled in PrudentRx: 30%*	PrudentRx: \$0* Not Enrolled in PrudentRx: 30%*	
<b>MAIL ORDER RX &amp; 90-DAY MAINTENANCE CHOICE AT CVS — YOUR COST</b>			
<b>GENERIC</b>	10%*	10%*	\$20 copayment
<b>PREFERRED</b>	20%*	20%*	\$70 copayment
<b>NON-PREFERRED</b>	45%*	45%*	45% (\$120 min)*

\*After Deductible.  
 \*\*Legacy PPO Rx deductible does not apply to mail order or 90-day Maintenance Choice at CVS.  
 \*\*\*Legacy PPO plan has a separate out-of-pocket maximum of \$3,600 per individual and \$7,200 per family. Rx out-of-pocket costs for the Healthy Savings Choice and Choice Plus plans are included with medical expenses as a single combined out-of-pocket maximum.

## Save Even More on Prescriptions

### RXSAVINGS SOLUTIONS (RXSS)


While Caremark will help you compare costs, RxSS provides you with personalized saving opportunities. RxSS is a **FREE** service for all employees and dependents enrolled in a Timken medical plan. To help you save, RxSS will track down savings opportunities, such as clinically equivalent alternative medications and less expensive pharmacies. Set up your account, and RxSavings Solutions will send you a text or an email if they find a way you can save money.

### PRUDENTRX COPAYMENT OPTIMIZATION PROGRAM

PrudentRx, a CVS Caremark program, helps you save on certain specialty prescriptions. Enrollment is automatic, though additional steps might be needed to complete participation. A PrudentRx advocate may contact you to guide you through the process and help you access assistance. Enrolled members will pay \$0 out-of-pocket for eligible medications.\*

\*Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for \$0 out-of-pocket costs.

Visit [myrxss.com](https://myrxss.com)  
 Call **800.268.4476**  
 Download the RxSS mobile app



Visit [prudentrx.com](https://prudentrx.com)  
 Call **800.578.4403**



Medications obtained with a manufacturer's coupon or copayment assistance will not apply toward your deductible or out-of-pocket maximum.



# Q & A: GENERIC DRUGS

## What is a generic drug?

When a new, FDA-approved drug goes on the market, it may have patent or exclusivity protection that enables the manufacturer to sell the drug exclusively for a period of time. When those expire or no longer serve as a barrier to approval, other companies can make in generic form.

## Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken, and the way it should be used. The FDA requires generic drugs have the same high quality, strength, purity, and stability as brand-name drugs.

## Are generic drugs as safe as brand-name drugs?

Yes. The FDA must approve the generic drug before it can be marketed.

## Are generic drugs that much cheaper than brand-name medications?

Yes. On average, the cost of a generic drug is 80 to 85% lower than the brand-name equivalent.

## Is there a generic equivalent for my brand-name drug?

In addition to RxSS, you may also find a generic equivalent for your brand-name drug. Visit [fda.gov](http://fda.gov) to view a catalog of FDA-approved drug products, as well as drug labeling information. You can also visit [caremark.com](http://caremark.com) or the CVS mobile app for additional resources.



As a CVS Caremark member, we know that keeping your out-of-pocket costs low is important to you and your family. That's why we're working with industry-leading prescription discount suppliers to offer Caremark Cost Saver powered by GoodRx, helping you save on commonly dispensed generic medications. Caremark Cost Saver makes sure you automatically get the lowest available cost for medications covered under your plan. All you have to do is present your member ID card when you pick up your prescriptions.



Generic Drugs

\$

Preferred Brand

\$\$

Non-Preferred Brand

\$\$\$

Specialty Drugs

\$\$\$\$



# DENTAL BENEFITS



Did you know preventive care, such as regular dental checkups, can help lower your risk of stroke and heart disease? Timken's dental coverage, available through MetLife, provides you and your family affordable options for oral health. You may enroll in a dental plan even if you are not enrolled in a Timken medical plan.

## Stay in Network to Keep Costs Down

Make the most of your dental benefits and avoid surprise bills by choosing an in-network dentist. The MetLife PDP Plus plan's in-network dentists are contracted with the plan for lower fees. Out-of-network dentists are not contracted with the plan for lower fees, and you may be balance billed for charges beyond the Reasonable and Customary (R&C). You will be responsible for paying those bills out of pocket.

## Dental Access Fees

Access fees are the monthly amount you pay for insurance coverage. Dental access fees are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines the amount of your access fees.

## What Your Dental Plan Covers

The chart below gives a summary of the 2026 dental coverage provided by MetLife. All out-of-network services are subject to R&C limitations.



### HOW DO I FIND AN IN-NETWORK PROVIDER?

The MetLife PDP Plus plan's network of dentists has agreed to charge lower fees, which saves you money. To find a network dentist, visit MetLife at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

		BASIC DENTAL		ENHANCED DENTAL	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>					
	<b>INDIVIDUAL</b>	\$50	\$50	\$50	\$50
	<b>FAMILY</b>	\$150	\$150	\$150	\$150
<b>ANNUAL MAXIMUM</b>					
	<b>PER PERSON</b>	\$1,000		\$1,800	
<b>COVERED SERVICES — PERCENTAGES REFLECT AMOUNT PAID BY TIMKEN</b>					
	<b>PREVENTIVE SERVICES</b> Oral Exams, Routine Cleanings, Bitewing X-rays, Sealants, Space Maintainers	100%	100%	100%	100%
	<b>BASIC SERVICES</b> Full Mouth X-rays, Fillings, Simple Extractions, Panoramic X-rays, Periodontal Maintenance	50%*	50%*	80%*	80%*
	<b>MAJOR SERVICES</b> Inlays, Onlays, Oral Surgery, Complex Extractions, Denture Adjustments, Root Canal Therapy, Periodontal Surgery, Crowns, Installation of Dentures, Installation of Bridges, Restoration of a Diseased or Broken Tooth, Repair of Crowns	50%*	50%*	50%*	50%*
	<b>ORTHODONTICS</b> Dependent Child(ren) Only Under Age 19	N/A	N/A	50%*	50%*
	<b>ORTHODONTIC LIFETIME MAXIMUM</b>	N/A		\$2,000	

# VISION BENEFITS

Regular eye exams are an important part of preventive care. You have two vision plan options to choose from — the Basic and Enhanced plans, provided by **Superior Vision from MetLife**. You may enroll in a vision plan even if you are not enrolled in the Timken medical plan.

## Vision Access Fees

Access fees are the monthly amount you pay for insurance coverage. Vision access fees are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines the amount of your access fees.

## What Your Vision Plan Covers

The chart below gives a summary of the 2026 vision coverage provided by MetLife. All out-of-network services will be reimbursed up to the scheduled amounts below.



### HOW DO I FIND AN IN-NETWORK PROVIDER?

The plan's network of providers has agreed to charge lower fees, which saves you money. To find a network provider, visit MetLife at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

	BASIC VISION PLAN		ENHANCED VISION PLAN	
	IN-NETWORK MEMBER COSTS	OUT-OF-NETWORK REIMBURSEMENTS	IN-NETWORK MEMBER COSTS	OUT-OF-NETWORK REIMBURSEMENTS
<b>EXAM (WITH DILATION AS NECESSARY)</b>	\$10 copayment	Up to \$45	\$10 copayment	Up to \$45
<b>EXAM OPTIONS</b>				
<b>STANDARD CONTACT LENS FIT &amp; FOLLOW-UP</b>	\$30 copayment	Not available	\$30 copayment	Not available
<b>PREMIUM CONTACT LENS FIT &amp; FOLLOW-UP</b>	\$50 allowance after copayment	Not available	\$50 allowance after copayment	Not available
<b>COVERED MATERIALS</b>				
<b>LENSES</b>				
<b>SINGLE VISION LENSES</b>	\$10 copayment	Up to \$30	\$10 copayment	Up to \$30
<b>BIFOCAL LENSES</b>	\$10 copayment	Up to \$50	\$10 copayment	Up to \$50
<b>TRIFOCAL LENSES</b>	\$10 copayment	Up to \$65	\$10 copayment	Up to \$65
<b>STANDARD PROGRESSIVE</b>	\$55 copayment	Up to \$50	Covered in full	Up to \$50
<b>PREMIUM PROGRESSIVE</b>	\$110 copayment	Up to \$50	Covered in full	Up to \$50
<b>LENTICULAR</b>	\$10 copayment	Up to \$100	\$10 copayment	Up to \$100
<b>FRAMES</b>				
<b>RETAIL FRAME EQUIVALENT</b>	\$10 copayment; \$150 allowance for any frame plus 20% off balance more than \$150	Up to \$55	\$10 copayment; \$175 allowance for any frame plus 20% off balance more than \$175	Up to \$55
<b>CONTACT LENSES (MATERIALS ONLY)</b>				
<b>CONVENTIONAL</b>	\$150 allowance; 20% discount off balance more than \$150	Up to \$100	\$175 allowance; 20% discount off balance more than \$175	Up to \$100
<b>DISPOSABLES</b>	\$150 allowance, 10% discount off balance more than \$150	Up to \$100	\$175 allowance; 10% discount off balance more than \$175	Up to \$100
<b>MEDICALLY NECESSARY</b>	Covered in full	Up to \$210	Covered in full	Up to \$210
<b>BENEFIT FREQUENCY</b>				
<b>EXAMINATION</b>	Once every calendar year			
<b>LENSES</b>	Once every calendar year			
<b>FRAMES</b>	Once every calendar year			
<b>CONTACTS (in lieu of Lenses and Frames)</b>	Once every calendar year			

# TAKE CONTROL OF YOUR HEALTHCARE SPENDING



## 1. Shop Around

Quantum Health and AultCare Navigator are equipped to help you learn more about costs and providers in your area. Visit **page 2** for more information and to download the app you need.

## 2. Take Advantage of Free Care

Your Timken medical plan includes a full slate of free preventive care services and immunizations that can help you stay ahead of potential health issues. As long as you use doctors, pharmacies, and labs in your plan's network, you won't have to pay anything for these services. Here's a look at what you can expect at your next annual wellness visit appointment:

- **General adult preventive care** includes screenings for mental health/risk, cholesterol, high blood pressure, and other chronic management concerns
- **Women's preventive care** includes breast cancer and pelvic exams, Pap tests, pregnancy screenings, and other well-woman services
- **Children's preventive care** includes anemia, hearing, vision, and newborn screenings

For more information on free preventive screenings, vaccinations, and covered pharmacy items, visit the Quantum Health app or AultCare Member Portal.

## 3. Check for Pharmacy Savings

**RxSavings Solutions** helps you find affordable options for your prescriptions. No research or coupons required!

**PrudentRX** can help if you take specialty medications. You may qualify for \$0 out-of-pocket costs.

## 4. Know Where to Go for Care

Using the best provider for the care you need can save you valuable time and money. Why spend hours in an ER when a video call with a board-certified physician can get you the care you need in under one hour? Check out the information on **page 13**.

## 5. Contribute to a Tax-advantaged Account

A Health Savings Account (HSA), Health Care Flexible Spending Account (HCFSA), and Dependent Care FSA (DCFSA) can help you save pre-tax dollars to use for health and child care expenses. For more information check out **page 19** or visit **myhealthequity.com**.



Visit **myrxss.com** to get started and download the mobile app.



Visit **prudentrx.com** for more information.





# TAX-ADVANTAGED ACCOUNTS

If you enroll in a medical plan, you'll get access to accounts to help you control your healthcare spending and/or maximize your savings with either a Health Savings Account (HSA) or Flexible Spending Account (FSA). Both types of accounts let you set aside pre-tax dollars to pay for out-of-pocket medical expenses.

Regardless of medical plan enrollment, all employees have access to enroll in a Dependent Care FSA, allowing them to get the same tax benefits on child care.

The chart below explains the main differences between the FSAs and HSA to help you make the right choice for you and your family.

	HEALTH SAVINGS ACCOUNT   HSA	HEALTH CARE FLEXIBLE SPENDING ACCOUNT   HCFA	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT   DCFA
<b>OWNERSHIP</b>	You own your HSA, so the money in the account is yours, even if you leave Timken or retire.	The HCFA is owned by Timken. If you leave Timken, you lose access to the account unless you have a COBRA right.	The DCFA is owned by Timken. If you leave Timken, you lose access to the account unless you have a COBRA right.
<b>ELIGIBILITY &amp; ENROLLMENT</b>	<b>Available on both Healthy Savings Choice plans</b> You cannot be covered by a spouse's non-high-deductible plan or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.	<b>Available with the Legacy PPO plan or those who are not medically enrolled</b> Timken determines eligibility for an FSA.	<b>Available to all Timken employees</b> For dependents who are claimed on your federal tax return and are either under the age of 13 or adult dependents who spend at least eight hours a day in your home.
<b>TAXES</b>	The money in the account is "triple tax-free," meaning: 1. Contributions are tax-free 2. The account grows tax-free 3. Funds are spent tax-free (if used for qualified expenses)	Contributions are tax-free via payroll deduction.	Contributions are tax-free via payroll deduction.
<b>CONTRIBUTIONS</b>	Both you and Timken can contribute to the account according to IRS limits. Contributions can be changed at any time. For contribution limits see <b>page 20</b> .	Only you can contribute to the account according to the IRS. Contributions can only be changed if you experience a Qualified Life Event. For contribution limits see <b>page 22</b> .	Contributions can only be changed if you experience a Qualified Life Event. For contribution limits see <b>page 23</b> .
<b>TIMKEN CONTRIBUTIONS</b>	Timken provides a seed based on your plan election and coverage. See <b>page 21</b> for more details.	N/A	Timken matches 100% of your contribution, up to \$1,500.
<b>ROLLOVER</b>	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.	You must use the money in the account by the end of the Plan Year.	You must use the money in the account by the end of the Plan Year.
<b>QUALIFIED EXPENSES*</b>	Physician services, hospital services, prescriptions, dental care, vision care, and copayments.	Physician services, hospital services, prescriptions, dental care, and vision care. A full listing of eligible expenses is available at <a href="https://www.irs.gov">irs.gov</a> .	Babysitting, daycare, and before- and after-school care for child dependents under 13 and elderly dependents.

\*A full listing of eligible expenses is available at [irs.gov](https://www.irs.gov).

# HEALTH SAVINGS ACCOUNT

Take charge of your healthcare spending with a Health Savings Account (HSA)! Contributing to an HSA is a great way to save for out-of-pocket healthcare expenses with pre-tax dollars. Use your HSA for expenses like deductibles, coinsurance, copayments, and dental and vision expenses, including those of your dependents, even if they aren't covered by your plan. For a complete list of eligible expenses, visit [irs.gov](https://www.irs.gov).

## How It Works

You own your HSA, so the money in the account is yours, even if you leave Timken or retire. Your HSA balance rolls over from year to year, allowing you to save for future expenses, including in retirement. There are no vesting requirements or forfeiture provisions.

HealthEquity, our Health Savings Account administrator, will issue you a debit card, giving you direct access to your account balance. When you have a qualified expense, you can use your debit card to pay. You must have an account balance to use your debit card.

## HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to an HSA. For 2026, contributions (which include any employer contribution) are limited to the following:

2026 HSA FUNDING LIMITS	
EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH -UP CONTRIBUTION (AGES 55+)	\$1,000

## Eligibility

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible High-Deductible Health Plan (HDHP), like the 2026 Healthy Savings Choice and Choice Plus plans
- You are not covered by your spouse's non-HDHP health plan, and your spouse does not have a Health Care Flexible Spending Account or Health Reimbursement Account
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (service-related care will not be taken into consideration)



Timken contributes money to help kickstart your HSA! Refer to page 21 for more details.





## Timken Contributes to Your HSA

Take advantage of even more savings opportunities! To help you build your HSA, Timken will provide an annual contribution, depending on which medical plan you select.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE-ONLY COVERAGE	Healthy Savings Choice plan: \$500
	Healthy Savings Choice Plus plan: \$700
FAMILY COVERAGE	Healthy Savings Choice plan: \$1,000
	Healthy Savings Choice Plus plan: \$1,400

Generally, your HSA seed will be deposited into your HealthEquity account around the first pay of the year.

## Maximize Your Tax Savings

HSAs have three significant tax advantages:

- Your contributions are tax-free; they can be made through payroll deduction on a pre-tax basis
- The money in the account (including interest and investment earnings) grows tax-free
- The money in the account is spent tax-free, as long as the funds are used to pay for qualified expenses

## How to Enroll

You must elect the Healthy Savings Choice or Healthy Savings Choice Plus medical plan with Timken. Complete the HSA enrollment materials and designate your pre-tax contribution amount. Timken will establish an HSA in your name and submit your contribution once HealthEquity verifies your account information. If you have already established an HSA with HealthEquity through Timken, you will not need to submit enrollment materials again, but you will need to elect your contribution amount during the enrollment process. **You can change your contribution amount at any time during the Plan Year.**

**IMPORTANT:** Don't forget to designate a beneficiary for your HSA! More than half of Timken employees do not have a beneficiary on file. Go to [myhealthequity.com](http://myhealthequity.com) to update your beneficiaries!

## Smart Savings Strategies

So how much should you contribute to your HSA? Consider these various savings strategies and decide what works for you:

- **Pay for your anticipated expenses.** How much do you expect to spend on healthcare this year? If you're having a baby or a major surgery, research costs ahead of time and consider contributing that amount to your HSA.
- **Cover your deductible.** Contribute just enough to offset your deductible. Even if you're generally healthy, the funds will be available if you need medical care.
- **Prepare for the unexpected.** Contribute as much as you can to help offset your out-of-pocket maximums and ensure you're protected in the event of a major medical emergency. It may take more than one year to build up this reserve, but it is worth the effort! Don't worry if you don't end up using the funds this year — your balance will grow tax-free over time to help you save for future expenses.
- **Save for the future.** Use your HSA to save for expenses you may face during retirement — even Medicare premiums! Contribute up to the IRS limit and watch the savings build up over time.
- **Invest.** Contribute enough to reach \$1,000 or more in your HealthEquity HSA and begin investing the excess in an asset allocation, like a mutual fund, of your choice, just like you do with your 401(k) plan!



Check out how HealthEquity can help you maximize your savings, update your beneficiary, and use your HSA for retirement healthcare expenses.



# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax payroll deductions to pay for out-of-pocket healthcare expenses such as deductibles, copayments, and coinsurance, as well as dependent care expenses. Remember, FSA contributions are use it or lose it, so be sure to use your 2026 funds by the end of the year and submit for reimbursement by March 15, 2027.

## Health Care Flexible Spending Account

You can contribute up to \$3,300 in 2026 for qualified medical, dental, vision, and pharmacy expenses with pre-tax dollars, which reduces your taxable income and increases your take-home pay. Visit [irs.gov](https://www.irs.gov) for the most up-to-date information.

Please note: Over-the-counter drugs are not eligible for reimbursement through an FSA without a doctor's prescription.

**NOTE:** You are not eligible for the Health Care Flexible Spending Account if you are enrolled in the Healthy Savings Choice or Choice Plus plan with a Health Savings Account (HSA).

## Using an FSA Debit Card

When you sign up for a Health Care FSA for the first time, you will receive a debit card as part of your welcome package, which is good for three years, so hold on to it! The funds you set aside are loaded on the debit card for you to use on qualified medical expenses, including medical, dental, and vision costs. Keep in mind that because FSAs use pre-tax dollars, all FSA payments will be authenticated with the IRS to ensure that the funds are used for qualified medical or dependent care expenses. HealthEquity does offer a mobile app that allows you to be quickly notified if there are substantiation requirements and provides a quick and convenient way to upload a copy of your receipt.

Curious to learn more? Visit [myhealthequity.com](https://myhealthequity.com) or contact member services at **866.346.5800** for information about HealthEquity.

## General Rules and Restrictions

In exchange for the tax advantages that FSAs offer, the IRS sets the following rules and restrictions for both Health Care and Dependent Care FSAs:

- An individual cannot contribute to both an HSA and a Health Care FSA. You can have and contribute to both an HSA and a Dependent Care FSA
- Your expenses must be incurred during the 2026 Plan Year, and you must file for reimbursement no later than March 15, 2027
- Your dollars cannot be transferred from one FSA to another
- You cannot participate in the Dependent Care FSA and claim a dependent care tax deduction at the same time
- You must "use it or lose it" — any unused funds will be forfeited
- You cannot change your FSA election in the middle of the Plan Year unless you experience a Qualified Life Event like marriage, divorce, or birth of a child; your change must correlate to your specific life event

i

Your FSA dollars don't roll over from year to year, so make sure you're not contributing more than you'll spend!



## COMPANY MATCH MEANS FREE MONEY!

Timken will match your Dependent Care FSA elections at 100%, up to a maximum of \$1,500.



# DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

## DO YOU HAVE A CHILD UNDER 13?



In addition to the Health Savings Account and Health Care FSA, you can participate in the Dependent Care FSA as well — even if you don't elect any other benefits. The DCFSA allows you to set aside pre-tax dollars to pay for expenses associated with caring for elder or child dependents. Reimbursement from your Dependent Care FSA is limited to the current balance in the account.

- With the DCFSA, you are allowed to set aside up to \$7,500 annually per household to pay for child or elder care expenses on a pre-tax basis
- Eligible dependents include children younger than the age of 13 and dependents of any age who are incapable of caring for themselves (excluding children of domestic partners)
- Expenses under the DCFSA are not eligible for reimbursement if the caregiver is an older sibling or any other individual considered your dependent for tax purposes
- In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care

## Eligible DCFSA Expenses

This account covers dependent elder and child care expenses that are necessary for you and your spouse to work or attend school full time. The dependent must be a child younger than the age of 13 and claimed as a dependent on your federal income tax return or a disabled dependent who spends at least eight hours a day in your home.

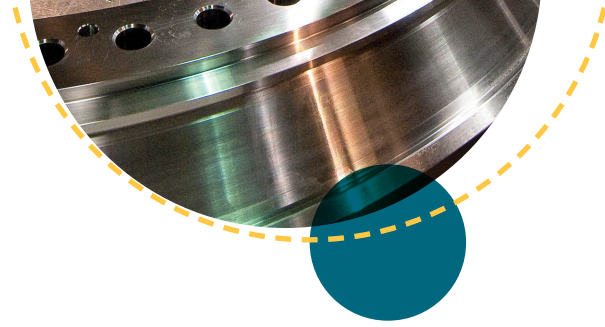
Examples of eligible dependent care expenses include:

- In-home babysitting services (not by an individual you claim as a dependent)
- Care of a preschool child by a licensed nursery or child care provider
- Before- and after-school care
- Day camp

## DCFSA Checklist

Even though DCFSA are easy to use, there are rules that you need to keep in mind as you make your benefits elections. Knowing these rules can help you avoid pitfalls and stretch every dollar further. Check out these tips when considering and using your DCFSA.

- 1. There are contribution limits** — The IRS sets a limit to the pre-tax funds you set aside (this includes any employer contribution). The 2026 limit is \$7,500.
- 2. Funds grow with time** — DCFSA funds are only available as you make contributions.
- 3. Use it or lose it** — A DCFSA works like a Health Care FSA. Unused account funds will return to your employer at the end of the Plan Year.
- 4. Plan Ahead** — Election amounts can only be made during Open Enrollment, unless you have a Qualified Life Event (includes day care closures).
- 5. Document Everything** — DCFSA only cover payments for non-dependent babysitters and child care providers during your working hours (while you're working, looking for work, or attending school full time).



# WHAT ARE YOUR RETIREMENT GOALS?

Saving for retirement can be daunting — how do you plan to pay for your golden years? Did you know that over 60% of Americans don't know how much money they need for retirement? In fact, most Americans close to retirement have saved only 12% of what they actually need. We want to help you do better. Our 401(k) plan provides you with the tools and flexibility you need to retire comfortably and securely.

Eligible employees can save for retirement while receiving certain tax advantages. **Timken matches the first 3% you contribute at 100%, and the second 3% at 50%.** That means that if you contribute at least 6% of your own paycheck, Timken will match 4.5%. Take advantage of the free matching dollars! Depending on your location, Timken may also provide a non-elective company contribution into your 401(k).<sup>\*</sup> This company contribution is made regardless of the contribution you make to your 401(k). Contact the Timken Benefits Department for more information.

## Empower Is Here to Help!

As a part of your retirement plan, Empower offers tools and resources to give you a real-time view of your account, allowing you to track, manage, and plan your financial goals in one place. Log in to your Empower account to make sure your retirement goals are on track with help from programs and features like:

- **Dashboard Insights** allow you to easily keep track of estimated retirement income, manage progress toward your goals, and much more
- **Next Step Evaluator** offers personalized advice to build an action plan that suggests the best use of your next dollar
- **My Financial Path** can help you take control of your finances and stay on track to meet your goals
- **Learning Center** gives you access to easy online courses, videos and assessments, learning tools, articles, insights, and calculators

## Retirement Planning — 401(k)

### VESTING

You are automatically 100% vested in your contributions, as well as company-matching and non-elective (where applicable) contributions. This means the entire account balance is yours when you leave Timken, regardless of years of service.

### ROLLOVERS

If you have balances left over in a previous employer's 401(k) or other savings plan, consider rolling them into your Timken 401(k) plan for a clearer view of your savings. Call Empower to initiate a rollover.

### ELIGIBILITY

New hires can start contributing the first of the month following one full calendar month of full-time employment.

### CONTRIBUTING TO THE PLAN

You can contribute up to 75% of your annual pay via pre-tax and Roth contributions up to the IRS limits. The IRS limit for 2025 is \$23,000. The IRS limits for your 401(k) may increase when the IRS publishes its guidance for 2026.

Keep your retirement goals handy.  
**Download the Empower app**




<sup>\*</sup>Please check with your local HR team for additional information.



## Contribution Types

The type of account you choose can have a significant impact on your retirement goals. Take a look at your different contribution options (pre-tax, Roth, and post-tax) and how each can affect your retirement goals. If you're unsure which direction to take, consider speaking with Empower or your personal financial advisor to explore what options best fit your situation.

	PRE-TAX	ROTH	POST-TAX
Can lower your taxable income	✓		
Earnings grow tax-deferred	✓		✓
Distributions are taxed as regular income	✓		
Pay taxes on contributions now		✓	✓
Distributions are tax-free*		✓	
Taxed upon distribution	✓		✓
Eligible for company match	✓	✓	

\*Qualified distributions are distributed tax-free if funds have been in an account for more than five years and are withdrawn after age 59 1/2, death, or disability.

## Catch-up Contributions

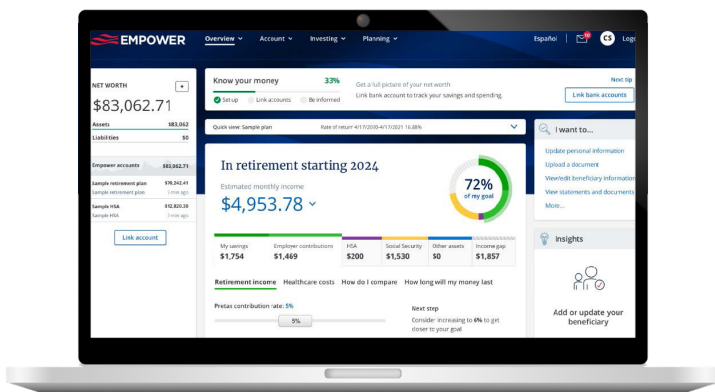
If you will be age 50 or older during this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a “catch-up contribution.” This additional deposit of funds accelerates your progress toward your retirement goals. The maximum catch-up contribution for 2025 is \$7,500, and it may change when the IRS publishes its 2026 limits. You may have a higher catch-up contribution limit per the SECURE Act 2.0 regulations if you are ages 60–63.

## Changing Your Contributions

You may change the amount of your contributions anytime. All changes will become effective as soon as administratively feasible and will remain in effect until you modify them.

## Investing in the Plan

You decide how to invest the assets in your account. The Timken 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices at anytime.



**SEE WHAT'S POSSIBLE WITH EMPOWER**

Visit [empowermyretirement.com](https://empowermyretirement.com)

Call **844.465.4455** (Monday–Friday, 8 a.m.–10 p.m. and Saturday, 9 a.m.–5:30 p.m. ET)



Don't forget to designate a beneficiary for your 401(k)! This will ensure your retirement funds go directly to that person (or persons) without needing to access your will.

# RETIREMENT PLANNING — MEDICAL RESOURCES

Thinking of retiring soon? Here are some helpful resources for planning your post-retirement healthcare.

## RESOURCES FOR NON-MEDICARE RETIREE HEALTH PLANS\*

Healthcare.gov — enroll in Marketplace coverage for retirees

[healthcare.gov/retirees](https://www.healthcare.gov/retirees)

U.S. Department of Labor — learn about Continuation Coverage (COBRA)

[dol.gov/general/topic/health-plans/cobra](https://dol.gov/general/topic/health-plans/cobra)

State Medicaid Programs — qualify for help based on income

[healthcare.gov/medicaid-chip/](https://www.healthcare.gov/medicaid-chip/)

Mylo — compare plans online, get connected to local brokers

[choosemylo.com](https://choosemylo.com)

National Association of Insurance Commissioners — understand health insurance considerations for all life stages

[content.naic.org/consumer/health-insurance.htm](https://content.naic.org/consumer/health-insurance.htm)

## ALIGHT FOR MEDICARE-ELIGIBLE EMPLOYEES

The Alight concierge representatives, known as Benefit Advisors, are licensed experts in retiree medical coverage and are committed to helping you find the best Medicare-related coverage option for you and your family. Contact Alight Retiree Health Solutions at **844.364.7656** or by visiting [retiree.alight.com](https://retiree.alight.com), to learn more.



\*Timken does not endorse or promote any of these programs. These resources are offered for your information only and are not considered advice. You are encouraged to do your own research and/or speak with your financial advisor.



# SURVIVOR BENEFITS

Timken offers a number of benefits to help you prepare for the unexpected. Survivor benefits, provided through MetLife, offer financial assistance in the event of your passing. If you have life insurance, take comfort in knowing that those who depend on you will be provided for.

## Choose Today to Protect Their Tomorrow

### WHAT IS A BENEFICIARY?

A beneficiary is the person you designate to receive benefits in the event of your death. This includes any benefits payable under basic life insurance, supplemental life insurance, a 401(k), or a Health Savings Account (HSA).

### GATHER IMPORTANT INFORMATION

It's important to make sure your beneficiary designation is clear, so your assets go to the right people. It is also important you name a primary and contingent beneficiary. To name a beneficiary, you'll need to provide a full name, address, Social Security number, and date of birth.

### DESIGNATE OR CONFIRM BENEFICIARY ELECTIONS

When naming beneficiary(ies), it is important to indicate a distribution percentage. If the beneficiary is not legally related, select the "other" relationship type. If you haven't named a beneficiary, do so today!

### BENEFICIARY DESIGNATION IN ACTION

Dave isn't sure what he should do — should he add a beneficiary, review his current one, add only a primary beneficiary, or include both a primary and a contingent? Let's see what happens with each option.

EXAMPLE			
DAVE DOESN'T CHOOSE A BENEFICIARY	DAVE CHOOSES TO NOT REVIEW HIS BENEFICIARY INFORMATION	DAVE ADDS A PRIMARY BENEFICIARY BUT NOT A CONTINGENT	DAVE ADDS A PRIMARY AND CONTINGENT BENEFICIARY
Payments will be made according to the plan, which may not list who Dave wanted to receive the benefit. Payments may be delayed.	Dave has his ex-spouse listed as his beneficiary. The payments will be paid to his ex-spouse even though he is remarried.	If Dave's primary beneficiary passes away before him, payments will be made according to the plan. Payments may be delayed.	If Dave's primary beneficiary passes away before Dave, the contingent beneficiary will receive benefits.



### REMEMBER TO CONFIRM BENEFICIARY ELECTIONS FOR:

- Life Insurance on the **MyTotalRewards** site
- 401(k) plan through Empower at **empowermyretirement.com**
- Health Savings Account (HSA) through Health Equity at **myhealthequity.com**



# Basic Life and AD&D Insurance



Paid by Timken at No Cost to You



BASIC LIFE AND AD&D INSURANCE	
<b>COVERAGE AMOUNT</b>	1 times your annual base earnings
<b>WHO PAYS</b>	Timken pays full cost
<b>BENEFITS PAYABLE</b>	If you die while covered under the plan
<b>MAXIMUM BENEFIT</b>	\$2 million
<b>EVIDENCE OF INSURABILITY (EOI) REQUIRED</b>	N/A

## Supplemental Coverages

### EMPLOYEE LIFE INSURANCE (EMPLOYEE-PAID)

You may purchase an additional amount of employee life insurance during Open Enrollment, up to 8X annual base earnings, up to \$2 million.

You may increase from 1X your annual base earnings to 2X without Evidence of Insurability (EOI), as long as you don't exceed \$350K in coverage. EOI is required if you increase your coverage by more than one increment or previously waived coverage. EOI will always be required if you exceed \$350K in coverage.

<b>COVERAGE AMOUNT</b>	1 to 8 times your annual base earnings
<b>BENEFITS PAYABLE</b>	If you die while covered under the plan
<b>MAXIMUM BENEFIT</b>	\$2 million

### SPOUSAL/DEPENDENT LIFE INSURANCE (EMPLOYEE-PAID)

For extra coverage, you may purchase supplemental life and AD&D insurance for yourself and your family. Access fees are paid through post-tax payroll deductions. If you purchase spousal/dependent life insurance, those benefits are payable to you.

EOI is required if you elect \$50,000 or \$100,000 spouse life for those newly eligible. EOI will always be required for spouse coverage if you previously waived coverage. EOI is not required for child life.

<b>COVERAGE AMOUNT</b>	Spouse: \$5,000, \$10,000, \$25,000, \$50,000, or \$100,000 Child: \$5,000 or \$10,000
<b>BENEFITS PAYABLE</b>	If your dependent dies while covered under the plan
<b>MAXIMUM BENEFIT</b>	Spouse: \$100,000 Child: \$10,000

### EMPLOYEE AD&D (EMPLOYEE-PAID)

AD&D provides benefits in the event of accidental death or severe injury from an accident, like losing a limb or finger. Coverage amounts provide up to 8X annual base earnings, up to \$2 million.

<b>COVERAGE AMOUNT</b>	1 to 8 times your annual base earnings
<b>BENEFITS PAYABLE</b>	If you die or have a dismemberment associated with an accident
<b>MAXIMUM BENEFIT</b>	\$2 million



### WHAT IS EOI?

Evidence of Insurability (EOI) is health information required by the insurance company to determine an individual's eligibility for coverage. This is required if you elect coverage outside of new hire enrollment or for supplemental coverage above specific coverage amounts.



# Voluntary Insurance Coverages

## ACCIDENT INSURANCE

You may elect group Accident to help cover those unexpected costs. Benefits pay a lump-sum amount in the event you or a dependent experience an accident or illness. These payments can be used for expenses such as insurance deductibles, copayments, transportation to/from medical centers, child care expenses, and more.

	LOW PLAN BENEFITS	HIGH PLAN BENEFITS
<b>INJURY</b>		
FRACTURES	\$50 – \$4,000	\$100 – \$8,000
DISLOCATIONS	\$50 – \$3,000	\$100 – \$6,000
CONCUSSIONS	\$200	\$400
<b>MEDICAL SERVICES &amp; TREATMENT</b>		
AMBULANCE	\$200 – \$750	\$300 – \$1,000
EMERGENCY CARE	\$25 – \$150	\$100 – \$200
INPATIENT SURGERY	\$100 – \$1,000	\$200 – \$2,000
<b>HOSPITAL COVERAGE</b>		
ADMISSION	\$500 (non-ICU) – \$1,000 (ICU) per accident	\$1,000 (non-ICU) – \$2,000 (ICU) per accident
INPATIENT REHAB (PAID PER ACCIDENT)	\$100 a day, up to 15 days	\$200 a day, up to 15 days

## CRITICAL ILLNESS INSURANCE

Critical Illness insurance pays a lump-sum benefit in the event that you or a covered family member is diagnosed with a covered illness. This benefit can be used any way you choose, and benefits are paid regardless of any other insurance coverage you may have.

COVERED ILLNESSES	BENEFITS
CANCER, HEAT ATTACK, STROKE, KIDNEY FAILURE, MAJOR ORGAN TRANSPLANT	100% of Initial Benefit
ADDITIONAL CONDITIONS	25% of Initial Benefit
REOCCURRING CONDITION	Half of Initial Benefit from the first event*

\*Not all reoccurring conditions qualify for additional benefit payouts. Contact MetLife for details.



## HEALTH SCREENING BENEFIT

MetLife will provide an annual benefit of \$50 per calendar year for taking eligible screening/prevention measures such as annual exams if enrolled in an Accident or Critical Illness insurance plan. MetLife will pay only one health screening benefit per covered person per calendar year. Contact MetLife for more details.



# PROTECT YOUR INCOME

Think of disability coverage as insurance for your salary — it replaces a portion of your income if you can't work because of an illness or injury. Disability benefits pay a portion of your salary until you can return to work or reach retirement age.

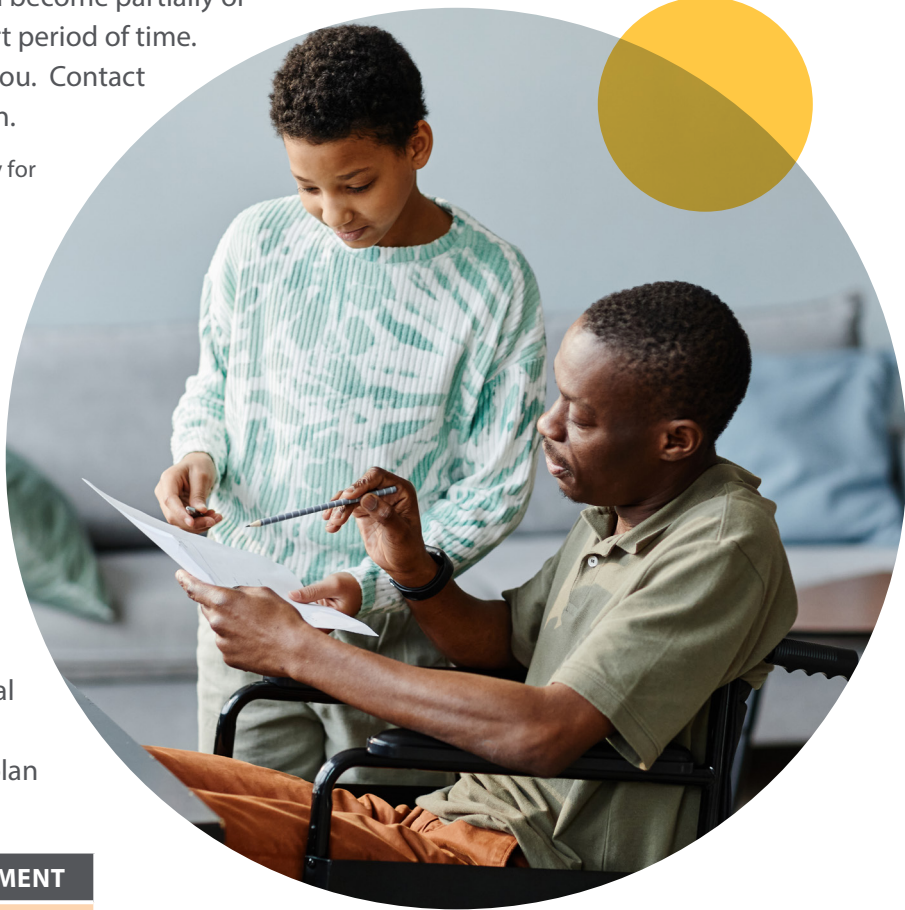
## Short Term Disability (STD) Insurance

STD insurance pays a portion of your salary if you become partially or totally disabled and are unable to work for a short period of time. This benefit is provided by Timken at no cost to you. Contact your local HR representative for more information.

Timken's disability programs may be impacted by eligibility for state or other statutory disability programs. See your local Timken Benefits Department representative for additional details.

## Long Term Disability (LTD) Insurance

LTD insurance protects a portion of your income if you become partially or totally disabled for an extended period of time. Timken offers two LTD plans — the Standard plan is provided by Timken at no cost to you, and you can purchase the Premium plan for additional coverage. If you purchase the Premium plan, Timken will contribute the cost of the Standard plan toward the Premium plan.



PLAN OPTIONS	INCOME REPLACEMENT
STANDARD PLAN	50% up to \$15,000/month*
PREMIUM PLAN	65% up to \$15,000/month*

\*Depending on your current annual base earnings.

You must be sick or disabled for at least six months before you can receive a benefit payment. Payments will last for as long as you are disabled or until you reach your Social Security normal retirement age, whichever is sooner. Certain exclusions, along with any preexisting condition limitations, may apply. Please refer to your Summary Plan Description (SPD) or plan certificate for details or contact the Timken Benefits Department.



# ADDITIONAL BENEFITS

Timken offers a number of additional benefits to help you live a fuller, healthier life outside of work.

## Payactiv

Payactiv is a financial wellness platform that gives you on-demand pay and a suite of financial management tools that make it easier to improve your financial wellness.

**Payactiv's Earned Wage Access** feature gives you access to a portion of your next paycheck ahead of payday. The funds you access early will simply be deducted from your next paycheck. You choose what to do with that money:

- Transfer to your bank or debit card
- Transfer to a Payactiv Visa® Card\*
- Pick up cash at Walmart
- Apply toward an Uber ride
- Schedule bill payments
- Load to AmazonCash

You also get access to free financial planning resources, such as counseling and educational resources, plus exclusive discounts and savings tools.



Visit [Payactiv.com/for-you](https://www.payactiv.com/for-you)

Download Payactiv mobile app



\*The Payactiv Visa Prepaid Card is issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Certain fees, terms, and conditions are associated with the approval, maintenance, and use of the card. You should consult your Cardholder Agreement and the Fee Schedule at [Payactiv.com/card411](https://www.payactiv.com/card411). If you have questions regarding the Card or such fees, terms, and conditions, you can contact Payactiv toll free at **877.747.5862**, 24/7.

## Allstate Identity Protection

Identity theft and privacy breaches have become frighteningly more common over recent years.

**Allstate Identity Protection** delivers comprehensive fraud monitoring and mobile and desktop cybersecurity to help protect you, your family, and your finances from various threats. Enroll in a Pro+ Cyber plan to manage your personal data, safeguard your devices, and shield your identity. If fraud occurs, Allstate's full-service restoration and expense reimbursement have you covered up to \$2 million (for family plans; \$1 million for individual plans).

Other Pro+ plan features include:

- Protection for up to 10 mobile or desktop devices across the family (if enrolled in a family plan)
- Password manager and ad blocker
- Tri-bureau credit monitoring and annual credit scores
- Support for data breaches and missing or stolen devices
- Help and fraud resolution centers
- High spend alerts and lost wallet protection
- So much more!

For more information, call **800.789.2720** or visit [myaip.com](https://www.myaip.com).



## Legal Assistance

As a Timken employee, you may sign up for discounted legal services through the **MetLife Legal Plan**. You and your dependents have access to a nationwide network of legal experts ready to help with a wide variety of legal issues. Your coverage is portable, so you can continue to take advantage of low rates even if you leave Timken. The plan offers coverage for all of the following:

- Defense of civil lawsuits
- Certain document preparation and review
- Estate planning
- Family law
- Financial matters
- Traffic offenses
- Real estate matters
- And much more!

When you use a network attorney, there are no deductibles or copayments, no waiting periods or claim forms, and no limits on usage! Call MetLife Legal Plan at **800.821.6400** if you have any questions.

## Pet Insurance

Go the extra mile for your furry family members by enrolling in MetLife pet insurance, available to all Timken employees. MetLife's "PetFirst" plan offers coverage for accidents and injuries, surgeries, prescription medications, emergency boarding for unexpected plans, and more. Rates vary by age, breed, and type of pet, and premiums are paid through payroll deduction. Coverage also includes access to the VetHelpLine, a service that connects you to a veterinarian, 24/7. Opt for My Pet Protection with Wellness to receive preventive care coverage that keeps your pet in tip-top shape and saves you money.

Give your pet the love and care it deserves with MetLife. Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call **800.GET.MET8** to sign up or get more information.

## Home/Auto Insurance

Take advantage of auto and homeowners insurance discounts through **Farmers Insurance**, available exclusively for Timken employees. Your coverage will belong to you and stay with you — even if you leave Timken — so you can always enjoy the low rates. Homeowners insurance includes coverage for your house, condo, or rental property. Residency restrictions may apply.

Auto insurance includes coverage for your automobile (including classic and antique cars), boat, motor home, or recreational vehicle. You may start or stop coverage at any time during the year. Call Farmers Insurance at **800.438.6381** to sign up today.

## BenefitHub Discount

Visit **BenefitHub** to enjoy discounts, rewards, and perks on thousands of brands in a variety of categories such as travel, auto, electronics, apparel, entertainment tickets, and restaurants, just to name a few.

Find out how much you can save!

1. Go to [timken.benefitHub.com](https://www.timken.benefitHub.com)
2. Enter referral code: **3SIRVT**
3. Complete registration

Contact BenefitHub at **866.664.4621** or [customerCare@benefithub.com](mailto:customerCare@benefithub.com) for more information.

## Infertility Coverage

We are dedicated to supporting you through your family planning journey and ensuring that you have access to the resources and benefits you need. Timken provides a lifetime infertility benefit of \$25,000 for each eligible member enrolled in a Timken-sponsored medical plan, supporting you and your family throughout your fertility journey.

Contact Quantum Health or AultCare Navigator for additional information.



# KNOW WHERE TO GO

Benefits can be complex, but we provide resources to support you every step of the way.

TIMKEN BENEFITS CENTER
Use this resource to: <ul style="list-style-type: none"> <li>Enroll in benefits by phone</li> <li>Get Open Enrollment support</li> <li>Receive year-round benefits election support</li> <li>Get Qualified Life Event (QLE) support</li> </ul>
Timken Benefits Center 833.372.8743 Monday–Friday, 8:00 a.m.–6:00 p.m. ET

HEALTHCARE NAVIGATION		
Once enrolled, use this resource to: <ul style="list-style-type: none"> <li>Ask general benefits questions</li> <li>Download ID cards and find in-network providers</li> <li>Learn about covered services</li> <li>Schedule appointments and coordinate care</li> <li>Manage medical bills</li> </ul>		
<table border="0"> <tr> <td>Quantum Health <i>For Anthem plan participants</i> 866.920.1971 quantum.timken.com</td> <td>AultCare Navigator <i>For AultCare plan participants</i> 330.363.6282 aultcarenavigator.timken.com</td> </tr> </table>	Quantum Health <i>For Anthem plan participants</i> 866.920.1971 quantum.timken.com	AultCare Navigator <i>For AultCare plan participants</i> 330.363.6282 aultcarenavigator.timken.com
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## IMPORTANT CONTACTS

We partner with a variety of carriers and vendors to provide you with these comprehensive benefits. Use this contact information to ask questions, file claims, learn coverage details, and make the most of your benefits.

COVERAGE	CONTACT	
<b>HEALTH</b>		
MEDICAL	Quantum Health 866.920.1971 quantum.timken.com	AultCare Navigator 330.363.6282 aultcarenavigator.timken.com
DENTAL	MetLife 800.942.0854 metlife.com/mybenefits	
VISION	Superior Vision by MetLife 833.393.5433 metlife.com/mybenefits	
PHARMACY	CVS Caremark 888.202.1654 caremark.com	
RxSAVINGS SOLUTIONS	RxSavings Solutions 800.268.4476 myrxss.com	
BETTER HEALTH PROGRAM RESOURCES	Marquee Health 888.262.1960 timkenbetterhealth.com Questions: timken@mywellportal.com	
	Virta Health info.virtahealth.com/timken support@virtahealth.com	
<b>FINANCIAL SUPPORT</b>		
HEALTH SAVINGS ACCOUNT	HealthEquity 866.346.5800 healthequity.com	
FLEXIBLE SPENDING ACCOUNTS	HealthEquity 866.346.5800 healthequity.com	
401(k)	Empower Retirement 844.465.4455 empowermyretirement.com	

BENEFITS EXTRAS	
LIFE AND AD&D	MetLife 800.638.6420
LONG TERM DISABILITY	MetLife 800.638.2242 metlife.com/mybenefits
HOME/AUTO	Farmers Insurance 800.438.6381 myautohome.farmers.com
GROUP ACCIDENT	MetLife 855.564.6638 metlife.com/mybenefits
EARLY WAGE ACCESS PROGRAM	Payactiv 877.747.5862 Payactiv.com/for-you
PET INSURANCE	MetLife 800.GET.MET8 metlife.com/mybenefits
LEGAL ASSISTANCE	MetLife Legal Plan 800.821.6400 metlife.com/mybenefits
IDENTITY PROTECTION	Allstate Identity Protection 800.789.2720 myaip.com
WORK-LIFE BALANCE PROGRAM	Magellan 800.269.6017 member.magellanhealthcare.com
VIRTUAL PHYSICAL THERAPY	Sword Health 888.492.1860 join.swordhealth.com/timken
EMPLOYEE DISCOUNTS	BenefitHub 866.664.4621 timken.benefitHub.com
TIMKEN BENEFITS CENTER	833.372.8743

# TAKE YOUR BENEFITS ON THE GO!

Check out these mobile apps from Timken's benefits vendors for quick and easy access to claims information and other services anytime, anywhere. Download the apps from the Apple App Store or Google Play.

## FIND PROVIDERS, REVIEW CLAIMS, AND ACCESS MOBILE ID CARDS

Quantum Health  
(Anthem)



AULTCARE  
Member Portal



## MANAGE YOUR ACCOUNTS

HealthEquity



Empower 401(k)



## MANAGE YOUR HEALTH AND WELLBEING

Sword Virtual  
Physical Therapist



Timken Better  
Health



## TALK TO A DOCTOR

LiveHealth Online  
(Anthem)



AultmanNow  
(AultCare)



Virta Type 2  
Diabetes Support



Magellan Work-Life  
Balance Program



## SAVE MONEY ON PRESCRIPTIONS

RxSavings  
Solutions



CVS  
Pharmacy





# GLOSSARY

**Balance Billing** — When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill you for covered services.

**Coinsurance** — How you and your insurance plan split the bill at the end of the night.

**Consumer Driven Health Plan (CDHP)** — Sometimes called a High-Deductible Health Plan (HDHP), this plan option provides choice, flexibility, and control when it comes to spending money on healthcare. Preventive care is covered at 100% with in-network providers, there are no copayments, and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

**Copayment** — The fixed amount you pay for healthcare services.

**Deductible** — How much you're on the hook for until your plan starts chipping in.

- **Embedded Deductible:** Each member has their own deductible, but the family also has a maximum total deductible. Therefore, if multiple family members meet their individual limit during the year, all members will switch to coinsurance when receiving care.

**Employee Access Fees** — The monthly amount you pay for your insurance coverage.

**Explanation of Benefits (EOB)** — A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

**Flexible Spending Accounts (FSAs)** — An option that allows participants to set aside pre-tax dollars to pay for certain qualified expenses during a specific time period (usually a 12-month period). There are two types of FSAs: the Health Care FSA and the Dependent Care FSA.

- **Health Care FSA** — With the Health Care FSA, participants can use their accounts to cover eligible medical expenses such as copayments, eye exams, prescriptions, and more. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code. Please note that over-the-counter medications are not eligible for reimbursement without a doctor's prescription with the Health Care FSA.
- **Dependent Care FSA** — A Dependent Care FSA helps to reimburse participants for eligible expenses associated with caring for a qualified dependent, such as a dependent younger than age 13 or another dependent that may be incapable of self-care. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Both accounts are "use it or lose it," meaning that funds not used by the end of the Plan Year will be lost.

**Health Savings Account (HSA)** — A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, meaning if you change jobs your account goes with you.

**Healthcare Cost Transparency** — Also known as Market Transparency or Medical Transparency. Healthcare provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective healthcare products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

**Healthcare Navigation** — A service that helps companies and their employees navigate the healthcare system, the enrollment process, benefits packages, and ongoing care.

**In-Network** — A network of selected healthcare providers, such as hospitals and physicians, that offers discounted rates for plan members.

**Out-of-Pocket Maximum** — The most you pay during a Plan Year before your plan comes to the rescue and pays the rest.

**Over-the-Counter (OTC) Medications** — Medications typically made available without a prescription.

**Prescription Medications** — Medications prescribed to you by a doctor. The cost of these medications is determined by their assigned tier: Generic, Preferred, Non-Preferred, or Specialty.

- **Generic Drugs** — Drugs approved by the U.S. Food and Drug Administration (FDA) that are chemically identical to corresponding Preferred or Non-Preferred versions. The color or flavor of a Generic medicine may be different, but the active ingredient is the same. Generic drugs are usually the most cost-effective version of any medication.
- **Preferred Drugs** — Brand-name drugs on your provider's list of approved drugs. You can check online with your provider to see this list.
- **Non-Preferred Drugs** — Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** — Prescription medications used to treat complex, chronic, and often costly conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

**Reasonable and Customary Allowance (R&C)** — Also known as an eligible expense or the Usual and Customary (U&C) amount. The amount your insurance company will pay for a medical service in a geographic region based on what providers in the area usually charge for the same or similar medical service.

**Step Therapy** — The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before a non-preferred brand medication is eligible for coverage without prior authorization.

**Summary of Benefits and Coverage (SBC)** — Mandated by healthcare reform, your insurance carrier or plan sponsor will provide you with a clear and easy-to-follow summary of your benefits and plan coverage.

# Required Notices

## Important Notice from Timken About Your Prescription Drug Coverage and Medicare under the Anthem HEALTHY SAVINGS CHOICE, AultCare HEALTHY SAVINGS CHOICE, Anthem HEALTHY SAVINGS CHOICE PLUS, AultCare HEALTHY SAVINGS CHOICE PLUS and Anthem LEGACY PPO, AultCare LEGACY PPO Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Timken and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Timken has determined that the prescription drug coverage offered by the Anthem HEALTHY SAVINGS CHOICE, AultCare HEALTHY SAVINGS CHOICE, Anthem HEALTHY SAVINGS CHOICE PLUS, AultCare HEALTHY SAVINGS CHOICE PLUS and Anthem LEGACY PPO, AultCare LEGACY PPO plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Timken coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Timken and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Timken changes. You also may request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage::

- » Visit [www.medicare.gov](http://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

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Date:	January 1, 2026
Name of Entity/Sender:	Timken
Contact—Position/Office:	Human Resources
Address:	4500 Mount Pleasant St. NW North Canton, Ohio 44720-5450
Phone Number:	877-899-6481

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## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 877-899-6481.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 877-899-6481.

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

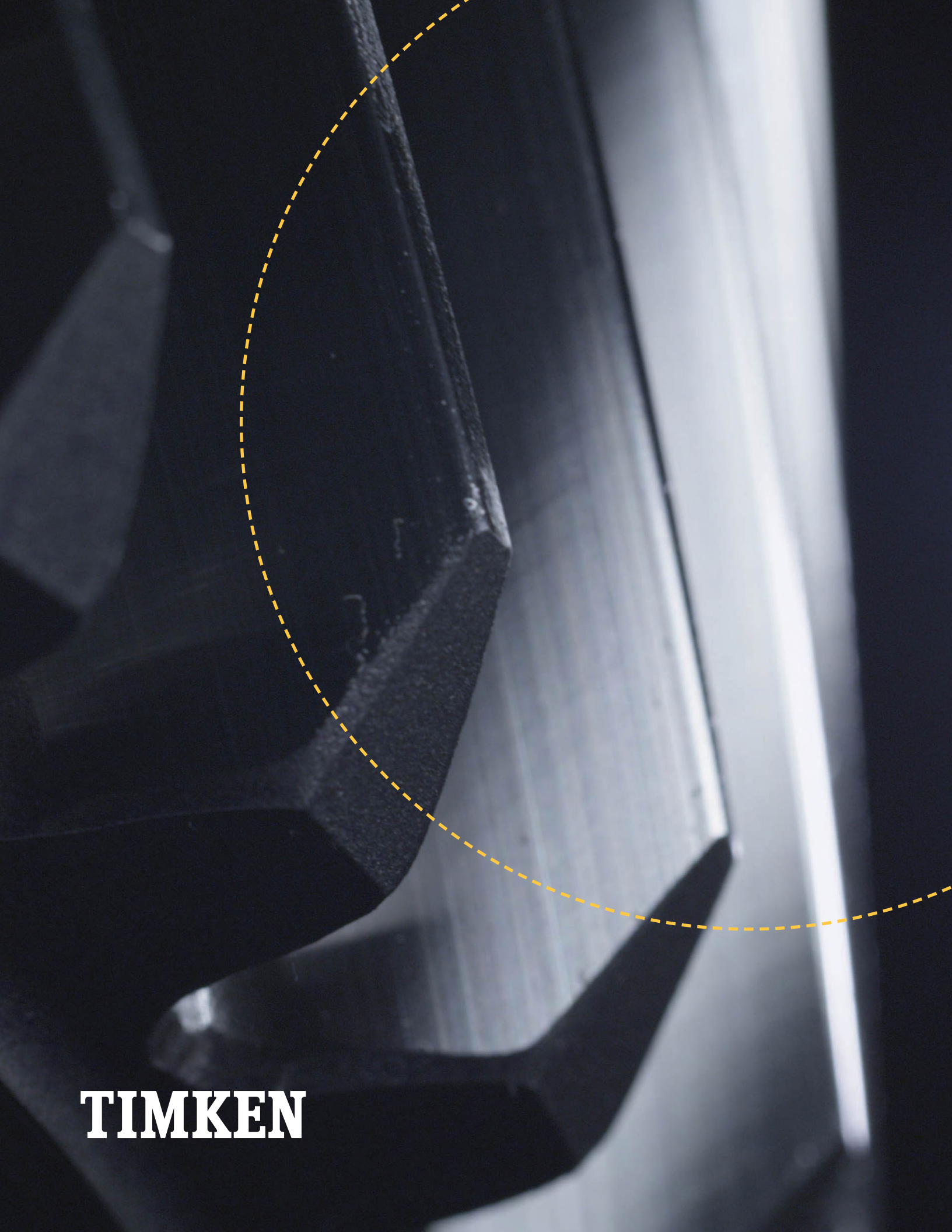
- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 877-899-6481.



**TIMKEN**