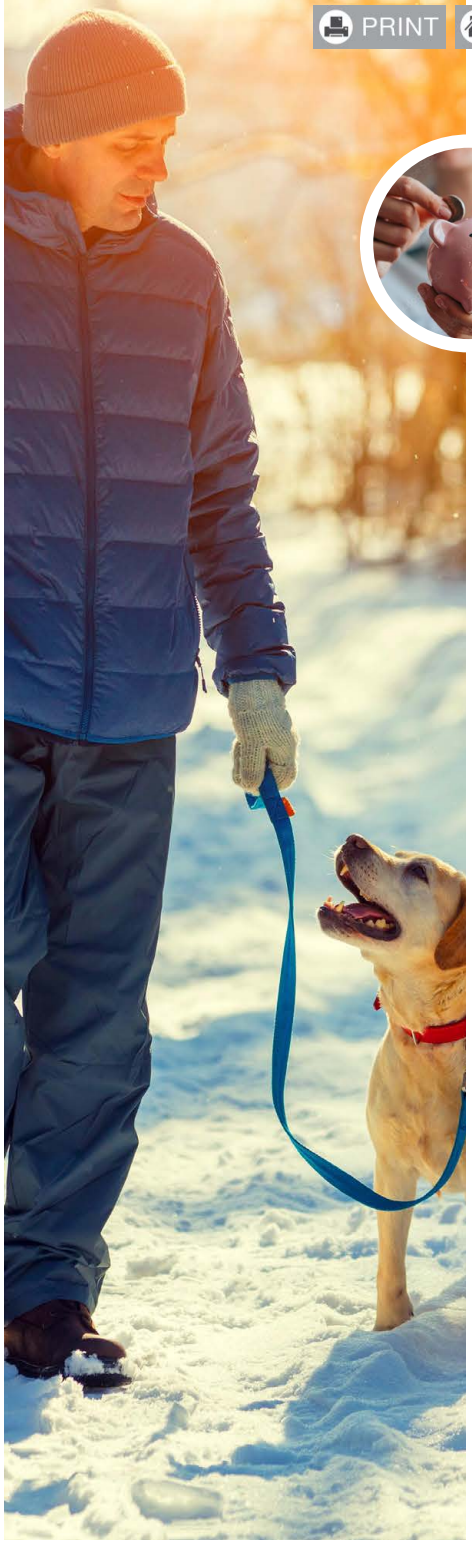
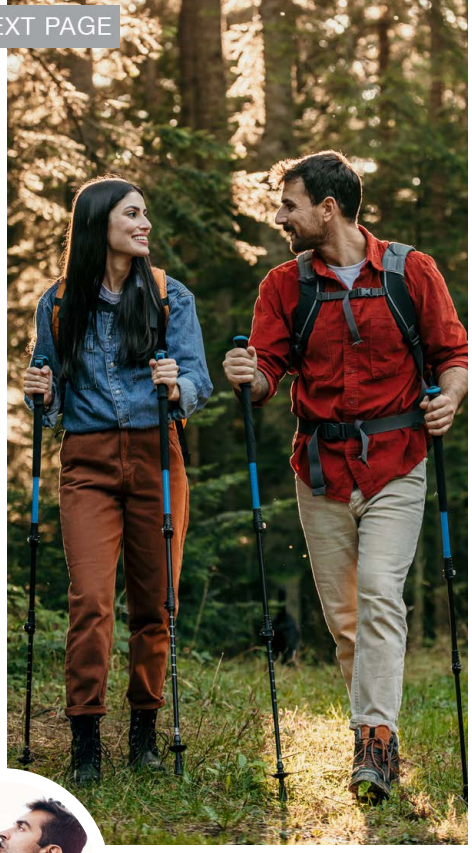










2026 BENEFITS RESOURCE GUIDE

FOR MONOGRAM EMPLOYEES

TriMas

ABOUT THIS GUIDE

TriMas is committed to helping you pick the benefits that are right for you and making sure you know how to use them. This Guide helps you explore your benefits and get the information you need easily. The information is organized by these three key pillars of your benefits:



YOUR HEALTH



YOUR WEALTH



YOUR WELLBEING

You'll notice symbols throughout this Guide that call attention to various important items:



Important information or factors to consider ensuring you choose your benefits wisely.



Tips on how to manage your out-of-pocket costs.



Where you can go for additional information.



Important steps you may need to take.

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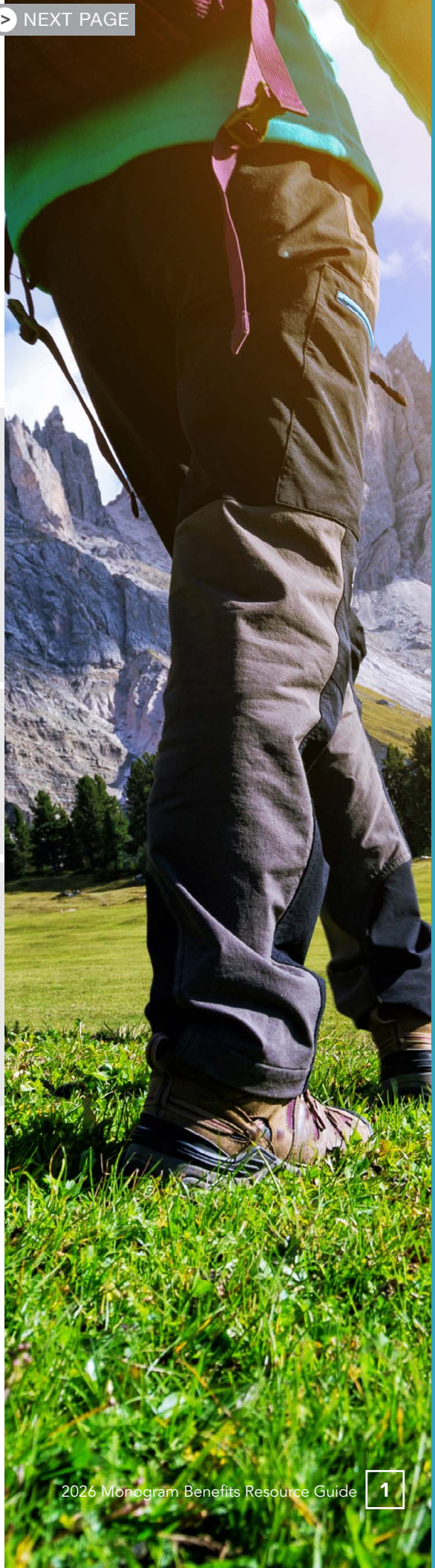
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WELCOME!
Your TriMas Benefits

Providing a Solid Foundation

TriMas provides a solid foundation of benefit programs automatically at no cost to you:

- Basic Life and AD&D Insurance
- Disability Insurance
- Employee Wellbeing Program



Plus, you have access to other voluntary benefits, including Accidental Injury Insurance, Critical Illness Insurance, Legal Assistance and Identity Theft coverage.
See pages 43-44 for details.

LEARN MORE

Access Your Benefits on the Go!

Stay connected to your benefits anytime, anywhere with mobile benefit apps found on our employee intranet: **TriConnect.**

2026 BENEFIT CHANGES
At-a-Glance

WHAT'S HAPPENING	WHAT IT MEANS TO YOU
Changes to BCBSM Medical Plan Deductibles and Out-of-Pocket Maximums	**Consumer Choice Fund HSA and Core Plans** After a thorough review, we are adjusting certain aspects of our medical plan designs (as listed below) to bring them more in line with what other similar employers offer and to encourage employees to receive cost-efficient care. (See page 12 for details.) » There will be increases to the calendar-year deductibles for both plans. » The out-of-pocket maximum for the Core plan will increase. » The IRS raised the limit for 2026 HSA contributions. (See page 20 for 2026 contribution limits.) **Note:** There are no changes to the Kaiser HMO deductibles, coinsurance of out-of-pocket maximums.
Enhancements to Voluntary Benefits	With medical plan costs rising, you may want to consider supplementing your coverage with the extra financial protection found in our income protection benefits. For 2026, these options are even stronger: » Critical Illness Insurance will now pay out 100% for conditions like non-invasive cancer, aneurysms and heart disease. » Accident Insurance now includes a new sports benefit for injuries from organized sports. It also offers higher payouts for ER visits, hospital stays, and even childcare if you're injured. Plus, there's more coverage for follow-up care, including acupuncture and chiropractic services. **TIP:** These enhancements provide extra financial protection and help cover unexpected expenses. They can also help offset rising out-of-pocket costs. Learn more on page 43.



GET STARTED:
Your Checklist for a Successful Enrollment

Follow these three steps to ensure you have the coverage you need:

LEARN
About Your Benefit Options

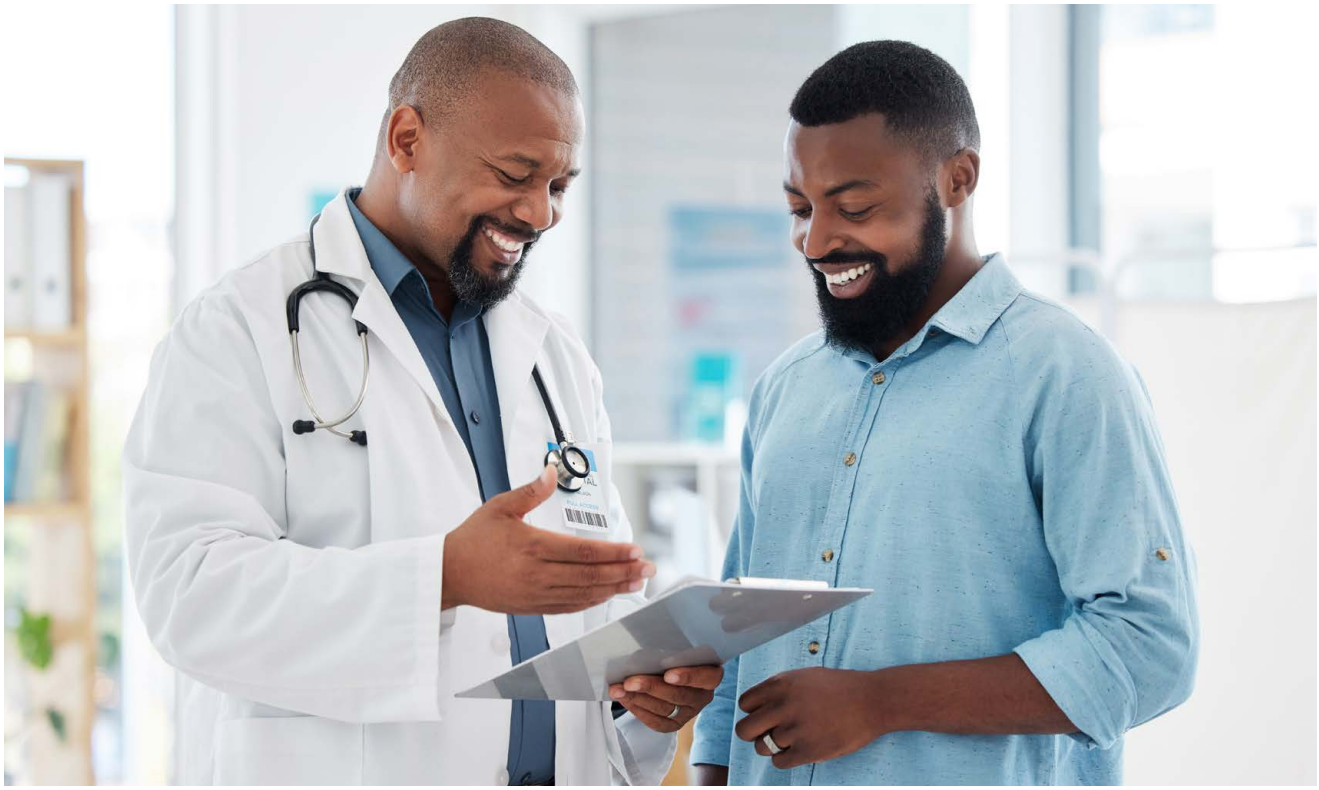
- ☐ Read and share all materials with your family.
- ☐ Attend local meetings virtually or in person based on what's available at your location.
- ☐ Ask questions if you need help.

CONSIDER
Your Personal Situation

- ☐ Think about your healthcare and other benefit needs for the upcoming year.
- ☐ Consider who you need to cover.
- ☐ Explore all your options, including coverage through your spouse's employer (if applicable).

ENROLL
for Your Benefits

- ☐ Check your personalized enrollment worksheet.
- ☐ Have your worksheet with you when you enroll and be sure to have Social Security numbers handy for any dependents you plan to add.
- ☐ Enroll through the TriMas Benefits Service Center (TBSC) at my.adp.com or call (877) 534-TBCS (8272).
- ☐ Be sure to review and print your confirmation statement for your records. A hard copy will also be mailed to your home.



Enrolling Through TriMas Benefits Service Center (TBSC)

Enrolling for your benefits is quick and easy through TBSC — either online or over the phone. In addition, TBSC lets you manage other important benefit-related transactions:

- Make your benefit elections.
- Update your elections when you have a qualified life event during the year.
- Manage beneficiaries for your Life Insurance benefits.
- Get important documents and forms.

There are two ways to enroll and/or access the TBSC:

Online: my.adp.com
(24 hours per day, seven days per week)

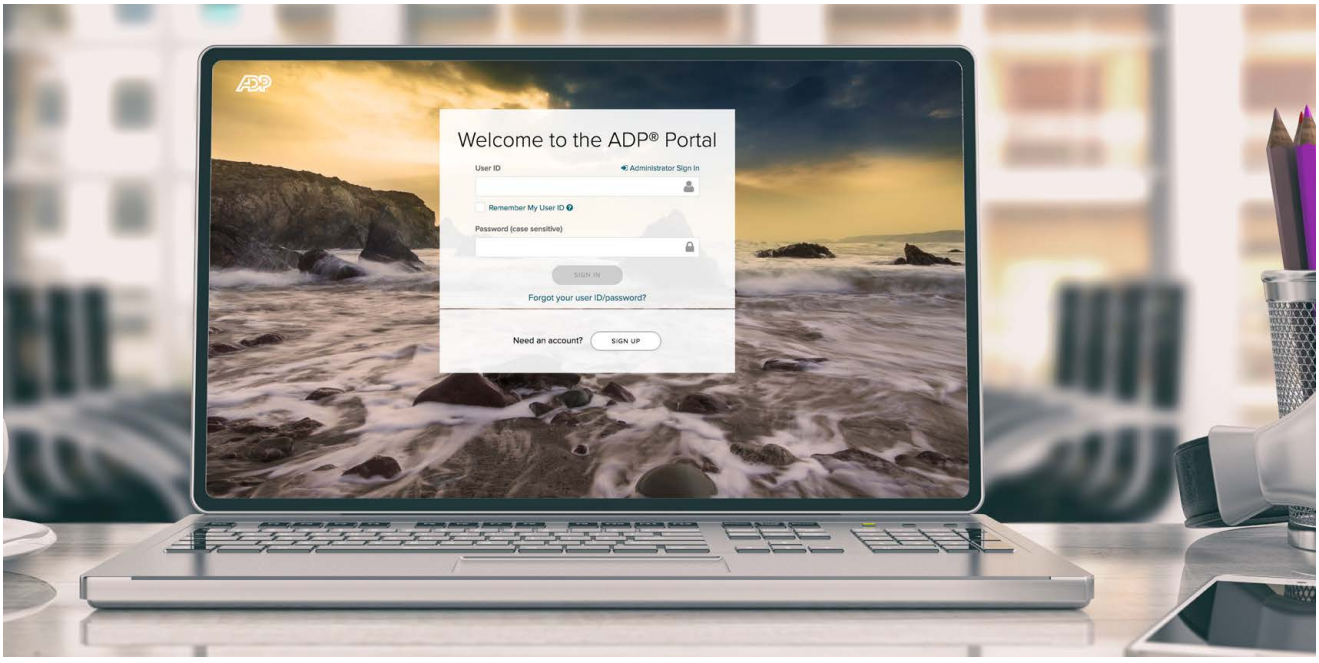
Phone: (877) 534-TBSC (8272)
(Monday – Friday
8 a.m. to 8 p.m. EST)

SAVE TIME!
Access ADP by scanning this QR code with your smartphone:

SCAN ME

NEW FOR 2026!

Have questions about your benefits or the enrollment process? Try the Chat function on the employee dashboard.



WHAT HAPPENS IF YOU DON'T ENROLL

2026 Coverage If You Don't Enroll

If you don't enroll or make change by the deadline, you will automatically receive the following coverage:

Benefit	If You Are Currently Covered	If You Are Currently Not Covered or Are a New Employee
Medical/Prescription	Your 2025 election	No coverage
Health Savings Account*	No participation	No participation
Dental	Your 2025 election	No coverage
Vision	Your 2025 election	No coverage
Healthcare Flexible Spending Account	No participation	No participation
Dependent Care Flexible Spending Account	No participation	No participation
Optional Employee, Spouse and/or Child Life Insurance	Your 2025 election	No coverage
Optional Long-Term Disability	Your 2025 election	No coverage
Accidental Injury Insurance	Your 2025 election	No coverage
Critical Illness Insurance	Your 2025 election	No coverage
Legal/Identity Theft Protection	Your 2025 election	No coverage

*HSA contributions can be changed (elected or canceled) at any time.

Your next opportunity to enroll or make changes to your elections will be during the next open enrollment period — with elections effective Jan. 1, 2027 — unless you have a qualified life event, such as a marriage or having a baby. See page 9 for details.

BENEFIT BASICS
Who Is Eligible

Benefits are available to you, as well as your legal spouse and dependent children who meet eligibility rules shown below. If your employment with TriMas ends, the timing of when your coverage ends depends on the benefit.

YOURSELF

Generally, you're eligible for the benefits in this Guide if you are an employee who works 40 hours per week. You may be eligible for medical/prescription benefits if you work 30 hours or more as defined by the Affordable Care Act (ACA).

YOUR LEGAL SPOUSE

Generally, you may cover your legal spouse as an eligible dependent under your TriMas benefits. Keep in mind:

- If your spouse also works at TriMas, you cannot be covered as both an employee and a dependent under a TriMas benefit plan. Also, only one of you may cover your child(ren) as dependents.
- You must provide your spouse's Social Security number (SSN) during the annual enrollment process if you plan to cover him/her under a TriMas medical plan.

Note about Domestic Partners: Domestic partners of the same or opposite sex can be enrolled as a dependent under the Kaiser HMO Medical Plan only. Domestic partners cannot be covered as dependents under the TriMas-sponsored Blue Cross Blue Shield of Michigan (BCBSM) medical plans or the dental and vision plans.

YOUR DEPENDENT CHILDREN

Generally, you can cover:

- Your children until they are age 26 (coverage continues through the end of the month).
- Your totally and permanently disabled children at any age.

You must provide your child(ren)'s Social Security number (SSN) during the annual enrollment process if you plan to cover him/her under a TriMas medical plan.

Note: Eligibility for Optional Child Life Insurance is different. You can cover your children from birth to age 26, as long as they are financially dependent on you for support.

TAKE ACTION

If you enroll new dependents in healthcare coverage, keep the following in mind:

- You will be contacted by mail by ADP Dependent Verification Services (DVS) to verify dependent eligibility.
- If you don't respond by the deadline, your dependents will be removed from medical, dental and/or vision coverage.

When Benefits Begin

Current Employees: Your benefit elections take effect beginning Jan. 1, 2026.

Hourly New Hires: Your benefits will begin on the first day of the month following completion of the 45-day probationary period described in the Collective Bargaining Agreement. You have 45 days from your date of hire to enroll for your specific plan options for the 2026 plan year. If you do not actively enroll in coverage during your new hire benefits enrollment period, you will waive coverage for 2026.

When Benefits End

Your 2026 coverage will end Dec. 31, 2026. If you leave employment with TriMas, most benefit coverage will end at midnight on your last day of employment. For specific information, please refer to the chart below:

Benefit	When Benefits Terminate
Medical/Rx — BCBSM & ESI Plans	Midnight the last day of employment
Medical/Rx — Kaiser HMO	Last day of the month in which your employment ends
Dental	Midnight the last day of employment
Vision	Midnight the last day of employment
Healthcare Flexible Spending Account	Deadline for incurring eligible expenses is your last day of employment (you will have until March 31 of the following year to submit these claims to HealthEquity)*
Dependent Care Flexible Spending Account	Deadline for incurring eligible expenses is your last day of employment (you will have until March 31 of the following year to submit these claims to HealthEquity)
Life & Disability	Midnight the last day of employment**
Other Voluntary Benefits* **	Midnight the last day of employment

* *If you wish to submit claims for reimbursement of expenses incurred after the date of your last day of employment, you must elect to continue making after-tax contributions to your Flexible Spending Account under COBRA.*

** *Life & AD&D insurance benefits may be converted to individual policies — the process must be completed within 31 days after coverage ends. Additional information and conversion forms are available from your local Human Resources department.*

*** *Voluntary benefits include: Accidental Injury Insurance, Critical Illness Insurance, Legal and Identity Theft Insurance. Employees can continue to utilize their Legal and Identity Theft coverage by directly contacting Legal Shield within 45 days from last day of employment.*

Making Changes: Qualified Life Events

You may be able to make changes to your coverage or add/remove dependents during the year if you experience a **qualified life event**, such as:

- **Marriage, divorce or legal separation**
- **Changes in your child's eligibility**
- **Birth of a child or adoption**
- **Death of your spouse or covered dependent**
- **Changes in your spouse's coverage**

What you can change depends on the type of life event you experience. You must notify the TBSC within 31 days of your life event. If you don't, you must wait until the next annual enrollment to modify your elections.

Also, documentation may be required for certain events (e.g., marriage license, birth certificate, etc.). For new dependent children, you do not need to provide a Social Security number to report the event.

To initiate a qualified life event, contact TBSC or log into my.adp.com.



MEDICAL AND PRESCRIPTION DRUG

Options

You have up to three plan options to choose from:

- **Consumer Choice Fund HSA plan**
- **Core plan**
- **Kaiser HMO plan**

Costs

TriMas pays the majority of the cost for your medical benefits. The amount you pay for each benefit is on your personalized enrollment worksheet.

What the Plans Cover

All medical plan options provide comprehensive medical coverage intended to:

- Keep your health on track by offering **fully-covered preventive care**.
- Be there for you when you're ill; covering a wide range of services, including **comprehensive prescription drug coverage.**
- **Protect you** from the catastrophic financial effects of a serious illness or injury.

Terms to Know

Coinsurance: The percentage you pay for covered services. TriMas pays the remaining percentage. The percentage you pay varies by which medical plan you choose.

Copayment: A fixed dollar amount that you pay for certain services at the time of service.

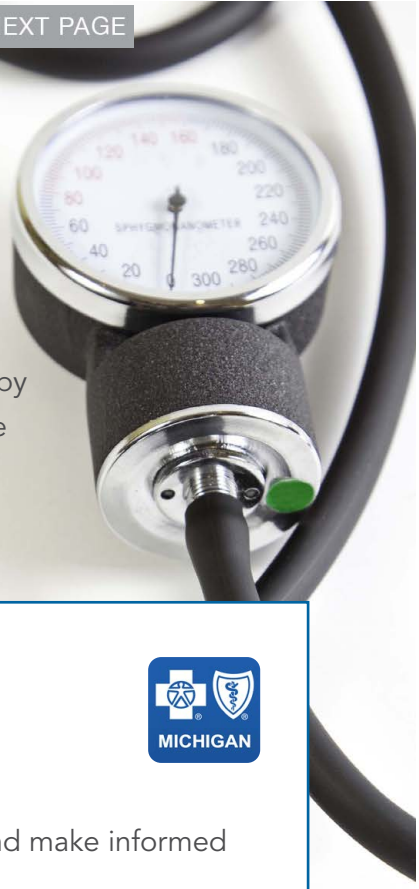
Deductible: The amount you must pay for covered healthcare expenses out of your pocket each calendar year before the plan begins paying coinsurance (e.g., doctor's office visits, hospital stays, X-rays — anything not considered preventive but covered by your insurance).

EOB: An Explanation of Benefits (EOB) is a statement explaining what treatments and/or services were paid for on your behalf. Review the EOB to ensure you are billed the correct amount.

In-Network Provider: A physician, hospital, lab, pharmacy or other health professional or facility that participates in the plan's network.

Out-of-Network Provider: A physician, hospital, lab, pharmacy or other health professional or facility that does not participate in the plan's network.

Out-of-Pocket Maximum: The most you will pay for care in a calendar year before the plan begins to pay 100% of medical and prescription drug costs.



A Closer Look at Your Medical Options

Blue Cross Blue Shield of Michigan Plans

The Consumer Choice Fund HSA plan and Core plan are administered by Blue Cross Blue Shield (BCBSM). Both plans provide the freedom to use any provider you want. However, you can save money by using in-network providers.

USE WISELY

Stay Connected: Resources Through the BCBSM Mobile App (BCBSM.COM/APP)

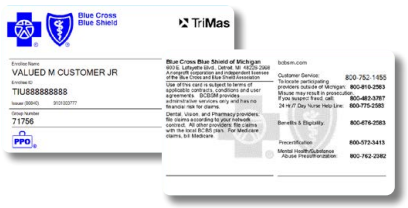
Access many tools and features to help you manage your health and make informed decisions from the convenience of your smartphone.

From seeing where you stand with your deductible and out-of-pocket balances, to reviewing claims, to finding the best doctor or place to go for treatment — count on the mobile app to give you what you need — when and where you need it!

- **View claims and explanation of benefits (EOB) statements** to see what providers charged and why before you pay.
- **Review your benefit plan details** to see what your plan covers.
- **View balances** to see how much you've paid toward your deductible and out-of-pocket maximum requirements.
- **Find a doctor** or hospital in your network.
- **Pull up your medical plan ID card** to show your doctor.
- **Access Blue Cross Health and Wellness**, powered by WebMD, as your single source for tracking personal health information, setting health goals, monitoring your health measures and finding credible health information.

Watch for Medical Plan ID Card

Those who enroll for the first time or change medical plans will receive ID cards in the mail in late December. Keep in mind, there is a separate prescription drug ID card.



Medical and Prescription Drug Benefits At-A-Glance

Blue Cross Blue Shield of Michigan	Consumer Choice Fund HSA Plan		Core Plan	
	In-network	Out-of-network	In-network	Out-of-network
Calendar-Year Deductible:	**The amount you must pay out-of-pocket BEFORE the plan starts covering a share of the cost:**			
» Individual	$2,000	$4,000	$900	$1,800
» Family	$4,000	$8,000	$1,800	$3,600
TriMas HSA Contribution:	**The amount TriMas contributes to members' HSA accounts to help offset the calendar-year deductible:**			
Health Savings Account (HSA) — TriMas Annual Contribution	Individual: $500 Family: $1,000		Not available	
Member Deductible Gap:	**The remaining amount of the Calendar Year Deductible (after the TriMas HSA Contribution is applied) that you must pay out-of-pocket before the Plan begins covering a portion of the cost:**			
Member Deductible Gap				
» Individual	$1,500	$3,500	Not available	
» Family	$3,000	$7,000		
Calendar-Year Out-of-Pocket Maximum:	**The potential maximum amount you would pay out-of-pocket (deductible, copayments and coinsurance) for covered medical and prescription expenses for the year. It's your safety net:**			
Note: The amount you pay for out-of-network services counts toward both your in-network and out-of-network out-of-pocket maximums.				
» Individual	$4,500	$9,000	$3,500	$7,000
» Family	$9,000	$18,000	$7,000	$14,000
Maximum Lifetime Benefit	Unlimited		Unlimited	
BENEFITS FOR COVERED MEDICAL SERVICES				
Coinsurance:	**The portion you pay for services AFTER YOU MEET THE DEDUCTIBLE. The plan pays the remaining portion.**			
Primary Care Physician Office Visits	20% after deductible	40% after deductible*	$30 copayment	40% after deductible*
Specialist Office Visits	20% after deductible	40% after deductible*	$40 copayment	40% after deductible*
Chiropractic Services (limited to 30 days per covered individual per calendar year)	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Allergy Treatment Services	Cost and reimbursement vary based on the facility where services are received		Cost and reimbursement vary based on the facility where services are received	
Inpatient Professional Services	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Outpatient Hospital Services	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Emergency Room » Includes radiology, pathology and physician charges	20% after deductible*		$150 copayment, waived if admitted	
Urgent Care Center	20% after deductible*		$75 copayment	
Preventive Care (age/frequency schedule may apply)				
» Well child/baby care	No charge	40% after deductible*	No charge	40% after deductible*
» Immunizations/vaccines as scheduled	No charge	40% after deductible*	No charge	40% after deductible*
» Well adult care (includes: colonoscopy, rectal exam, mammogram, pap smear, PSA test)	Preventive: No charge Diagnostic: 20% after deductible	40% after deductible*	Preventive: No charge Diagnostic: 20% after deductible	40% after deductible*
» Routine physical exam (annually)	No charge	40% after deductible*	No charge	40% after deductible*
Maternity Care Services	Not covered		Not covered	
Infertility Treatment	Not covered		Not covered	

Blue Cross Blue Shield of Michigan	Consumer Choice Fund HSA Plan		Core Plan	
	In-network	Out-of-network	In-network	Out-of-network
BENEFITS FOR COVERED MEDICAL SERVICES continued...				
Durable Medical Equipment	20% after deductible	40% after deductible	20% after deductible	40% after deductible*
Extended Care » Home health (limited to 90 visits per covered individual per calendar year) » Hospice » Skilled nursing facility (limited to 120 days per covered individual per calendar year)	20% after deductible	40% after deductible	20% after deductible	40% after deductible*
Mental Illness » Inpatient	20% after deductible	40% after deductible	$250 copayment, then 20% after deductible	$250 copayment, then 40% after deductible*
» Outpatient	20% after deductible	40% after deductible	$30 copayment	40% after deductible*
Substance Abuse » Inpatient	20% after deductible	40% after deductible	$250 copayment, then 20% after deductible	$250 copayment, then 40% after deductible*
» Outpatient	20% after deductible	40% after deductible	$30 copayment	40% after deductible*
Nutritional Counseling (limited to 3 visits annually)	20% after deductible	40% after deductible	$30 or $40 copayment	40% after deductible*
Diabetes Education Classes (prescription required)	20% after deductible	40% after deductible	$30 or $40 copayment	40% after deductible*
BENEFITS FOR PRESCRIPTION DRUGS Prescription drug benefits are provided through Express Scripts (ESI). Use your pharmacy ID card at the pharmacy when filling prescriptions. The amounts listed below are your responsibility.			EXPRESS SCRIPTS®	
» Retail 30-day supply In-Network	20% after deductible; applies to generic, brand preferred, brand non-preferred and specialty medications (no minimum or maximum amounts apply)		**Generic**	25% ($10 min, $25 max)
			Brand Preferred	30% ($30 min, $75 max)
			Brand Non-Preferred	40% ($50 min, $125 max
» Retail 90-day supply In-Network (CVS pharmacy only)			**Generic**	25% ($10 min, $75 max)
			Brand Preferred	30% ($30 min, $225 max)
			Brand Non-Preferred	40% ($50 min, $375 max)
» Mail-Order 90-day supply In-Network (for certain medications, some limitations may apply)			**Generic**	25% ($10 min, $62 max)
			Brand Preferred	30% ($30 min, $187 max)
			Brand Non-Preferred	40% ($50 min, $312 max)
» Specialty (30-day fill only; filled through Accredo)			40% ($100 min, $300 max)	
» **Out-of-Network Pharmacies:** You 1) will be reimbursed based on the network allowable amount less the applicable coinsurance; 2) are responsible for paying 100% of the cost of the drug up front; and 3) are required to submit a claim to ESI for reimbursement.				

** When calculating benefit payments for services received from out-of-network providers, BCBSM uses a Maximum Reimbursable Charge. The provider may bill you for the difference between the provider's normal charge and this charge in addition to applicable deductibles, copayments and coinsurance.*

Note about Domestic Partners: Domestic partners of the same or opposite sex can be enrolled as a dependent under the Kaiser HMO Medical Plan only. Domestic partners cannot be covered as dependents under the TriMas-sponsored BCBSM medical plans or the dental and vision plans.

VIRTUAL CARE THAT'S ALWAYS THERE (24/7/365)

Whether you (or your covered dependents) are at home, at work or traveling, Virtual Care by Teladoc (formerly known as Blue Cross Online Visits) is an easy, convenient way to see a doctor at any time, from anywhere. It connects you to board-certified doctors by phone or online video chat. **No appointment needed!** The doctor will give you a diagnosis and can even prescribe medications if needed.

You can also connect with a licensed therapist or U.S. board-certified psychiatrist for routine psychological and psychiatric treatment. You must schedule virtual mental health visits. Licensed therapists and U.S. board-certified psychiatrists are available from 7 a.m. to 9 p.m. seven days a week.

When Should You Use Virtual Care?

- If you're considering going to the ER or urgent care for a non-emergency medical issue
- When your doctor is not available or you're looking for affordable after-hours care
- If you're not able to leave home or the workplace
- While you're on vacation
- If you need an urgent prescription

What Is the Cost?*

Core plan participants:	$30 per session. *NOTE: The first visit is FREE!*
Consumer Choice Fund HSA plan participants:	$65 per session, or 20% once you meet your deductible

What Can Be Treated?

Physical:

- Sinus and respiratory infections
- Cold and flu
- Earaches
- Painful urination
- Eye irritation or redness
- Sore throat
- Minor burns, scrapes and sprains

Mental Health/Emotional:

- Anxiety
- Depression
- Grief

How Do I Schedule a Virtual Visit?

1. Open the Teladoc Health app. (Or open the Blue Cross app, click *Find Care* and then *Virtual Care*.)
2. Choose a service: *24/7 Care* or *Mental Health*.
3. Pick a doctor or begin a scheduled visit.
4. Meet with the doctor or therapist online.
5. Get a prescription, if appropriate, sent to your preferred pharmacy.
6. After your visit, you can share an optional visit summary with your primary care provider.

Note: You'll need your Blue Cross member ID card. Remember to choose your health plan and enter your member ID number when updating or creating your account so your coverage is applied correctly.

**Costs may vary for behavioral health visits for both Core and Consumer Choice plans.*

Prescription Coverage Through Express Scripts (ESI)

When you enroll for medical coverage, you also receive prescription drug benefits. Prescription medications are placed in categories (tiers) based on drug cost, safety and effectiveness and whether a generic equivalent is available. These tiers also factor into your out-of-pocket costs.

As a reminder, anti-ulcer and antihistamines are no longer covered now that these types of medicines are available over the counter.

Prescription Tiers

Preventive generic drugs	Used to prevent conditions such as asthma, cardiovascular disease and diabetes (covered at 100% through home delivery).
Generic drugs	Have the same active ingredients, safety, dosage, quality and strength as brand name drugs. Generic drugs usually cost less.
Preferred brand name drugs	Usually cost more than a generic, but may cost less than a non-preferred brand.
Non-preferred brand name drugs	Generally have generic alternatives and/or one or more preferred brand options within the same drug class.
Specialty drugs	Drugs used to treat complex conditions that require special handling, administration or monitoring.

CHOOSE WISELY

Generic Drugs Required

If you choose a brand name drug when a generic is available, you will pay the additional cost of the brand name drug plus your required copayment or coinsurance. The only exception is if your doctor specifically requests a brand name drug by designating DAW (Dispense as Written).

Prescription ID Card

Those who enroll for the first time or change medical plans will receive a prescription plan ID card separate from their medical ID card. Present your prescription ID card whenever you fill a prescription.



Filling Your Prescriptions

You can fill your prescriptions through retail pharmacies or through home delivery. You can also receive a 90-day supply of maintenance medications from CVS pharmacies.

The Home Delivery Advantage

- Fast, convenient delivery of your prescription medications to a location of your choice — usually within 48 hours.
- Up to a 90-day supply means fewer refills.
- Save money when filling long-term prescriptions through home delivery (no charge for standard shipping).
- Transfer current home delivery prescription to ESI Home Delivery by calling the number on the back of your ESI ID card — ESI will do the work for you.
- Free refill reminder service will call, text or email you when it's time to refill your prescriptions.
- ESI pharmacists are available 24/7 to answer your medication questions.

Accredo for Specialty Drugs

Some specialty drugs require special handling, administration or monitoring. BCBSM Accredo program helps members using specialty drugs understand their condition and potential drug side effects.

Some of the conditions that may require specialty drugs include:

- Growth hormone deficiency
- Multiple sclerosis
- Hepatitis C
- Cancer
- Inflammatory bowel disease
- Psoriasis
- Rheumatoid arthritis

Evernorth EnGuide Pharmacy for GLP-1 Medication

Starting June 15, 2025, EnGuide became the provider for all GLP-1 prescriptions, making filling your prescriptions easier and more cost-friendly. Plus, you'll receive added support to help you manage your therapy. Services include:

- 24/7 support from specially trained pharmacist.
- Helpful reminders to stay on track with your medication.
- Informative resources to learn more about GLP-1 therapy.

If you had an existing GLP-1 prescription, it was automatically transferred to EnGuide on June 15, 2025.

TAKE ACTION

To register, text JOIN to 69717, scan the QR code or visit express-scripts.com/register.

SCAN ME

TAKE ACTION

Get Started Using the ESI Home Delivery Pharmacy

1. New to the plan? You'll receive a Welcome Packet soon after Jan. 1.
2. Ask your doctor for a 90-day prescription with refills (up to one year, as appropriate).
3. Send your prescription with the order form from your Welcome Packet, or get started online at starthomedelivery.com.
4. Order refills by calling **(866) 295-4706**, or register online for quick reorders.

Save on Your Maintenance Medications with Exclusive Smart90

Express Scripts is making sure you are not paying more than you should for maintenance medications by providing you with 90-day supplies rather than 30-day supplies.

Maintenance medications are prescription drugs you must take on a regular basis to treat an ongoing health condition, such as high blood pressure, asthma and diabetes.

- Choose whether to pick it up at CVS or have it delivered to your home through Express Scripts.
- Save money by paying the equivalent of two copays rather than three.

IMPORTANT: After two courtesy 30-day fills of maintenance medications at any pharmacy in our network, you must switch to 84- or 90-day supplies and have them filled at CVS or through Express Scripts home delivery. Otherwise, you'll pay 100% of the cost. *Note: MacFasteners employees will need to fill prescriptions at Walgreens pharmacies.*



Step Therapy

Under the prescription program, step therapy (a form of prior authorization) encourages you to try the most cost-effective and appropriate drugs to treat your condition.

The first step is to try lower-cost drugs that are proven safe, effective and affordable. The second and third steps would include brand-name drugs, which tend to be more expensive.

Step Therapy applies to drugs that treat several common conditions such as arthritis, asthma or high blood pressure.

Patient Assurance Program — Helping Employees with Diabetes or Cardiovascular Disease Thrive

If you have diabetes or cardiovascular disease, this program can protect you from high out-of-pocket costs.

Participating drug manufacturers provide discounts to reduce your out-of-pocket costs, which are capped at $25 per 30-day (or one month) prescription. You'll pay this capped amount at the point of sale at both home delivery and in-network retail pharmacies.

This means you gain peace of mind, thanks to lower costs and greater predictability.

LEARN MORE

Watch a video about the advantages of mail-order prescriptions and how it works by scanning the QR code at the right:

SAVE TIME!

USE WISELY

Manage Your Pharmacy Benefits — Anytime, Anywhere

You can create an account (or log in) as a member at **Express-Scripts.com** using your computer or mobile device to:

- View medicines and set reminders.
- Access member ID card.
- Find and compare medicine prices.
- Research medication facts, such as possible side effects.
- Manage current prescriptions, such as tracking status of a home delivery order.
- Locate a network pharmacy by zip code search.

Express Scripts Mobile App
You can visit your smartphone's or tablet's market or store and search for "Express Scripts"to download the free mobile app.



Prior Authorization

Prior authorization is a process by which ESI confirms diagnosis and other clinical information before certain drugs are dispensed. A full list of these drugs is available from ESI at **Express-Scripts.com**, or you can call Customer Service at **(866) 295-4706**.

Your pharmacist will automatically contact your doctor for additional information before filling prescriptions that require prior authorization.

SaveonSP Program
(for certain specialty drugs)

To help keep the costs of certain specialty drugs more affordable for you and the plan, TriMas has partnered with Express Scripts to offer the **SaveonSP program**.

This manufacturer copay assistance program helps members save on the costs of 75+ specialty prescriptions, including medications for cancer, multiple sclerosis, rheumatoid arthritis and more.

Here are the highlights:

It will reduce a member's copay to $0 (when their scripts are filled through the Accredo Specialty Pharmacy).

- Copays for these medications will be adjusted monthly and set to the maximum available through the manufacturer copay assistance and will be paid through the SaveonSP program. *Note: These discounted medications will not count toward prescription out-of-pocket maximums.*
- Members with eligible prescriptions will receive various outreach communications from Express Scripts and be asked to enroll in the program.

If you are eligible and choose NOT to sign up for the program, your specialty prescriptions won't be covered under the plan.

IMPORTANT: If you are eligible for this program AND are enrolled in the BCBSM Consumer Choice Fund Health Savings Account (HSA), the law says that any HSA contributions you make may be subject to an excise tax. To avoid that tax, consider enrolling in the BCBSM Core Plan if you have specialty medications.

A CLOSER LOOK AT THE HEALTH SAVINGS ACCOUNT

When you enroll in the Consumer Choice Fund HSA plan, you will have access to a Health Savings Account (HSA) through Fidelity. You must visit the Fidelity website at **netbenefits.fidelity.com** to open your HSA. Your HSA is a personal account that you manage: you contribute what you want, use it for eligible medical expenses when you want and make investment decisions. The HSA allows you to pay for current healthcare expenses and to save for qualified medical expenses in the future.

Once you elect the HSA and open it with Fidelity, here's how it works:

1 At the beginning of the plan year, TriMas will make an annual contribution of $500 to your HSA if you are in Employee Only coverage or $1,000 if you are in one of the other coverage levels.

2 You contribute as much as you can to your HSA on a tax-free basis. The more you contribute, the more dollars you'll have saved to pay your annual deductible and co-insurance amounts.

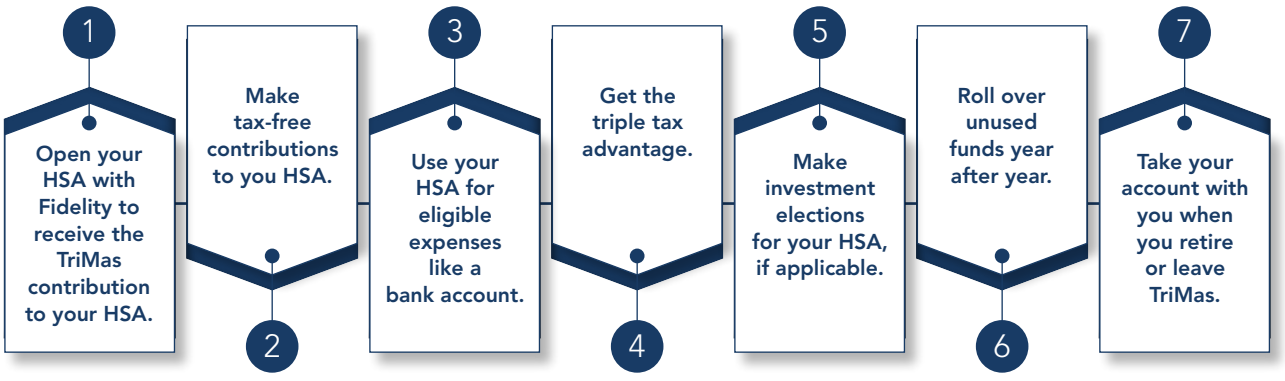
3 You decide when to withdraw money from your HSA to pay for qualified medical expenses, including your deductible and coinsurance payments. It works just like a bank account.

4 If you use your HSA for qualified healthcare expenses, your contributions, earnings and distributions are all tax-free.

5 Your account can grow year to year as you manage your medical expenses. You also make investment choices and earn interest with your HSA.

6 At the end of the year, any unused HSA balance automatically carries over for use toward the upcoming year's eligible expenses. In fact, it rolls over each year and can build up over time.

7 The HSA is your account. If you leave or retire from TriMas, you take it with you.



The HSA Welcome Kit

Fidelity is the administrator for your Health Savings Account. After you've enrolled in your health plan and made an HSA election, you will receive a welcome kit with information on how to access and use your HSA account.

You must activate your account through Fidelity in order to receive the TriMas contribution for 2025. TriMas will pay the administration fee for the HSA while you are actively enrolled in the BCBSM Consumer Choice Fund HSA plan. Once your account is set up, you can make changes to your HSA contribution amount and investment choices at any time during the year.

Six reasons to consider an HSA

Still wondering if an HSA is right for you? Consider these advantages:

Control — you decide how and when to spend the money.

Convenience — access your account easily using an HSA debit card.

Flexibility — use money for qualified medical expenses or save it for the future.

Portability — your HSA stays with you whether you move, change jobs or retire.

Savings — save money for future medical expenses and grow your account through investment earnings.

Tax benefits — contribute to an HSA tax-free; withdraw the money tax-free, too.

Save More! Increased HSA Contribution Limits

The IRS has increased the annual maximum HSA contribution amount for 2026, meaning you can save even more in taxes and set aside more for future healthcare expenses! Limits have increased by $100 for the Employee Only level and $200 for Family and other coverage levels:

2026 HSA Contribution Limits		
	Employee Only	Family
IRS Total Annual Contribution Limit*	$4,400	$8,750
What TriMas Will Contribute	$ 500	$1,000
What You May Contribute*	$3,900	$7,750

**If you are age 55 or older in 2026, you may also make an additional $1,000 annual catch-up contribution to your HSA.*

LEARN MORE

Still have questions? Use the following resources:

Fidelity: netbenefits.fidelity.com, (800) 835-5095

TriMas Benefits Service Center:
my.adp.com, (877) 534-8272

Are You a New Hire?

If you are a new hire or change your medical coverage during the year, your HSA account becomes active the first of the month following the date your benefits begin. . You will receive a pro-rated TriMas contribution based on your HSA effective date:

1st quarter = 100%

2nd quarter = 75%

3rd quarter = 50%

4th quarter = 25%

KAISER HMO AT-A-GLANCE:

You also have the option to enroll in the Kaiser HMO plan. Note that the Kaiser HMO requires the use of network providers, except in emergencies.

Plan Coverage At-A-Glance: Kaiser HMO

Available only to employees residing in California*

	Kaiser Plan (HMO)
Deductible Individual/Family	None
Out-of-Pocket Maximum Individual/Family	$1,500 / $3,000
Lifetime Maximum	None
Doctor's Office Visit	$20 copay
Urgent Care/Specialist Office Visit	$20 copay
Maternity Care Visit	No charge
Chiropractic Care	Not covered
Preventive Care (age/frequency schedule may apply)	
» Routine Physical Exam	No charge
» Well Child	No charge
» Routine gynecological exam and pap smear	No charge
» Immunizations and vaccines	No charge
» Routine Mammogram	No charge
Eye Exams	No charge
Infertility Treatment	Same as medical
Inpatient Hospital	No charge
Outpatient Services	$20 copay
Emergency Room Treatment	$100 copay
Outpatient X-Ray and Laboratory	No charge
Physical, Speech and Occupational Therapy (subject to visit limits)	$20 copay
Durable Medical Equipment	20% coinsurance
Skilled Nursing	No charge
Home Healthcare	No charge (up to 100 visits per calendar year)
Hospice	No charge
Mental Health Services	
» Outpatient	$20 copay
» Inpatient	No charge
Chemical Dependency Services	
» Outpatient	$20 copay
» Inpatient Detoxification	No charge

Prescription Drugs			
» **Retail**	**Generic:** $10 (30-day supply) $20 (31-60 day supply) $30 (61-100 day supply)	**Brand:** $20 (30-day supply) $40 (31-60 day supply) $60 (61-100 day supply)	**Specialty:** 20% coinsurance (30-day supply) not to exceed $250
» **Mail Order**	**Generic:** $20 (1-100 day supply)	**Brand:** $40 (1-100 day supply)	**Specialty:** none

**You may also elect to cover an opposite-sex or same-sex domestic partner when enrolling in the Kaiser HMO plan.*

Stay Connected: Resources through kp.org and the free Kaiser mobile app

You have access to online tools and resources that allow you to:

- Find doctors and other providers.
- Email your doctor's office with questions.
- Refill prescriptions.
- Review lab test results.
- Schedule appointments.

DENTAL

Options

You have two plan choices that are both administered by Delta Dental of Michigan:

- **The Basic Dental plan**
- **The Dental Plus plan**

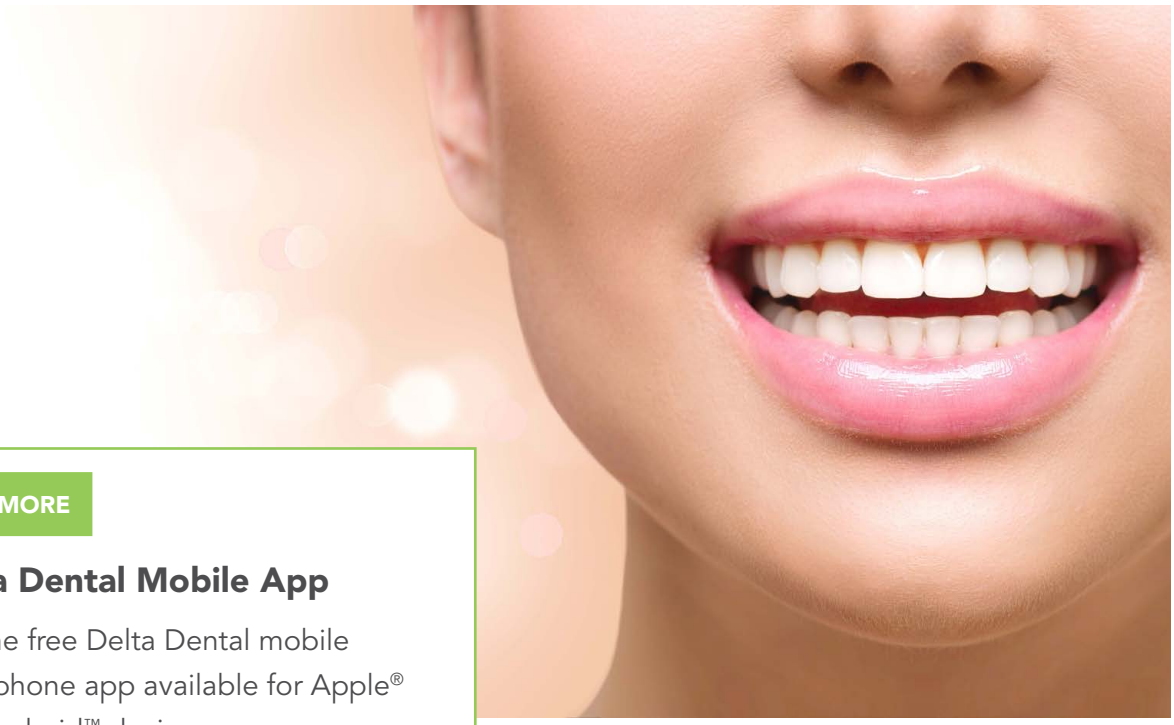
Costs

Your benefit costs depend on the option and coverage level you choose. Remember, TriMas pays the majority of the cost for your dental benefits. The amount you pay for each option is on your personalized enrollment worksheet.

What the Plans Cover

Under both plans, you receive:

- Coverage for a broad range of services and procedures
- The flexibility to use any dentist
- An opportunity to pay less by using a Delta Dental PPO or a Delta Dental Premier participating dentist.



LEARN MORE

Delta Dental Mobile App

Use the free Delta Dental mobile smartphone app available for Apple® and Android™ devices.

No Dental ID Card Required

Delta Dental members receive our top-notch services without a printed ID card. Simply tell your dentist that you're covered by Delta Dental of Michigan, and the office staff will take it from there! However, if you would prefer to carry an ID card with you (either in electronic form or paper), get it one of these easy ways:

Use the free Delta Dental mobile smartphone app

Download an electronic ID card through the Delta Dental mobile smartphone app for Apple® and Android™ devices.

Need the app?

Scan the QR code here or go to **deltadental.com/us/en/member/mobile.html** from your device or download the app from Google Play or the App Store.

SAVE TIME!
Access Delta Dental by scanning the QR code below with your smartphone:

SCAN ME

Log in to Consumer Toolkit®

Go to Delta Dental's Consumer Toolkit at memberportal.com to print a card. Once logged in, click the link on the right side menu. You will see your member ID card displayed on the screen. Use your print function to print as many copies as desired.

Call customer service

Delta Dental customer service can assist you at (800) 524-0149, Monday – Friday, 8:30 a.m. – 8 p.m. EST.



Dental Benefits At-A-Glance

	Basic Plan			Plus Plan		
Deductible and Benefit Maximums	**PPO Network**	**Premier Network**	**Out-of-Network***	**PPO Network**	**Premier Network**	**Out-of-Network***
Deductible per Calendar Year	$75 per person			$50 per person		
Calendar Year Plan Maximum	$1,000 per person			$2,000 per person		
Type of Service						
Class I Benefits (no deductible)	**PPO Network**	**Premier Network**	**Out-of-Network***	**PPO Network**	**Premier Network**	**Out-of-Network***
Diagnostic and Preventive Services used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Palliative Treatment used to temporarily relieve pain	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Radiographs X-rays	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Sealants used to prevent tooth decay	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Class II Benefits (after deductible)						
Oral Surgery Services extractions and dental surgery, including pre-operative and post-operative care	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Endodontic Services used to treat teeth with diseased or damaged nerves (for example, root canals)	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Periodontic Services used to treat diseases of the gums and supporting structures of the teeth	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Relines and Repairs relines and repairs to bridges and dentures	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Minor Restorative Services used to repair teeth damaged by disease or injury (for example, fillings)	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Class III Benefits (after deductible)						
Major Restorative Services used when teeth can't be restored with a filling material (for example, crowns)	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%
Prosthodontic Services used to replace missing neutral teeth (for example, bridges and dentures)	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 30% You pay 70%
Class IV Benefits (no deductible)						
Orthodontic Services (to age 19) used to correct malposed teeth and/or facial bones (for example, braces)	No coverage			50% $1,500 lifetime maximum per covered dependent child		

Note: Benefits for prophylaxes, fluoride treatment, oral examinations and bitewing X-rays are payable twice per plan year. Benefits for full mouth X-rays (including bitewing X-rays) are payable once in any three-year period. Inlays are a covered benefit.

**You may be responsible for the difference between the dentist's charges and the Delta Dental approved amount.*

VISION

LEARN MORE

EyeMed Members Mobile App

Get the free mobile app to search for in-network providers, view a copy of your ID card and find answers to common questions.

Download the EyeMed app from Google Play or the App Store.

Options

You can enroll for vision coverage administered by EyeMed Vision Care.

Costs

Employee vision plan contributions are subject to your union bargaining agreement.

What the Plan Covers

The plan provides coverage for eye exams and prescription eyewear. To get the most out of the plan, use a vision provider that is part of EyeMed's large network. Check out the EyeMed website for a list of providers.

Eye360 Program

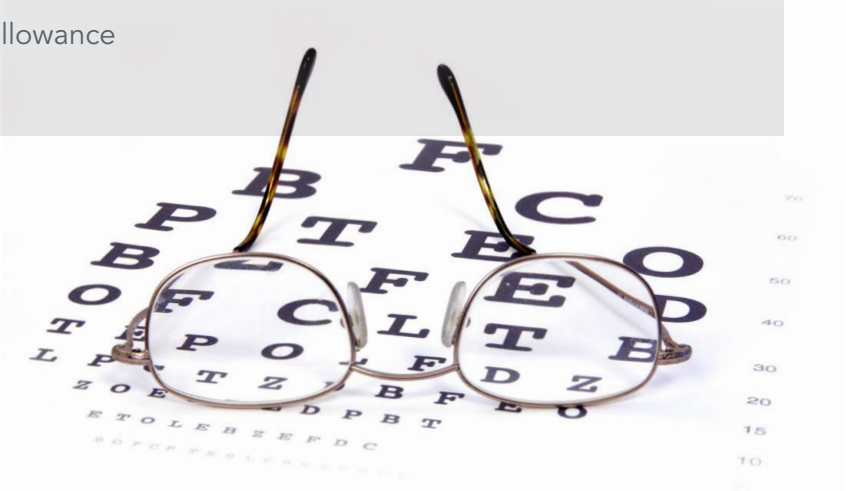
Wellness and Savings Are in Sight

An annual eye exam not only helps uncover vision correction needs; it can sometimes be the first to detect signs of serious health conditions, such as diabetes, high blood pressure, high cholesterol and eye diseases — like glaucoma and cataracts.

With Eye360, $0 annual eye exams encourage you to be proactive with your total health and wellbeing.

You and your covered dependents can earn enhanced vision benefits through the Eye360 program. Simply receive your vision care from a PLUS provider — which is a select group of providers in the EyeMed network — and you can receive these enhanced benefits:

- FREE annual eye exam
- Additional $50 eyeglass frame allowance – for a total allowance of $200



Vision Benefits At-a-Glance

SUMMARY OF BENEFITS			
Vision Care Services	**In-Network Member Cost at Plus Providers**	**In-Network Member Cost**	**Out-Of-Network Member Reimbursement**
Exam Services			
» Exam	$0 copay	$10 copay	Up to $30
» Retinal Imaging	Up to $39	Up to $39	Not covered
Contact Lens Fit and Follow-Up			
» Fit and Follow-up - Standard	Up to $40; contact lens fit and two follow-up visits	Up to $40; contact lens fit and two follow-up visits	Not covered
» Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
Frame			
Frame	$0 copay; 20% off balance over $200 allowance	$0 copay; 20% off balance over $150 allowance	Up to $75
Standard Plastic Lenses			
» Single Vision	$0 copay	$0 copay	Up to $25
» Bifocal	$0 copay	$0 copay	Up to $40
» Trifocal	$0 copay	$0 copay	Up to $55
» Progressive - Standard	$65 copay	$65 copay	Up to $40
» Progressive - Premium	$65 copay; 20% off retail price less $120 allowance	$65 copay; 20% off retail price less $120 allowance	Up to $50
Lens Options			
» Anti-Reflective Coating - Standard	$45	$45	Not covered
» Photochromic - Non-Glass	20% off retail price	20% off retail price	Not covered
» Polycarbonate - Standard	$0 copay	$0 copay	Up to $5
» Scratch Coating - Standard Plastic	$15	$15	Not covered
» Tint - Solid and Gradient	$15	$15	Not covered
» UV Treatment	$15	$15	Not covered
» All Other Lens Options	20% off retail price	20% off retail price	Not covered
Contact Lenses			
» Contacts - Conventional	$0 copay; 15% off balance over $130 allowance	$0 copay; 15% off balance over $130 allowance	Up to $104
» Contacts - Disposable	$0 copay; 100% of balance over $130 allowance	$0 copay; 100% of balance over $130 allowance	Up to $104
» Contacts - Medically Necessary	$0 copay; paid in full	$0 copay; paid in full	Up to $200
Other			
» Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call Not covered 1.877.203.0675	
» LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo Not covered price; call 1.800.988.4221	
Frequency	**Allowed Frequency - Adults**	**Allowed Frequency - Kids**	
Exam	Once every plan year	Once every plan year	
Frame	Once every plan year	Once every plan year	
Lenses	Once every plan year	Once every plan year	
Contact Lenses	Once every plan year	Once every plan year	

(Plan allows member to receive either contacts and frame, or frames and lens services.)

HealthEquity

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are a great way to save on income taxes while you budget for healthcare and dependent care expenses. Every dollar you set aside in your account reduces your taxes, and you can be reimbursed for qualified expenses that you are already paying for — making FSAs an easy, convenient way to help stretch your health and dependent care dollars.

CHOOSE WISELY

Important:

You may not contribute to a Healthcare FSA if you are enrolled in the BCBSM Consumer Choice Fund HSA plan.

FSAs Make $ense
Top 5 Reasons to Participate in a Healthcare FSA

1 Automate Healthcare Savings

It's easy to think about saving for healthcare expenses, but quite another to actually do it. Since your FSA contributions are automatically deducted from your paycheck, you won't be tempted to skip a month of contributions in favor of that new iPhone or fancy dinner out.

2 Tax Break

Since FSA contributions are made from your pre-tax income, you keep more of your hard-earned money in your pocket. Just be sure to use all your contributions for qualified medical expenses during that year. If you lose them, the financial benefits of the plan are moot.

3 Variety of Covered Expenses

Expenses covered under flexible spending accounts are comprehensive. You can use funds for your out-of-pocket healthcare costs (deductibles, coinsurance, copays); healthcare services not covered by your medical coverage; and prescription, vision and dental expenses. Over-the-counter medications such as Tylenol, however, are only eligible with a prescription from your doctor.

4 Convenience

Many FSAs come with debit cards, which makes paying for your medical expenses that much more convenient. It also eliminates the need to keep track of your available balance, as this is done automatically for you.

5 Your Account Is Pre-Funded

One lesser-known aspect of an FSA is that they are pre-funded by employers. What does that mean? Although your contributions are made on a pay-period basis to the FSA, your entire annual contribution (let's say $2,000) is available for you to use immediately on Jan. 1.



Savings Example

WITHOUT FSA		WITH FSA	
Gross annual pay (estimate)	$60,000	Gross annual pay (estimate)	$60,000
Estimated tax rate (30%)	-$18,000	Maximum annual FSA contribution	-$2,500
Net annual pay	=$42,000	Adjusted gross pay	=$57,500
Estimated annual expenses	-$2,500	Estimated tax rate (30%)	-$17,235
Final take-home pay	=$39,500	Final take-home pay	=$40,265
All figures in this table are estimates and based on an annual salary of $60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, healthcare expenses and tax savings may be different.		**Take home this much more**	**$765**

This example shows how an employee earning $60,000 and spending $2,500 on eligible expenses can save money by participating in an FSA.



Comparing the Tax-Advantaged Accounts:
How do they work, and which one is right for you?

TriMas offers tax-advantaged savings and spending accounts designed to help you cover
out-of-pocket healthcare and dependent care expenses while saving you money on your taxes. However, not all tax-advantaged accounts are created equal. It's important to understand which ones you are eligible for and what they have to offer so you can choose the one that's right for you.

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)
	Available to Consumer Choice Fund Medical Plan members only	**Available to all employees except Consumer Choice Fund Plan members**	**Available to all employees**
What is it?	A tax-advantaged personal savings account that you own and can set aside pre-tax dollars to pay for eligible healthcare expenses — now and in the future.	TriMas-sponsored account that let's you set aside pre-tax dollars to pay for eligible healthcare expenses for yourself and your dependents.	TriMas-sponsored account that let's you set aside pre-tax dollars to pay for eligible dependent care expenses, such as child daycare and elder care—including aging adult day care.
Who owns the account?	You do	TriMas	TriMas
How much can I contribute?	For 2026: *Employee only:* Up to $3,900* *Family:* Up to $7,750* *If you are age 55 or older in 2026, you may also make an additional $1,000 annual catch-up contribution to your HSA.*	For 2026: $150 to $3,300 per year	For 2026: $150 to $7,500 per year (limited to $2,500 if you are married and file separate tax returns).
Does TriMas contribute to the account?	Yes: *Employee only:* $500 *Family:* $1,000	No	No
How can I access funds?	Pay for expenses various ways: HSA debit card or Fidelity HSA Checkbook, online using BillPay, setting up direct debit to allow third-party withdrawals or pay out of pocket and reimburse yourself using HSA money.	You pay any eligible expenses with an FSA debit card. (Alternatively, you can choose to pay out of your own pocket and then submit a claim form and receipts to receive a tax-free reimbursement.)	You pay out of your own pocket and then submit a claim form and receipts to receive a tax-free reimbursement. (There is no debit card feature available.)
When are the funds available?	Any time. Starting at age 65, there is no penalty if you use HSA funds for non-qualified medical expenses, however, the funds will be taxed.	Your entire annual election is pre-funded, meaning the full contribution amount is available for reimbursement on the first day of the plan year (Jan. 1) even though you have not contributed the full amount to your account.	Unlike the Healthcare FSA, the funds become available as your contributions are made through payroll deductions.

** Because IRS annual contribution limits include BOTH employer and employee contributions, the amounts listed are the limits AFTER taking into account the employer contributions of $500 and $1,000 respectively.*



	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)
	Available to Consumer Choice Fund Medical Plan members only	**Available to all employees except Consumer Choice Fund Plan members**	**Available to all employees**
What can I use it for?	» Copayments, prescription drugs, dental treatments, contacts and eyeglasses, hearing aids. » Bandages, sunscreen, crutches, breast pump, prenatal vitamins, menstrual products. » X-rays, physical therapy, surgery, flu vaccines, service animals. » Lead-based paint removal, home repairs for medical reasons. And much more!	» Plan deductible, coinsurance and copayments, vision & dental expenses. » Acne and skin care products, massage gun, infrared forehead thermometer. » Prescription drugs, glucose and ketone testing strips, athletic tape. » Visit FSAStore.com to find more ways to spend your FSA dollars.	» Daycare, nursery school, preschool, summer day camps, before & after school care, Au pair, nanny. » Adult daycare, senior daycare, elder care, overnight care. » Transportation to and from eligible care (provided by your care provider), registration fees for eligible care.
Can I invest my funds?	Yes	No	No
When is the deadline for incurring expenses?	There is no deadline for incurring expenses.	Eligible expenses incurred by Dec. 31, 2026 are eligible for reimbursement.	
When is the deadline for claims to be filed?	There is no deadline. You decide when to withdraw money from your HSA to pay for qualified medical expenses.	All claims for 2026 expenses must be filed by March 31, 2027.	
What happens to funds NOT used by Dec. 31, 2025?	You own the funds. They roll over year after year and you can take your account with you when you leave TriMas or retire.	Use it or lose it! If you don't file a claim by March 31, 2027, for expenses incurred by Dec. 31, 2026, the funds are forfeited as required by the IRS.	
How can I learn more?	Visit the Fidelity member site at netbenefits.fidelity.com.	See IRS Publication 502 (Medical and Dental Expenses) for details.	See IRS Publication 503 (Child and Dependent Care Expenses) for details.

LIFE AND AD&D INSURANCE



Employee Basic Life and AD&D

You automatically receive coverage at no cost to you. The amount of your coverage depends on the Collective Bargaining Agreement. Life and AD&D coverage is administered by The Hartford.

Optional Life Insurance

You may elect additional Life Insurance for yourself and Optional Life Insurance for your spouse and/or child(ren) in the event of their death. The cost for Optional Employee Life is based on the amount of coverage you elect and your age. The cost for Optional Spouse and/or Child(ren) Life is based on the coverage amount you elect. Amounts are shown on your personalized enrollment worksheet. The cost is paid with after-tax dollars.

Optional Employee Life	Optional Spouse Life	Optional Child(ren) Life
1 times annual base salary	$25,000	$5,000
2 times annual base salary	$50,000	$10,000
3 times annual base salary	$75,000	$15,000
4 times annual base salary	$100,000	$25,000
5 times annual base salary		

The amount of your Basic and Optional Life and AD&D coverage will be reduced every Jan. 1 following the year you turn age 65. Here are some examples of the reduction you can expect:

At age	The benefit is reduced by
65	35%
70	60%
75	75%

Note: Employee Life Insurance coverage (Basic and Optional combined) cannot exceed $3 million.

Evidence of Insurability

When electing Optional Life Insurance, you may need to complete and submit a questionnaire about your health, which is referred to as an Evidence of Insurability (EOI) form. Here are the situations that require EOI:

- You elect an Optional Employee or Spouse Insurance amount over:

  Employee: $500,000

  Spouse: $ 50,000
- You increase your Optional Employee Life or Optional Spouse Life by more than one level.
- You elect Optional Employee Life or Spouse Life for the first time when it's not the first time you are eligible to elect coverage.

You will receive additional information from The Hartford after you enroll if EOI is required for any of your elections.

TAKE ACTION

Choose a Beneficiary

You must select a beneficiary for your Employee Basic Life, Optional Life and AD&D coverage. Annual enrollment is a good time to review and update your beneficiary designations. You may do so when you enroll online or call the TriMas Benefits Service Center at (877) 534-TBSC (8272).



DISABILITY

Basic Short-Term and Long-Term Disability

Per the Collective Bargaining Agreement, you do not receive Short-Term Disability benefits through TriMas.

However, Short-Term Disability benefits may be available through the California State Disability Insurance plan. You must contact your HR Representative and the State of California to file your claim. Benefits will begin when your claim is approved by the State of California.

Optional Long-Term Disability

Disability coverage is administered by The Hartford.

Hourly Employees

You can purchase Optional LTD protection that replaces your base wages at 60% (up to a maximum of $850 per month).

THE AMOUNT OF YOUR DISABILITY COVERAGE REDUCES BEGINNING AT AGE 65.

Costs

If you want the additional Optional LTD coverage, you pay for this coverage with after-tax dollars. If you become disabled, the benefits you receive from Optional LTD will not be taxed. You are not taxed on the payments because you use after-tax dollars to pay for this benefit. The cost is shown on your personalized enrollment worksheet.

Evidence of Insurability

You may need to complete and submit an Evidence of Insurability (EOI) form when electing Optional LTD. EOI is required if you elect Optional LTD for the first time when it is not the first time you are eligible for coverage. If EOI applies, you will receive additional information after you enroll.

RETIREMENT PROGRAM

TriMas understands how important saving for retirement is to our employees. The TriMas Retirement Program offers employer contributions, outstanding convenience, and a variety of investment options.

Quick Enrollment

- There is no waiting period. You can enroll in the plan at any time.
- You are automatically invested in the Fidelity target date fund that is closest to the year you reach age 65.

You can change the contribution level, investment options or opt out of the plan at any time by logging on to **netbenefits.fidelity.com** or by calling (800) 835-5095.



Pre-Tax Advantage

You may choose to make pre-tax 401(k) contributions, which are deducted from your pay before income taxes are taken out. This means you can actually lower the amount of current income taxes you pay each period. You pay no taxes on any pre-tax contributions or related earnings until you withdraw them from your account.

Contributions

You can contribute between 1% and 75% of your eligible pay up to the annual IRS after-tax dollar limits. If you are 50 years of age or older during the calendar year, you can make additional "catch-up" contributions. The company matches $0.25 for every dollar you contribute (excluding catch-up contributions), up to 6% of eligible compensation.

TriMas Quarterly Pension Contribution (applicable to employees hired on or after August 4, 2012) — A quarterly contribution will be made to you based upon eligible compensation and your age as of the end of the quarter. You are eligible for this contribution the first of the month after one year of service.

Investment Options

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

Vesting

You are immediately 100% vested in your own contributions to the plan, as well as in any of the company's matching 401(k) contributions.

Choosing a Beneficiary

Beneficiary designations for the TriMas Retirement Program must be added and updated online with Fidelity. It's important you take the time to keep this information current by following these steps:

1. Log on to netbenefits.fidelity.com.
2. Click the **Your Profile** link.
3. Select **Beneficiaries** and follow the online instructions.

TAKE ACTION

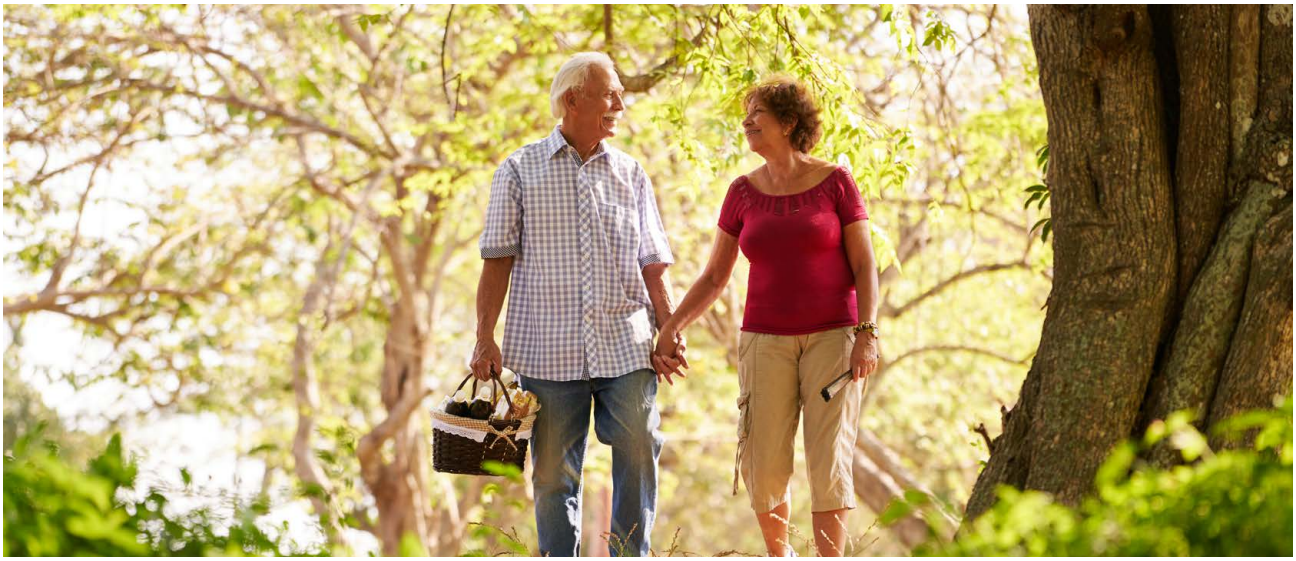
NetBenefits® Mobile Apps Help You Make the Most of Your Benefits.

Download a NetBenefits® mobile app from the App Store®, Google Play™ Store, or Windows Store, and get access to all your Fidelity workplace accounts anytime, anywhere.

You can also access netbenefits.fidelity.com using a web browser on your mobile device.

LEARN MORE

For specifics about contribution amounts and vesting schedule, please review your Collective Bargaining Agreement.



YOUR WELLBEING

As part of your medical coverage, you have access to wellbeing resources — at no cost to you.

BCBSM – Visit bcbsm.com, and go to *Programs & Services* to get started!

LEARN MORE

BCBSM tobacco cessation program: Visit bcbsm.com, log into your account and click *Programs & Services* » *Health Care & Well-Being* » scroll to *Blue Cross Well-Being* » create an account or log in. Once logged in, choose *Programs* » *Tobacco Cessation Coaching - Break a Nicotine Habit* to get started.

Kaiser – Visit www.kp.org, and click on the *Health and Wellness* tab.

LEARN MORE

Kaiser tobacco cessation program: Visit kp.org/quitsmoking or call (866) 862-4295.



Hinge Health: Pain Management Support from Head to Toe

Hinge Health is a digital health clinic that can help you manage musculoskeletal (MSK) pain from home using computer vision technology, powered by Artificial Intelligence (AI).
By combining smart technology with human support, Hinge Health makes it easier to take care of your body and feel better every day!

YOU PAY NOTHING!

TriMas pays the **full cost** of the program for TriMas employees and/or covered spouses who are enrolled in a TriMas BCBSM medical plan.

DID YOU KNOW?

On average, Hinge participants reduced their pain by



68%

How Hinge Health Can Help

Hinge Health combines expert clinical care and advanced technology to go beyond traditional physical therapy and help you discover healthy ways to manage your pain. You can expect:

Customized Care
Treatments are based on your unique needs—whether it be prevention, treating recent injury or chronic pain, or surgery pre- and post-rehab.

Expert Clinical Care Team
You'll have access to nurses, nutritionists, health coaches, physical therapists, orthopedic surgeons and more.

Personalized Exercise Therapy
You'll be guided through 15-minute physical therapy sessions online, three times a week. As you progress, the level of difficulty will increase.

Advanced Technology
The Hinge Health app with TrueMotion™ technology gives you real-time feedback on your positioning during stretches and exercises.

Pain Management
(If you qualify)
An FDA-cleared Enso device provides pain relief without the use of drugs or surgery.

Surgery Support
If surgery is needed, dedicated care coordinators help you through every step of the process.

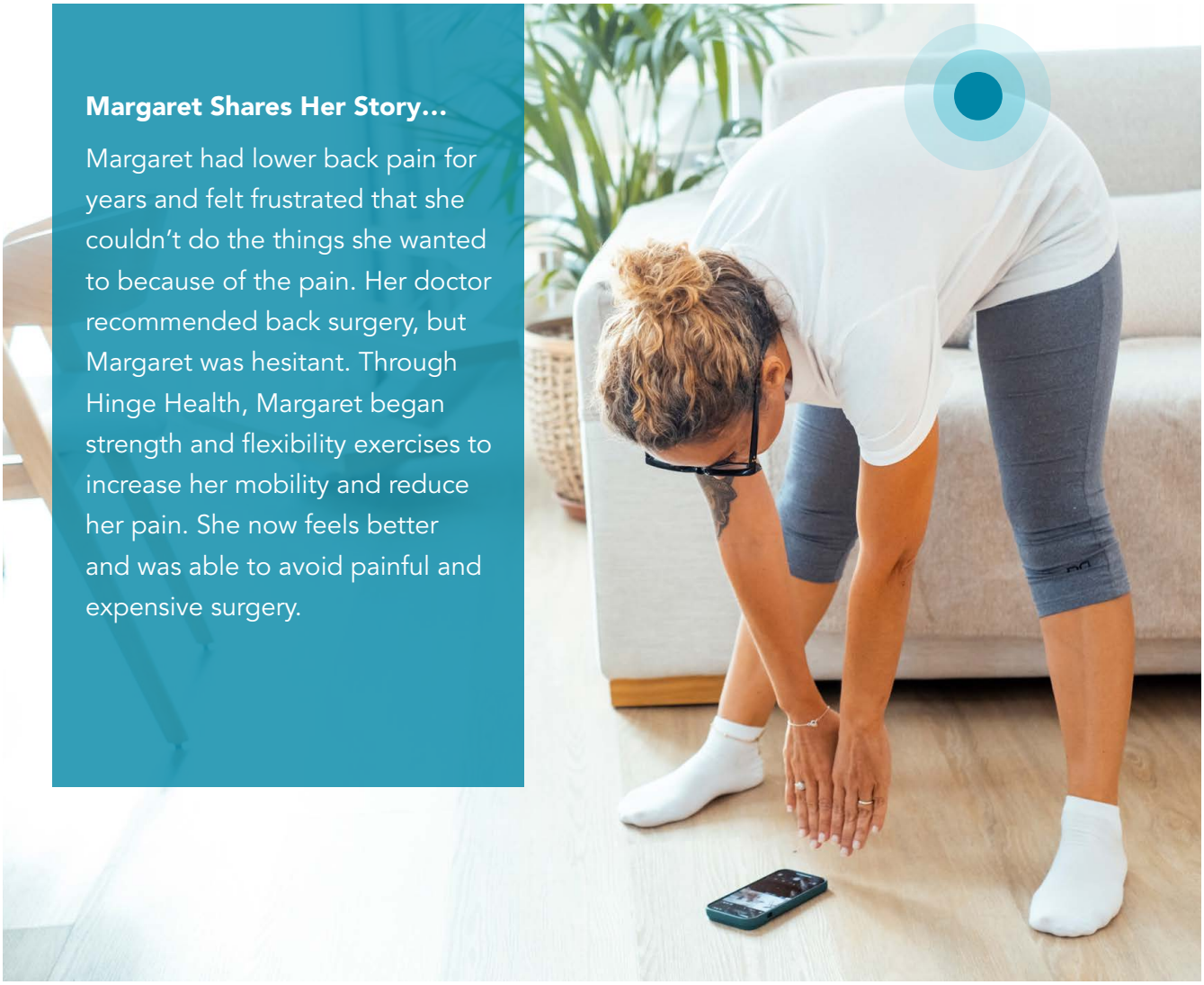
Education
In-depth articles help you better understand your pain and how to manage it.

Women's Pelvic Health Program
Hinge Health also offers therapy for women's pelvic health issues, including:

- Pelvic pain
- Pregnancy and postpartum
- Bladder and bowel disorders
- Separated abdominal muscles
- And more!

Margaret Shares Her Story...

Margaret had lower back pain for years and felt frustrated that she couldn't do the things she wanted to because of the pain. Her doctor recommended back surgery, but Margaret was hesitant. Through Hinge Health, Margaret began strength and flexibility exercises to increase her mobility and reduce her pain. She now feels better and was able to avoid painful and expensive surgery.



TAKE ACTION

Get Started

Registration is easy and will only take about 10 mins.

Visit: **hingehealth.com/trimas**

Call: Member Support Call Center at (855) 902-2777
Monday – Friday / 6 a.m. - 6 p.m. PT

Email: **help@hingehealth.com**

Schedule your physical therapy appointments:
Hinge Health physical therapists are available
Monday – Friday / 8 a.m. - 8 p.m. (in your time zone)
Saturday – Sunday / 8 a.m. - 2 p.m. (in your time zone)



Omada Health Program

Many chronic conditions, such as heart disease and type 2 diabetes, can be prevented, managed or even reversed with the right support.

The Omada Health program is an intensive 16-week online program designed to help individuals lose weight, which can reduce risk factors for type 2 diabetes and other chronic diseases.

DID YOU KNOW?

The average Omada graduate loses **over 10 pounds** by week 16 and keeps most of it off for two years (and counting).

This program is available to all benefit-eligible employees and their covered spouses. You will receive an email and postcard in the mail asking you if you'd be interested in joining the program. If so, you'll need to complete a short questionnaire to determine eligibility. If you are eligible, the program will be covered at 100% by TriMas. You may also apply through the website (link listed near the bottom of this page).



How It Works for Qualified Participants:

- Receive a FREE wireless scale that links to your phone and to your health coach to monitor your progress.
- Access tracking tools and track food for first four months and weigh yourself daily.
- Work with a personal health coach to keep you on track and ensure you are getting what you need to be successful.
- Participate in educational sessions and access useful information and resources to gain skills to replace current habits with healthy ones.
- Join in small group discussions for real-time support and accountability.

Interested in Participating?

Apply online by taking a brief survey at omadahealth.com/trimas.

The Omada Advantage

Professional health coach	A wireless scale	A supportive group	Weekly lessons	Online games
always on your side	to track your success	to keep you motivated	that create lasting habits	to make it all stick

Livongo™

Livongo Diabetes Management Program

If you have diabetes, testing and tracking your blood glucose levels is critical to successfully managing it, but it can be a time-consuming, manual process. Now, there's A BETTER WAY!

LATEST TECHNOLOGY + **PERSONAL COACHING** = **EASIER TIME MANAGING YOUR DIABETES**

You may be eligible to participate — at **NO COST** — if you are:

- a TriMas employee or covered family member, AND
- enrolled in a TriMas BCBSM medical plan, AND
- diagnosed with type 1 or type 2 diabetes.

How Can Livongo Help?

Coaching, anytime and anywhere: Certified Diabetes Educators answer any questions you have, from nutrition to lifestyle changes. Contact them directly by phone, email, text or using the mobile app.

FREE connected glucose meter ($200 value): Automatically uploads your blood glucose readings from an inserted test strip to your secure and private online account. You also can get real-time personalized tips, set alerts and notifications and choose to share your readings with others quickly and easily.

Unlimited supplies: Get as many test strips and lancets as you need at no copay or out-of-pocket costs. When you need more strips, simply tap the meter and reorder. In a few days, a new box of strips appears at your doorstep. It's that simple!

Are you currently using a Dexcom Continuous Glucose Meter (CGM)?

If so, you can link your device to a Livongo account and take advantage of the program for additional support. If you're already enrolled in Livongo, you can add a Dexcom CGM at any time. Simply open the Livongo app to connect your Dexcom CGM.

TAKE ACTION

Get Started

Registering is quick and easy — taking less than 10 minutes.

Visit: welcome.livongo.com/TRIMASCORP (Use registration code TRIMASCORP)

Call: The Member Support Call Center at **(800) 945-4355**

Note: Have your Express Scripts (ESI) insurance card on hand for registration. Your ESI group and member ID may be required.

Privacy Protection. *Your identity, data and participation in the program is never shared with TriMas.*

supportlinc

Employee Wellbeing Program

Connecting you to counseling and resources that strengthen your emotional and total wellbeing, support your work-life balance and keep you at your BEST!

TriMas is committed to helping employees and their families be their best. By partnering with SupportLinc, we can offer you access to expert support and guidance to help address mental health, total wellbeing concerns and everyday challenges.
And, all at no cost to you!

You and your dependents are eligible to participate. Coverage includes up to six counseling sessions, as well as access to a wide variety of support and resources.

Nearly
1 in 5 adults
119 million Americans in the U.S. (46.6 million) are living with a mental illness

Over
1 in 3 adults
report anxiety or depression since the beginning of the pandemic

How SupportLinc Can Help

In-the-moment support
No need to wait for a call back. Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Short-term counseling
Access in-person or video counseling sessions to resolve a wide variety of issues.

On-demand resources
Gain access to thousands of wellbeing articles, self-assessment, videos, tip sheets and even career resource.

Helpful referrals
Get referrals for child and elder care, home repair, house needs, pet care and more.

Financial and legal support
Consult and plan with a licensed financial counselor, access financial calculators, or meet by phone or in person with a local attorney.

Wellbeing training
Access on-demand training to boost wellbeing, resilience and life balance.

Mental health navigator
For personalized guidance to resources within the program.

Personal preference
Search for counselors based on diversity preferences, such as gender, race, LGBTQ affiliation, language and more.

Empowering care
Rather than dictating care, you'll get guidance and advocacy with a personalized care plan.

There for You When You Need It Most

SupportLinc connects you to all its programs, services and resources through the online and mobile platform. The goal is to connect you to support as quickly and easily as possible:

1. **TOLL-FREE PHONE**
   (888) 881-5462
   Group code: trimas
2. **VIRTUAL COUNSELING**
3. **ONLINE ACCESS THROUGH SUPPORTLINK PORTAL**
   (desktop, laptop or tablet)
   supportlinc.com
4. **ON-THE-GO ACCESS WITH THE SUPPORTLINC MOBILE APP**
   (Download SupportLinc through your desired app store)
5. **TEXT THERAPY AND MOBILE SHORT CODE**
   (SMS)
6. **EMAIL**
7. **DIGITAL GROUP THERAPY**
8. **LIVE CHAT OFFERING IMMEDIATE SUPPORT FROM A LICENSED COUNSELOR**

Discover Other On-the-Go Support

Text Coach®

Personalized coaching with a licensed counselor on mobile or desktop through text interactions.

Animo

Self-guided resources to improve focus, wellbeing and emotional fitness and resilience.

Virtual Group Therapy

Join moderated group therapy sessions on an anonymous, chat-based platform.

Helping you address and gain relief for a wide variety of daily challenges:

Stress | Anxiety | Depression | Relationship issues | Work-related pressures
Substance misuse | Burnout | Financial pressures

TAKE ACTION

Get Started

Visit: **supportlinc.com**
(enter Group Code: trimas).

Call: (888) 881-5462

Protecting Your Privacy: CuraLinc Healthcare and the SupportLinc platform ensure no one will know you have accessed the program without your written permission, except as required by law.

OTHER BENEFITS

Accidental Injury Insurance

TriMas offers Accidental Injury Insurance to help you manage costs and protect yourself and your family in the event of a non-work-related accidental injury. This benefit is available to all benefit-eligible employees whether or not they have medical coverage through TriMas. If you have medical coverage, you may find yourself paying out-of-pocket costs due to an accidental injury. For example, if you fall from a bike and break your arm, you may have expenses related to emergency room care and follow-up physical therapy. The Accidental Injury Insurance will pay a cash benefit to you, depending on your health condition and healthcare services used. You can use the payment any way you choose — from expenses not covered by your medical plan to day-to-day living expenses and bills.

Costs

If you elect Accidental Injury Insurance, you pay for this coverage with after-tax dollars through easy payroll deductions (that never increase as you age). Your benefit costs depend on the coverage level you choose — the amount is displayed on your personalized enrollment worksheet.

What's Covered

The plan pays a fixed benefit for covered accidental injuries, related services and treatments, which may include:

- Ambulance transportation
- ER services like X-rays and diagnostic exams
- Initial and follow-up doctor visits
- Hospital admission and stays
- Recovery care (physical therapy, acupuncture, chiropractic)
- Broken bones and dislocations
- Lacerations, tendon/ligament repair
- Concussions
- And more—**with higher payouts than before!**

What's New for 2026

- **NEW!** ICU admission benefit
- **NEW!** Sports benefit for injuries from organized sports
- Higher payouts for ER visits, ambulance transport and hospital stays.
- More coverage for follow-up care like acupuncture and chiropractic.

Your plan still covers a wide range of conditions such as cancer, heart attack, stroke and more.

LEARN MORE

For a complete listing of what's covered, please review the Accidental Injury Insurance Benefit Summary located on TriConnect.

Employees who elect the Accidental Injury or Critical Illness plan and take a leave of absence will be removed from the plan if the leave of absence goes beyond 12 weeks.

Critical Illness Insurance

Critical Illness Insurance, offered through The Hartford, covers a wide range of health conditions such as cancer, heart attack, stroke and more. You would receive up to a $10,000 lump sum payment to supplement your medical and disability coverage.

What's Covered

Critical Illness Insurance helps pay for many types of expenses such as:

- Deductibles and coinsurance
- Caregiver expenses
- Travel to and from treatment centers
- Rehabilitation
- Day-to-day living expenses (mortgage, rent, groceries, child care utility bills, etc.)

What's New for 2026

- Higher payout for non-melanoma skin cancer
- **100%** payout for non-invasive cancer
- **100%** payout for coronary artery disease/ bypass graft
- **100%** payout for aneurysm

Legal and Identity Theft Insurance

TriMas offers Legal Services and Identity Theft Insurance through LegalShield Services, Inc.

The plan offers two coverage options:

- Employee only
- Family

Choose your election wisely. The coverage you elect can't be changed until the next annual enrollment period or in the event of a Qualified Life Event (getting married, having a child, etc.).

ADDITIONAL COVERAGE OPTION

Eldercare Coverage

You can add your parent and/or in-laws to your Family coverage! Through this coverage, your parents and parent in-laws can get advice and consultation directly from the LegalShield network with or without you in attendance. Plus, you or your spouse can seek legal guidance on behalf of your parents or parent in-laws, including obtaining simple or complex Wills.

To add your parents and/or in-laws to Family coverage, log into your LegalShield member account at shieldbenefits.com/trimascorp, or contact LegalShield Customer Service at (888) 807-0407.

TAKE ACTION

Get Started

Call: (888) 807-0407

Visit: shieldbenefits.com/trimascorp

Mobile apps: Have protection on the go 24/7. Download the LegalShield and IDShield mobile apps from your favorite app store.

LegalShield® Worry Less. Live More.

Legal Shield Highlights

- Direct access to a dedicated law firm
- Phone consultation on any personal legal matters (even pre-existing)
- Resolution support through calls and letters made/sent on your behalf
- Legal review of personal documents up to 15 pages in length
- Will preparation, including Living Will, Health Care Power of Attorney and Financial Power of Attorney
- Legal representation for an uncontested divorce, separation, adoption and name change

ID Shield Highlights

- Continuous credit monitoring
- Online privacy matters
- Reputation management (social media scams that could be a risk to reputation)
- $1 million protection policy for any lost wages, legal defense, fees or stolen funds associated with identity theft
- Full-service restoration to resolve identity theft issues
- Ransomware protection
- VPN protection
- Password manager for multiple devices

And more!

Note: TriMas makes available to you Legal Services and Identity Theft Insurance through LegalShield Services, Inc. only as a convenience to you. The information in this summary was provided by LegalShield Services, Inc. TriMas does not recommend or endorse this insurance, and does not offer any opinion whether this insurance is appropriate for you or your family. TriMas advises you to carefully evaluate whether this optional insurance is right for you and your family.

HAVE QUESTIONS? WE HAVE ANSWERS...

Resource	Contact Detail
TriMas Benefits Service Center (TBSC)	(877) 534-8272 my.adp.com
Blue Cross Blue Shield of Michigan (BCBSM — Group# 71756)	
Medical	(800) 752-1455 bcbsm.com
Teladoc	(800) 835-2362 bcbsm.com/virtualcare
Express Scripts (ESI) (Group# TRIPHRM)	
Prescription Drugs	(866) 295-4706 express-scripts.com
Specialty Drugs — Accredo	(800) 803-2523
Kaiser HMO (California Only) (Group# 604896 North; 109793 South)	
Medical	(800) 464-4000 kp.org
Prescription Drugs	
Tobacco Cessation Resources	(866) 862-4295 kp.org/quitsmoking
Delta Dental (Group#: 9839)	
Dental	(800) 524-0149 deltadentalmi.com memberportal.com
EyeMed Vision Care (Group#: 9678996)	
Vision	(866) 723-0514 eyemed.com

continued on next page...

LEARN MORE

Staying Connected: ADP Document Library

Check out the document library for:

- Plan documents
- Summary Plan Descriptions (SPDs)
- Summary of Benefits and Coverage (SBCs)
- Claim forms
- and more...

Resource	Contact Detail
Health Equity	
Flexible Spending Accounts	(877) 924-3967 healthequity.com/wageworks
Fidelity	
Health Savings Account (HSA)	(800) 544-3716
Retirement 401(k)	(800) 835-5095 netbenefits.fidelity.com
The Hartford (Salary STD Policy#: 805456) (Life/LTD/Accidental Injury Insurance/Critical Illness Insurance and Non-Union Hourly Policy#: 805455)	
Life Insurance	(888) 563-1124 (option 2)
Disability Insurance	(888) 301-5615
Accidental Injury and Critical Illness Insurance	(866) 547-4205 (option 3) thehartford.com/employeebenefits
General Customer Service	abilityadvantage.thehartford.com
Quest Diagnostics	
Biometric Screening/Health Questionnaire	(855) 623-9355 my.questforhealth.com
Hinge Health	
Member Support	(855) 902-2777 hinge.health/trimas
Omada	
Member Support	(888) 409-8687 support.omadahealth.com
Livongo Diabetes Management Program	
Member Support Call Center	(800) 945-4355 welcome.livongo.com/TRIMASCORP Registration Code: TRIMASCORP
SupportLinc (powered by CuraLinc)	
Employee Wellbeing Program	(888) 881-5462 supportlinc.com Group code: trimas
LegalShield (Group#: 16077)	
Legal & Identity Theft Insurance	(888) 807-0407 shieldbenefits.com/trimascorp

IMPORTANT LEGISLATION

Notice of Special Enrollment Rights

The following rules apply under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you fail to timely complete the enrollment process (or fail to specifically enroll your spouse or other dependent), you generally must wait until the next Annual Enrollment period to enroll yourself and/or your dependents in the plan options. However, mid-year enrollment may be permitted under the following circumstances:

» If you decline enrollment because you or your dependent had other group health plan coverage, either through COBRA or otherwise, you may enroll yourself and eligible dependents within 31 days of the loss of that other coverage.

» You also are eligible to enroll yourself and/or your eligible dependent within 31 days of the date you acquire a new eligible dependent through marriage, birth, adoption or placement for adoption. Your enrollment will become effective on the date of marriage, birth, adoption or placement for adoption provided you timely contact the TBSC. If you do not enroll within the 31-day period following such an event, your next chance to enroll will be during the next Annual Enrollment.

» You or your dependent's Medicaid or state Children's Health Insurance Program (CHIP) coverage is cancelled due to a loss of eligibility. You must request to enroll in our group health plan within sixty (60) days from the date you or your dependent loses coverage.

» You or your dependent(s) enroll in Medicaid or the state CHIP. You may cancel coverage in our group health plan within sixty (60) days of your or your dependent's coverage effective date. It is your responsibility to notify your Benefits Representative within sixty (60) days after gaining or losing coverage in Medicaid or the state CHIP.

The Women's Health and Cancer Rights Act of 1998

Under the TriMas Medical Plans, coverage will be provided to a participant who has had a medically- necessary mastectomy and elects breast reconstruction after the mastectomy for:

» All stages of reconstruction of the breast on which a mastectomy has been performed.

» Surgery and reconstruction of the other breast to produce a symmetrical appearance.

» Coverage for prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician, and the patient and will be subject to the health plan's regular coinsurance and deductibles.

Protecting Your Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your Human Resources department.

Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for premium assistance. A more complete explanation of CHIP premium assistance is provided in the Plan Document/Summary Plan Description for the TriMas Corporation Welfare Benefit Plan. See pages 49-51 for the full document.

BCBSM Payer Transparency Process Information

To access information from Blue Cross Blue Shield of Michigan (BCBSM) about the first step of the new Payer Transparency Process, please click the link below. *NOTE: These are machine-readable files. After clicking the link, you will be asked how (what file format) you would like to download the data. Please select "Notepad" or "Word" for best viewing experience.*

https://bcbsm.sapphiremrfhub.com/tocs/202407/2024-07-01_trimas_corporation_index.json

Detailed Plan Information

Contact the TBSC or your local Human Resources representative for:

» Summary Plan Description (SPD) — provides a comprehensive description of plan details, and includes information on the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

» Summary of Benefits and Coverage (SBC) — summarizes important information about medical plan coverage in a standard format required under Health Care Reform law.

NOTICE OF CREDITABLE COVERAGE

Important Notice from TriMas Corporation about Your Prescription Drug Coverage and Medicare

The Notice of Creditable Coverage has information about your current prescription drug coverage with TriMas Corporation and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage. Please read this notice carefully and keep it where you can find it.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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.

TriMas Corporation has determined that the prescription drug coverage offered by the TriMas Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage. Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare andeach year from October 15th through Dec. 7th. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to enroll in a Medicare prescription drug plan and drop your TriMas Corporation prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with TriMas Corporation and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage.

For more information about your options under Medicare prescription drug coverage, contact us for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through TriMas Corporation changes. You also may request a copy.

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 prescription drug plans. For more information about Medicare prescription drug plans:

» Visit medicare.gov.

» Call your State Health Insurance Assistance Program (see 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**.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at socialsecurity.gov, or you call them at **1-800-772-1213** (TTY 1-800-325-0778).

Date: October 2025
Name of Entity/Sender: TriMas Corporation
Contact - Position/Office: TriMas Corporate Benefits
Address: 38505 Woodward Avenue, Suite 200
Bloomfield Hills, MI 48304
Phone Number: 248-631-5450

Remember: Keep this Notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: http://myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service:
1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): www.mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone:
1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: www.kancare.ks.gov
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: www.health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825; or 1-866-614-6005

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion
Utah Medicaid Buyout Program
Website: https://medicaid.utah.gov/buyout-program
CHIP Website: https://chip.utah.gov

VERMONT– Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924 (regionally-restricted); or 1-855-242-8282

WASHINGTON – Medicaid
Website: www.hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms
http://mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



NOTES:

This Resource Guide provides only a brief summary of certain features and rules for some of the TriMas benefit plan programs. Every effort has been made to ensure the accuracy of the information in this Resource Guide. The "Benefit Changes At-a-Glance" section is a summary of material modifications to the Welfare Benefit Plan Summary Plan Description and describes important information about changes to the Welfare Benefit Plan. Please keep this Resource Guide with your Welfare Benefit Plan Summary Plan Description for future reference. Except for the information in the "Benefits Changes At-a-Glance" section, if there are discrepancies between the information included in this Resource Guide and the applicable official plan documents for a TriMas benefit plan described here, the official plan documents will govern. If there are any discrepancies between the information included in this Resource Guide and any insurance contracts providing benefits under the Welfare Benefit Plan, the insurance contracts will govern.

Please refer to the Summary Plan Description to familiarize yourself with your benefit plan coverage, as this Resource Guide is intended only to provide a summary of certain plan information. Other terms and conditions may apply to these benefits. TriMas reserves the right to amend or terminate in its sole discretion the benefit plan programs described in this Resource Guide at any time.